

Prescribing and Medicines Optimisation Guidance

Issue: 109

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Safety guidance

1. DHSC: UPDATED National Patient Safety Alert: Discontinuation of Kay-Cee-L (potassium chloride 375mg/ml) (potassium chloride 5mmol/5ml) syrup [LINK](#)

Kay-Cee-L[®] (potassium chloride 5mmol/5ml) syrup will be discontinued from late November 2024 due to manufacturing and commercial issues.

Sando-K[®] (potassium bicarbonate 400mg and potassium chloride 600mg) effervescent tablets remain available and can support a full increase in demand. One effervescent tablet contains 12mmol potassium. Unlicensed potassium chloride oral solutions manufactured within the UK are available via Specials manufacturers, lead times vary. Care is needed to ensure selection of the most appropriate oral potassium supplement and delivery of the correct dosage. See link above.

2. Insulin pumps and continuous glucose monitoring (CGM) equipment: guidance for users on reporting suspected adverse incidents and safety concerns to the MHRA's Yellow Card scheme [LINK](#)

MHRA has published guidance to explain to users of all medical devices manufactured for diabetes management how to report safety concerns to them using Yellow Card scheme. It asks healthcare professionals to support new guidance for users, their families, and care givers.

3. GLP-1 receptor agonists: reminder of the potential side effects and to be aware of the potential for misuse [LINK](#)

Healthcare professionals are reminded to inform patients about the common and serious side effects associated with glucagon-like peptide-1 receptor agonists (GLP-1RAs)

Advice for healthcare professionals:

- inform patients upon initial prescription and when increasing the dose about the common risk of gastrointestinal side effects which may affect more than 1 in 10 patients. These are usually non-serious, however can sometimes lead to more serious complications such as severe dehydration, resulting in hospitalisation.
- be aware that hypoglycaemia can occur in non-diabetic patients using some GLP-1RAs for weight management; ensure patients are aware of the symptoms and signs of hypoglycaemia and know to urgently seek medical advice should they occur.
- patients should also be warned of the risk of falsified GLP-1RA medicines for weight loss if not prescribed by a registered healthcare professional, and be aware that some falsified medicines have been found to contain insulin [LINK](#)
- be aware there have been reports of potential misuse of GLP-1RAs for unauthorised indications such as aesthetic weight loss.
- report suspected adverse drug reactions to the [Yellow Card scheme](#)

4. Direct healthcare professional communication: Medroxyprogesterone acetate: risk of meningioma and measures to minimise this risk [LINK](#)

Pfizer in agreement with the MHRA have produced a letter for healthcare professionals. The summary from the letter is below:

- There is a small increased risk of developing meningioma with high doses of medroxyprogesterone acetate (all injectable and ≥ 100 mg oral formulations), primarily after prolonged use (several years).
- For contraception or non-oncological indications:
 - Medicines containing high doses of medroxyprogesterone acetate are contraindicated in patients with a meningioma or a history of meningioma.
 - If meningioma is diagnosed in a patient treated with high doses of medroxyprogesterone acetate, treatment must be stopped.
- For oncological indications:
 - If a meningioma is diagnosed in a patient treated with high doses of medroxyprogesterone acetate, the need to continue the treatment should be carefully reconsidered, on a case-by-case basis taking into account individual benefits and risks.

Local guidance

5. HIOW ICB Cinacalcet shared care guideline [LINK](#)

The shared care guideline for cinacalcet for primary hyperparathyroidism and other indications has been updated to include all areas of the ICB. Please see the link above.

6. Drospirenone (Slynd®) – new addition to the formulary [LINK](#)

Drospirenone is a new oral progestogen-only contraceptive. It has been added to the formulary as an amber initiated drug. This is therefore suitable for prescribing in primary care following initiation by a sexual health specialist only where oestrogen methods are contraindicated and non-hormonal methods or alternative progesterone only methods, are not tolerated or suitable **and:**

- Where a window of 24 hours for missed pills would aid compliance.
- If other POPs are not tolerated due to side effects such as acne / bloating.
- If other POPs give unacceptable bleeding patterns.

National guidance

7. DHSC: Extension to temporary ban on puberty blockers [LINK](#)

The government's continuation of the ban applies to the sale or supply of puberty-suppressing hormone drugs to under 18s, not already taking them. If people are unsure how the ban applies to their circumstances, further information is available from the National Referral Support Service

for NHS Children and Young People's Gender Services [LINK](#) (See patients and parents: letter from NHS England regarding the implications of new government policy).

8. UK HSA: Meningococcal disease: guidance on public health management – update [LINK](#)

Following restrictions on use of systemic fluoroquinolones, MHRA have assessed their position on ciprofloxacin as single dose for meningococcal prophylaxis. They concluded it should remain the recommended choice as it has advantages over alternatives & risks are extremely small.

NICE guidelines

9. Menopause: identification and management - updated guidance (NG23) [LINK](#)

These updated guidelines cover identifying and managing menopause, including in people with premature ovarian insufficiency. It aims to improve the consistency of support and information provided to people experiencing menopause.

NICE have made new recommendations on:

- managing genitourinary symptoms associated with the menopause
- the effects of hormone replacement therapy on specific health outcomes (including breast, endometrial and ovarian cancer, cardiovascular disease, dementia and life expectancy)
- cognitive behavioural therapy to manage menopause-associated symptoms.

10. Endometriosis: diagnosis and management – updated guidance (NG73) [LINK](#)

This guidance contains updated and new recommendations on diagnosis of endometriosis. Additionally, the diagnosis and referral section has been reviewed and reordered to better reflect current clinical practice and the care pathway.

**Prepared by Anita Bhardwaj, Sue Wakelin and Dr Emma Harris
NHS Hampshire and Isle of Wight ICB Medicines Optimisation Team**

Local medicines optimisation teams can be contacted via their generic team mailbox: See [LINK](#)

Previous bulletins can be found hosted on the ICS website here: [LINK](#)