

Medicines Optimisation Newsletter

[June 2024] (Issue No.59)



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Kent and Medway ICB Updates

Eprex to Retacrit switch - Message from East Kent Hospitals UFT for GP Practices

Due to a change in the provision of Eprex (Epoetin alfa) subcutaneous injections, the Kent Kidney Care Centre will be switching all patients currently receiving Eprex to Retacrit (Epoetin zeta).

Retacrit is a biosimilar of Eprex and thus has been proven to have the same safety, efficacy and quality as Eprex. The only difference is that Retacrit does not have a needle-guard; therefore, the needle will not automatically retract once the injection is administered. The Retacrit syringes will still need to be discarded in the yellow sharps bin after use, as with all other injections. We are informing you of this change as we are aware that community nurses administer this medication for a cohort of the patients who will be switching to Retacrit.

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The ongoing supply of Retacrit will remain under the Kent Kidney Care Centre and will follow the same process as is used for Eprex.

Should you have any queries or concerns please do not hesitate to contact one of the Renal Pharmacists on 01227 864318 or ekhuft.renalpharmacy@nhs.net.



Retacrit brand
switch letter ICB.pdf

Reminder – Ongoing GLP-1 RA Supply Issues

An updated medicine supply notification (MSN) for the management of the national supply issues of glucagon-like peptide-1 receptor agonists (GLP-1 RAs) used in the management of type 2 diabetes was released on the 18th of March 2024.

Please continue to ensure that all staff, especially those involved in the management of diabetes and prescribing, continue to follow the mandatory actions and the guidance within the MSN to manage adult patients with type 2 diabetes who are on GLP-1 RAs, whilst the supply issues continue until the end of 2024. This includes **not prescribing more than one month's supply** for patients.

Please see attached documents:

- **MSN/2024/031** - national advice from NHS England and the DHSC. Please read the MSN as it contains the **key actions required, and key supporting information and clinical guidance.**



MSN_2024_031
semaglutide dulaglu

- **Kent and Medway Update on GLP-1 RA supply management – March 2024** - to supplement the MSN.



Kent and Medway
Update on GLP-1 RA

- **Update March 2024: Glucagon-Like-Peptide 1 Receptor Agonist National Shortage** from the Association of British Clinical Diabetologists (**ABCD**) and the Primary Care Diabetes Society (**PCDS**) within the MSN. This includes guidance on selecting alternative glucose lowering therapies and switching between agents if necessary to do so.



GLP-1-RA-Shortage-
2024-ABCD-PCDS-FII

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- **Updated Kent and Medway flow chart** - to supplement the MSN and ABCD/PCDS guidelines (must be read in conjunction with these documents).



Kent and Medway
GLP-1 RA NPSA shor

Most GLP-1 RAs are currently **not recommended for new initiations** as per the national advice in the [MSN](#), due to supply issues/being out of stock/discontinuations. The [Specialist Pharmacy Service \(SPS\) medicines supply tool](#) should be used for **up-to-date information on supply** for individual GLP-1 RAs (free subscription required).

As per the MSN, **alternatives** (to be used in appropriate situations) which **are available** include the GLP-1 RA **Rybelsus**[®] (semaglutide tablets) and the dual GIP/GLP-1 RA **Mounjaro**[®] (injectable tirzepatide). **Please note that patients should meet the criteria for prescribing and be in line with guidance in the MSN.**

- **Rybelsus**[®] can be prescribed when indicated as per the MSN, and only for patients with **type 2 diabetes** in line with the [NG28](#) recommendations.
- **Mounjaro**[®] can be prescribed when indicated as per the MSN, and as per the formulary:
 - "Tirzepatide is approved for treating **type 2 diabetes in line with [NICE TA924](#)**".
 - "Prescribing tirzepatide **for weight loss is not clinically supported or funded by Kent and Medway ICB until NICE have evaluated its use for this indication.**"

GLP-1 RAs for Weight Management / The risks of inadvertent prescribing and dispensing of injectable semaglutide (Wegovy[®] & Ozempic[®])

GLP-1 RAs for Weight Management/Obesity

As per the **article "Reminder – Ongoing GLP-1 RA Supply Issues"**, following the national advice in the latest MSN, it is imperative that all GLP-1 RAs are **only prescribed for their licensed indications**:

- Most GLP-1 RAs are **only** licensed in the UK for the treatment and management of **type 2 diabetes**, except Wegovy[®] (injectable semaglutide) and Saxenda[®] (injectable liraglutide) are **only** licensed for **weight management/obesity**.
- Prescribing any GLP-1 RAs, except Wegovy[®] and Saxenda[®], **solely** for weight management/ obesity **without type 2 diabetes (off-label)** is **not supported**, in line with national recommendations.

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These injectable GLP-1 RAs, the **only ones licensed for weight management in the UK**, are **not for prescribing by primary care** and are for **prescribing by specialist services only** when used **in line with their respective NICE TAs**. As per the formulary:

- "Saxenda® (liraglutide), see [NICE TA664](#), is for specialist prescribing only when used for weight management in line with the NICE TA."
- "Wegovy® (semaglutide), see [NICE TA875](#), is for specialist prescribing only when used for weight management in line with the NICE TA. It is only available via Tier 3 services within Kent and Medway. Only commissioned obesity services are able to undertake the appropriate level of service."

Injectable semaglutide - Wegovy® & Ozempic®

Please note there are two brands of injectable semaglutide currently available in the UK:

- **Wegovy®**, which is licensed in the UK for **weight management only**.
- **Ozempic®**, which is licensed in the UK for use in patients with **type 2 diabetes only**.

There is a risk of inadvertent prescribing and dispensing of injectable semaglutide due to the similar strengths/concentrations of the available Wegovy® and Ozempic® products:

- It is recommended that all GLP-1 RAs are **prescribed by brand**.
- Please check that patients are prescribed the **correct brand for their indication** (although, as per the above, Wegovy® is not for prescribing in primary care) and that they are prescribed the **correct strength/concentration** of that brand.
- There are ScriptSwitch messages in place, which we advise following, to support.

In the table below, please find a **comparison of the available Wegovy® and Ozempic® products**, highlighting the **differences/similarities in the strengths/concentrations** of the products available:

Wegovy® (semaglutide) preparation (For weight management/obesity)	Ozempic® (semaglutide) preparation (For treatment of type 2 diabetes mellitus in adults)
Wegovy® FlexTouch 0.25mg/0.37ml solution for injection 1.5ml pre-filled pens	Ozempic® 0.25mg/0.19ml solution for injection 1.5ml pre-filled pens
Wegovy® FlexTouch 0.5mg/0.37ml solution for injection 1.5ml pre-filled pens	Ozempic® 0.5mg/0.37ml solution for injection 1.5ml pre-filled pens
Wegovy® FlexTouch 1mg/0.75ml solution for injection 3ml pre-filled pens	Ozempic® 1mg/0.74ml solution for injection 3ml pre-filled pens
Wegovy® FlexTouch 1.7mg/0.75ml solution for injection 3ml pre-filled pens	N/A – no 1.7mg strength of Ozempic® available
Wegovy® FlexTouch 2.4mg/0.75ml solution for injection 3ml pre-filled pens	N/A – no 2.4mg strength of Ozempic® available

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Red = different strengths/concentrations of similar Wegovy® and Ozempic® preparations.

Amber = same strengths/concentrations of Wegovy® and Ozempic® preparations.

Green = Wegovy® preparation available only, no equivalent/similar Ozempic® preparation available.

EasyChamber® spacer devices

EasyChamber® spacer devices are the preferred choice for prescribing across Kent and Medway ICB.

The benefits of the EasyChamber® spacer include:

- Maximises the aerosol suspension time and assure a more efficient dose from the MDI with an anti-static chamber
- Latex-free, anatomical and comfortable silicon mask with variants for Adult, Child & Infant
- Detachable silicone mask that offers flexibility to use spacer without a mask, if required.
- The inhalation through cross valves ensures low resistance when breathing in and prevents accidental breathing out into the chamber.
- Improved drug delivery and ease of use due to one-way inhalation.
- FlowSignal whistle indicator sounds when breathing in too fast, encourages the patient to breathe slowly.

Scriptswitch messages have been deployed to assist with this.

MORPh webinar: SMRs & Medicines Optimisation and Sustainability in Respiratory Care

MORPh is holding a free webinar on Thursday 25th July 2024 for Primary Care, PCN, ICB and GP Practice Pharmacists, Pharmacy Technicians and Trainees called **SMRs & Medicines Optimisation and Sustainability in Respiratory Care**.

The webinar starts at 9.30am will be discussing the following topics:

- Respiratory & Sustainability in QOF and DES
- Overview of common respiratory conditions in primary care
- Importance of optimising medication in respiratory care
- Benefits of SMRs in respiratory care
- Guidelines and frameworks for conducting SMRs
- Sustainability- the green agenda within respiratory care
- Case studies highlighting successful SMRs in respiratory care
- Search criteria and standardised SOPs

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Please click on the following link to register your place [SMRs & Medicines Optimisation and Sustainability in Respiratory Care - MORPh - Primary Care Training Association & Network \(morphconsultancy.co.uk\)](https://morphconsultancy.co.uk)

Pharmacy First

The new Pharmacy First Scheme launched on 31 January 2024. In addition to the existing CPCS for minor illness referrals, the new scheme enables community pharmacists to assess and supply medicines for seven common clinical conditions for eligible patients. The triage tool has now been updated on EMIS and the Aide Memoire attached can be used as a visual aid for quick reference around the criteria to refer for one of the seven clinical pathways. Also attached is the Minor Ailments list.



Aide Memoire.pdf



Minor Ailments List
pdf.pdf

The new pathways present the opportunity for patients to walk-in to the pharmacies; however, it is recommended that practices continue to refer patients who present at the surgery. Referrals allow for a clear audit trail and monitoring of service provision in real-time, providing support where needed. It also assists community pharmacists to manage their appointment diary accordingly to ensure patients are seen promptly. From data just received for February 2024 it shows for DGS and East Kent HCPs that a significantly larger proportion of referrals into Pharmacy First have been by other services ie. “Walk Ins, NHS 111.”

Since the launch of Pharmacy First up to the end of May 2024 there have been 18,863 referrals by GP practices into this service. This is a 66% increase on the GP CPCS referrals over the same time period last year. Completed referrals into Pharmacy First equates to 13,540 with a GP time saving of 2256 hours. Referrals through the clinical pathways were 6,066.

Although the high rate of referrals is encouraging, there are still a considerable number of inappropriate referrals. These include conditions not within the age ranges for the seven clinical pathways, as well as some being outside the scope for the service (for example chest infections).

There were a significant number of dropped referrals 4,078 which could be due to a number of reasons including the patient being uncontactable, patient declined consultation when contacted, not attended pharmacy for a consultation when a face to face appoint has been arranged, or ailment has resolved.

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There has been quite number of campaigns about the service. Click [here](#) to view.

If you require any further information regarding Pharmacy First, please contact the Primary Care

Transformation Inbox: Kmicb.gptransformation@nhs.net

HCP Specific Newsletter Updates – East Kent

Reminder for East Kent Practices – Hospital Only Formulary status for Trimetazidine and Sucralfate

Trimetazidine is a medicine used to prevent angina attacks. It is believed to protect against myocardial ischaemia (reduced blood supply to the heart muscle) by increasing the rate at which glucose is broken down.

It should only be used in the symptomatic treatment of angina pectoris, and only as add-on to existing treatments in patients who are not adequately controlled by or who are intolerant to other medicines for angina pectoris.

It is an unlicensed special.

It is not in the BNF or EMC, and access to prescribing information is therefore limited. However, there are contraindications, cautions and potential adverse effects which prescribers should be aware of.

It is not approved by NHS Kent and Medway for prescribing in primary care and has “Hospital Only” formulary status on the East Kent Primary Care Formulary.

Actions for prescribers:

- Do not initiate.
- If included on an EDN (discharge prescription) clarify with the initiating consultant that they will be responsible for ongoing prescribing.
- The ICB Medicines Optimisation Team will be contacting a handful of practices with current prescribing to discuss re-patriation to specialists in secondary care. If there are any new requests to take on prescribing, please contact the East Kent MO team at kmicb.eastkentprescribing@nhs.net if you have any questions.

Sucralfate

The formulary status of Sucralfate oral suspension is “hospital only”.

Sucralfate Tablets 1g (unlicensed) are “not recommended”, that is they are non-formulary.

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Actions for prescribers:

- Do not initiate in primary care.
- Continue to prescribe for existing patients for the time being. If there are any requests to take on prescribing, please contact the East Kent MO team at kmicb.eastkentprescribing@nhs.net if you have any questions.

National Updates

National Patient Safety alert: Shortage of Pancreatic enzyme replacement therapy (PERT)

There has been a National Patient Safety alert (NPSA) for Pancreatic enzyme replacement therapy (PERT). A summary is below:

This National Patient Safety Alert supersedes the Medicine Supply Notification (MSN/2024/054) which was issued on 09 May 2024.

There are limited supplies of pancreatic enzyme replacement therapies (PERT).

- Creon® 10,000 and 25,000 capsules are in limited supply until 2026.
- Nutrizym® 22 capsules are out of stock until mid-August 2024.
- Pancrex V® capsules and powder remain available but are unable to support an increase in demand.

For full information on management please see [here](#). There is further consensus advice available [here](#), which is a position statement on the supply issues written by a number of professional bodies. This gives advice on optimisation of doses and symptom control.

MHRA Drug Safety Update – May 2024

The latest MHRA Drug Safety Updates can be accessed at [Drug Safety Update - GOV.UK \(www.gov.uk\)](https://www.gov.uk/drug-safety-update). This includes links to alerts, recalls and safety information and to the monthly Drug Safety Update PDF newsletter.

The May Drug Safety Update includes:

[Topical steroids: introduction of new labelling and a reminder of the possibility of severe side effects, including Topical Steroid Withdrawal Reactions - GOV.UK \(www.gov.uk\)](#)

MHRA advice for healthcare professionals:

- adverse reactions have been reported following long-term (generally 6 months or more) use of moderate or stronger potency topical steroids, particularly when used for eczema treatment – these reactions are often referred to as ‘Topical Steroid Withdrawal Reactions’ (TSW)
- symptoms of TSW can include intense redness, stinging, and burning of the skin that can spread beyond the initial treatment area

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- the risk of these and other serious reactions increases with prolonged use of higher potency steroid products
- over the coming year, topical steroids will be labelled with information on their potency to assist with counselling patients
- when prescribing or dispensing topical steroids, advise on the amount of product to apply, how often, where to apply it and when to stop treatment
- if previous discontinuation was associated with reactions that raise suspicion of TSW, alternative treatments should be considered
- provide support to patients living with symptoms of TSW and review treatment plans with patients
- report suspected adverse drug reactions to the [Yellow Card scheme](#), including after discontinuation of topical steroids

Please follow the link in the title above for advice for healthcare professionals to provide to patients and carers.

[Letters and medicine recalls sent to healthcare professionals in April 2024 - GOV.UK \(www.gov.uk\)](#)

Please follow the link in the titles above for more information and resources.

NATIONAL CAS ALERTS (National Patient Safety Alerts and CMO Messages):

The MHRA Central Alerting System alerts can be accessed at [CAS - Home \(mhra.gov.uk\)](#)

NICE News – June 2024

Please find the NICE News for June 2024 attached.



NICE news June
24.docx

Shortages

Shortages Summary

From February 2024 onwards, the monthly Medicines Optimisation newsletter will no longer contain the medicines shortages update document, which was compiled each month from the shortages listed on the SPS (Specialist Pharmacy Services) Medicines Supply tool. The information published on the SPS Medicines Supply tool is provided by DHSC and NHSEI Medicines Supply Teams and was not formally reviewed by the NHS Kent and Medway Medicines Optimisation team.

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During the time that the shortages update was compiled and included in the Medicines Optimisation newsletter, practices and healthcare professionals were still encouraged to **register for free access to the [SPS website](#)** and to **access the SPS Medicines Supply tool directly** in real time, to have access to the most up-to-date and complete information and advice available. Now that the shortages update will no longer be compiled by the Medicines Optimisation team for inclusion in the newsletter, healthcare professionals will be required to access the SPS Medicines Supply tool to access information on the latest shortages. Serious Shortage Protocols (SPPs) can be found on the NHS BSA website [here](#).

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