Prescribing Newsletter

Making the most of medicines

July 2024

Medication for ADHD – supply vs safety

The supply issues with ADHD medications remain. We have had a few reported incidents/ errors due to resulting dose / brand confusion. Please note the following.

- Add changes to regular medication to the acute screen. If the medication / brand / dose needs to be changed for a supply to be made during these shortages, please leave the existing medication on repeat and add any changes to acute. This avoids duplication, confusion in the future and allows additional changes as the supply situation changes.
- Pay attention to standard release and/or modified release methylphenidate. Some patients take a mixture of both, others may have had their doses converted due to the shortages.
- Prescribing methylphenidate generically allows the pharmacy to provide whatever bioequivalent methylphenidate they have in stock. To check bioequivalences see Frimley ICB ADHD supply information
- Occasionally a non-bioequivalent methylphenidate may need to be prescribed / supplied; please inform the patient to report back any significant changes to their symptoms.
- Patients subject to a community treatment order may not have their medication changed in primary care – please refer to the mental health specialist for advice.
- SABP & BHFT remain available for advice & guidance. Changes to medication outside of brand / dose may require a new shared care discussion/ agreement.
- ADHD medications have maximum licensed doses, we recommend the relevant SPC is checked, particularly when making dose changes. If a higher than maximum licensed dose is recommended by the specialist, the patient and prescriber should be informed; the primary care prescriber may request that such prescribing is held by the specialist.
- Be aware of monitoring requirements – this is detailed in the LCS and shared care documents, copies of which may be found here or on the relevant monograph of the Frimley formulary.
- An Ardens template, aligned to NICE and funded by Frimley ICB is provided for monitoring.
- If you are requested to undertake an ECG by the specialist, please see the LCS for fee payable.
- The most up to date supply information may be found here

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Formulary updates

Benilexa has been added to the formulary as "**Green**"
EasyChamber anti-static spacer has been added to the formulary as "**Green**"
Prazosin has been added to the formulary for nightmares associated with PTSD as "**Amber without Shared Care**" This is off label use for adults (as per Maudsley guidelines) and is as recommended by NICE [NG116]. Treatment will be initiated and stabilised by specialist prior to handover to GP.

Book your TARGET antibiotic training workshop

TARGET stands for **Treat Antibiotics Responsibly, Guidance, Education and Tools** training and is provided by RCGP eLearning. It is a toolkit designed to support primary care clinicians to champion and implement antimicrobial stewardship activities. A workshop is now being offered, aimed at primary care health professionals at a PCN or practice level and covers:

- The consequences of antimicrobial resistance and the role we all play in contributing to, and addressing, AMR
- The TARGET toolkit and how it can support - where to find it and how to use it
- What individuals and the practice, can do to help tackle AMR safely and responsibly
- The value of using appropriate SNOMED/Read codes

Attendees of the workshop will receive a certificate of attendance upon completion of a post-workshop survey that counts towards your CPD. Workshops are delivered over Teams or face to face, over lunchtime or during PCN/ practice PLTs.
To organise TARGET training contact: frimleyicb.prescribing@nhs.net

Prescribing replacement continuous glucose monitoring (CGM) sensors and transmitters

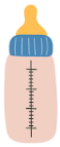
Practices are asked not to issue prescriptions to replace CGM sensors/transmitters that are defective and/or have fallen off. The recommended quantity to prescribe is 2 sensors/ 28 days for Libre 2; 2 sensors/ 30 days for Libre 2+; 3 sensors/30 days for Dexcom products.

If any sensors are defective/ fall off, patients are advised to contact the manufacturer to obtain a replacement.

- Libre 2/ Libre 2plus: Abbott Customer Careline, on 0800 170 1177
- Dexcom ONE/ Dexcom ONE+: Dexcom Technical Support Line, on 0800 031 5763

Nutrition Corner

Reviewing cow's milk protein allergy (CMPA) formula prescription when infant reaches 1 year



Query:

I have 51-week-old child on Nutramigen 2 with LGG (Pepti 2/Althera) for CMPA. Should they continue this feed beyond 1 year of age and if not, what would be the alternative?

Answer:

If the child is growing well, eating a variety of foods, and has **delayed non-IgE mediated mild/moderate CMPA**, then most of these infants are able to come off the specialist feed at 1 year old. By following the steps on the Milk ladder parents can see how much cow's milk they can tolerate. If they are not yet able to fully tolerate cow's milk as their main milk drink they can use a plant based* alternative and continue to keep on trying the milk ladder. See the GP quick guide for more information.

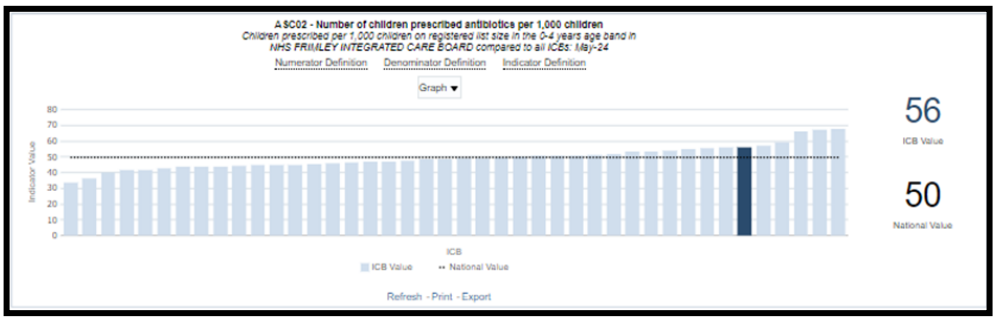
*Due to the nutritional composition, a plant-based drink designed for 1–3-year-olds or a whole/barista oat milk is recommended e.g.

- Alpro Growing Up Soya Drink 1-3 + years
- Alpro Oat Growing Up Drink 1-3+ years
- Oatly Oat Drink Barista edition
- Oatly Oat Drink Whole

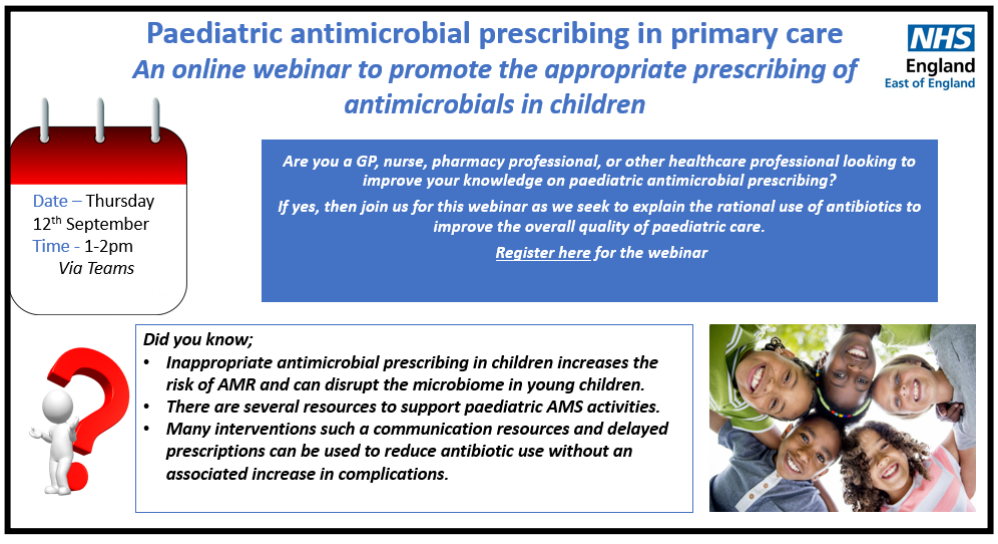
If they have a very limited diet and do not tolerate cow's milk, oat, or soya, continue the specialist milk, and consider referral to paediatric dietitian. If the infant has **moderate-severe eczema or acute/immediate IgE mediated CMPA**, they should be referred to paediatrician/allergy clinic for assessment, review, and advice on the reintroduction of cow's milk. Follow advice provided by the paediatrician/allergy clinic as to when it is safe to stop the specialist milk.

Antibiotic prescribing rates in children

The chart below compares rates of antibiotic prescribing in children across ICBs. Frimley has one of the highest rates of number of children prescribed antibiotics per 1000 children in England.



If you are interested in learning of ways of safely reducing prescribing antibiotics in children and would like to attend the webinar below please register **here** (the link in the graphic below will not work).



OptimiseRx saving opportunities – estriol cream

Did you know that **estriol 1mg/g vaginal cream** is the locally preferred cost-effective estriol vaginal cream? We have an OptimiseRx message to prompt prescribers to use the preferred product estriol 1mg/g vaginal cream rather than estriol 0.01% vaginal cream. Although the strengths of the creams are different, the dose delivered to the patient is the same as the applicator size is different. Prescribers can switch between these products without affecting the delivered dose of estriol that the patient receives.

Product	Estriol 1mg/g vaginal cream (preferred)	Estriol 0.01% vaginal cream
Estriol concentration	0.1%	0.01%
Contents of one application	0.5g of cream containing 0.5 mg estriol	5ml of cream containing 0.5mg estriol
Price	£5.45	£32.37
Pack size	15 g	80g
Doses per pack	30	16
Notes	Formerly marketed under the brand name Ovestin®	Formerly marketed under the brand name Gynest® or Ortho-Gynest®

Thanks to prescribers accepting this message, it is estimated that we have saved over £145,000 across Frimley ICB in the last 12 months. The acceptance rate for this message is 70% so there is room for improvement. If more prescribers accepted the message and made the switch it would free up money to be used on other health services for our local population.

New and updated documents on the NHS Frimley Medicines Optimisation Website

New ASPH GP information for weight management referral pathway
New Good Practice Guidance for hydration and UTI prevention and treatment in care homes
New **Position statement:** Managing the boundaries of NHS and privately funded healthcare (prescribing following private recommendation) This document sets out recommendations for when prescribing can be taken on by the NHS and when not.

Advanced notification: SCAN Guidelines are moving to a new platform

In September 2024 SCAN Guidelines will be moving from the current MicroGuide platform to the **Eolas Medical platform.** The content and format of the existing SCAN Guidelines will remain the same, but the new platform will have extra functionality, including integration with the BNF and NICE Guidelines. More information on the move from MicroGuide to Eolas Medical, including resources for use in your organisation to promote this change, will follow over the summer.

Fun fact: Eolas, pronounced "all-us" is the Irish word for knowledge or information

Medicines Board summaries

These are now published online (**here**) and cover outputs from.

- NHS Frimley Medicines Optimisation Group
- Frimley Health Foundation Trust (FHFT) Drugs and Therapeutic Committee (DTC)
- Frimley Health and Care ICS Pharmacy Digital Strategy Group
- Frimley ICS Medicines Safety Group

Current Serious Shortage Protocols (SSPs) - quetiapine

In response to the ongoing disruption to the supply of some quetiapine tablets, the Department of Health and Social Care (DHSC) has issued **Nine Serious Shortage Protocols** (SSPs). Depending on the prescribed quantity of the affected quetiapine tablet, the protocols allow pharmacists to either supply a reduced quantity of the same quetiapine tablet, or substitute with a alternative strength, or provide a reduced quantity of a specific alternative product.

Shortage of pancreatic enzyme replacement therapy (PERT)

The availability of pancreatic enzyme replacement therapies (PERTs) continues to fluctuate; an updated National Patient Safety Alert was issued on 24th May 2024. Locally the NHS Frimley Prescribing Support Dietitian has summarised clinical advice on how to manage issues within this shortage. It can be found here and also at the relevant monograph on the Frimley Formulary. Nationally the Specialist Pharmacy Service has collated resources including a new mini tool to help identify equivalences and alternatives to further support management of this shortage.

Supply problems
ipratropium bromide nebuliser solutions

- The supply pf ipratropium bromide 250micrograms/1ml and 500micrograms/2ml nebuliser solution is limited until late March 2025.
- Ipratropium bromide 20microgram/dose inhalers remain available and can support an increase in demand.
- Salbutamol 2.5mg/2.5ml / ipratropium bromide 500micrograms/2.5ml nebuliser solution remains available, however, cannot support an increase in demand.
- Unlicensed supplies of ipratropium bromide 250micrograms/1ml and 500micrograms/2ml nebuliser solution have been sourced; lead times vary.
- Access to licensed ipratropium nebules will be actively monitored. Where possible, supplies will be prioritised for ambulance services who are less able to use unlicensed supplies.

We have liaised with Frimley ICB respiratory specialists re this shortage and have agreed the following actions/advice for primary care:

- The Medicines Optimisation Team have provided practices with a search/list of patients who have had ipratropium bromide 250micrograms/1ml and 500micrograms/2ml nebuliser solution in the last 6 months. If you require a further list please contact your medicines optimisation pharmacist.
- Practices are to review quantities prescribed and assess the likelihood of the patient running out. Prescribe pMDI + spacer if clinically appropriate.
- Determine if the patient has sufficient supplies of nebuliser liquid at home before issuing repeat prescriptions.
- Inform patients there is a potential supply issue and action for that patient.
- If the patient is unable to use pMDI and spacer and nebuliser therapy remains necessary – refer to respiratory team via usual route.
- Do not switch to combined nebules or salbutamol nebules without respiratory team input.

Medicines safety updates

"Purchasing for Safety"

This describes a systematic process that, when embedded into practice, supports safe clinical use of medicinal products.
The process requires;

- systematic evaluation of packaging, labelling and presentation of products, to identify issues that may lead to patient safety concerns,
- evaluation of identified risks against other considerations during the purchasing decision process, giving preference to products whose properties support safe use,
- implementation of strategies to mitigate identified risks of products purchased.

See **here** for more information on this approach

Managing risks for patients prescribed clozapine

Patients prescribed clozapine may interact with all sectors within a healthcare system and it's use will impact on clinical decisions made in all these settings. To avoid patient harm all healthcare professionals should be aware of the risks of this medicine and how they should be managed. See **here** for a useful article detailing the risks of clozapine use with acknowledgements of issues specific to each healthcare sector and how these risks may be mitigated.

MHRA Alert: Epimax ointment and Epimax paraffin-free ointment: reports of ocular surface toxicity and ocular chemical injury

Epimax Ointment and Epimax Paraffin-Free Ointment can harm the eyes if used on the face. Do not prescribe these ointments for use on the face. Tell patients to wash their hands and avoid touching their eyes after using these products.

Advice for healthcare professionals:

- do not prescribe, or advise the use of, Epimax Ointment or Epimax Paraffin-Free Ointment on the face
- be aware that if Epimax Ointment or Epimax Paraffin-Free Ointment comes into contact with the eyes, patients may present with pain, swelling, redness or watering of eyes, sensitivity to light, blurred vision, burning or grittiness
- symptoms should resolve with discontinuation of the product around the eyes and can be treated with topical lubricants, topical antibiotics or topical steroids as required
- follow the advice in the manufacturer's **Field Safety Notice**
- healthcare professionals should report suspected adverse reactions associated with Epimax Ointment or Epimax Paraffin-Free Ointment via local and national reporting systems as described in the MHRA **article**

NHS Frimley Medicines Optimisation team may be contacted on frimleyicb.prescribing@nhs.net

National Medicines Advice Service

Healthcare professionals in primary care across England may contact this service on 0300 770 8564 or asksps.nhs@sps.direct