

Medicines Optimisation Newsletter

[April 2024] (Issue No.57)



- [Glaucoma – Generic prescribing](#)
- [Eye supplements - Lutein and Antioxidants](#)
- [Reminder: Eye Lid Hygiene](#)
- [Contenance and stoma appliances - Ordering process reminder](#)
- [ScriptSwitch® Quantity Limit Switches](#)
- [PITstop diabetes on-demand videos](#)
- [New SPS Resource – Managing Interactions with Direct Oral Anticoagulants \(DOACs\)](#)
- [BNF Interaction Update: Tramadol – Warfarin Interaction](#)
- [MHRA Drug Safety Update March 2024](#)
- [NICE News – April 2024](#)
- [NHS England: Puberty Suppressing Hormones for Children and Adolescents with Gender Incongruence](#)
- [Shortages Summary](#)
- [ADHD medication availability and supply disruption update](#)
- [Discontinuations of Insulatard® InnoLet® and Levemir InnoLet® 3ml pre-filled disposable devices](#)

Kent and Medway ICB Updates

Glaucoma – Generic prescribing

According to Open prescribing [data](#) Kent and Medway ICB have the highest spend on Glaucoma products, compared to other sub-ICBs in NHS England.

Ensuring that glaucoma eye drops are prescribed as **generic** wherever possible is an approach for managing this.

Generic medicines are overall, much less expensive to the NHS. Their appropriate use instead of branded medicines delivers considerable cost savings therefore prescribing medicines by generic rather than brand name can improve cost-effectiveness and is generally encouraged.

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However, in some patients, this might not be appropriate due to clinical or patient specific reasons. The use of generic prescribing in glaucoma treatment is recommended in line with [NICE guideline \[NG81\] Glaucoma: diagnosis and management](#) and is also supported by Royal College of Ophthalmologists [Commissioning Guidance](#).

Further information for prescribers:

- Information sheet for Prescribers that lists the brand and generic names of glaucoma eye drops provided by [PrescQipp](#) (list not exhaustive).



PrescQipp_attachm
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Action: Switch branded glaucoma preparations to generics where appropriate.

Eye supplements - Lutein and Antioxidants

The supplements lutein and antioxidants (e.g. vitamin A, C, E, and zinc) are sometimes recommended for age-related macular degeneration (AMD).

Lutein and antioxidants are non-formulary and should not be prescribed in primary care due to the limited evidence on their effectiveness, this is in accordance with the [NHS England guidance](#).

Brands include:

ICaps[®], Macushield[®], OcuVite[®], PreserVision[®], Visionace[®] (list not exhaustive).

These are available for self-purchase OTC.

Further information for prescribers:

- Do not initiate.
- Inform patients and provide them with an information leaflet ([link](#))
- Lutein and antioxidant vitamins are not suitable for some groups of patients e.g. beta carotene has been found to increase the risk of lung cancer in smokers AND ex-smokers, so history should be checked before advising patients to buy OTC.
- Information about nutrition and eye health, as well as other important eye health measures (such as stopping smoking), can be found at www.macularsociety.org.

Action: Deprescribe in patients currently prescribed these medicines. Contact local MO team for further information.

Reminder: Eye Lid Hygiene

Commercial eye hygiene preparations are non-formulary and not recommended for prescribing due to limited evidence to support their effectiveness over usual eyelid hygiene methods.

Brands include:

Blephasol[®], Blephaclean[®], Blephagel[®], Systane, Suppranettes[®] wipes or lotions, or eye compresses like Hot Eye Compress[®], Meibopatch[®], MGDRx Eye Bag[®] (list not exhaustive).

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These are available for self-purchase OTC.

Further information for prescribers:

- Advise and support patients to develop a lid hygiene routine using a home-made warm compress.
- Supply patients with an information leaflet – we are currently working on a Kent and Medway patient information leaflet which we anticipate being circulated soon. In the meantime, please refer to Moorfields patient information leaflet [here](#).

Action: Deprescribe in patients currently prescribed these products. Contact local MO team for further information.

Contenance and stoma appliances - Ordering process reminder

We have been carrying out reviews on the ordering process for Contenance and Stoma appliances within Kent & Medway.

We would like to remind you that all prescription requests for any of these appliances should be made directly from the patient to their practice, just like they would order any other item on their prescription, rather than a request being submitted by a third party, i.e. from a Dispensing Appliance Contractors (DACs).

DACs should **NOT** be requesting prescriptions on behalf of patients, (with the exception of the very first prescription). There are a number of reasons for this, such as ensuring appropriate items and quantities are requested and dispensed as agreed by the specialist nurses who have consulted with the patient, as well as minimising waste and identifying areas that might require additional specialised input.

Patients requesting their appliances via the practice will not prolong the time it takes them to receive the items, the process ensures a consistent approach for prescribing requests, and is in line with all other areas of prescribing.

ScriptSwitch® Quantity Limit Switches

Quantity Limit switches are a feature on ScriptSwitch® which address the quantity of products being prescribed, offering prescribers a suggested limit to the quantity of the product being issued, which if accepted reduces the quantity on the prescription to the suggested quantity.

There are carefully selected quantity restricted switches on the Kent and Medway ScriptSwitch® profiles to encourage the safe and appropriate quantity prescribing of certain products, supporting the national agenda of overprescribing.

Examples of the rationale behind implementing these Quantity Limit switches include promoting prescribing in line with evidence-based guidelines, improving patient safety, managing cost of prescribing, reducing medicines waste, mitigating accidental prescribing, contributing to sustainable prescribing, and supporting antimicrobial stewardship.

Please see the **Quick guide to Quantity Limit switches**, produced by Optum, for prescribers attached below for more information and an example (amoxicillin 500mg capsules) of how a Quantity Limit switch presents to the prescriber.

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Quantity Limits for
prescribers .pdf

PITstop diabetes on-demand videos

PITstop are launching their PITstop academy. Over the course of a year, twelve on demand videos will be uploaded for post PITstop support, competency assessment guidance and updates.

The first two videos of this series are being funded by the Kent and Medway primary care training hub:

- CPD session C - GLP-1: assessment and preparation update
- CPD session D - GLP-1: initiation and follow-up update

To register for the two on demand sessions please [click here](#).

Please only register if you have completed the [2.5-day PITstop advanced course](#).

You will need to create an account, login to complete a form and confirm you have completed the 2.5-day PITstop advanced course. Once completed you will have access to the two videos and resources.

National Updates

New SPS Resource – Managing Interactions with Direct Oral Anticoagulants (DOACs)

The Specialist Pharmacy Service have developed a resource for healthcare professionals [Managing interactions with direct oral anticoagulants \(DOACs\)](#). Practices should have access to the SPS website to access this information.

BNF Interaction Update: Tramadol – Warfarin Interaction

An interaction between warfarin and tramadol has recently been added to the BNF interaction checker following the death of a patient and the coroner's prevention of death report [Warfarin | Interactions | BNF | NICE](#).

It is vital that when warfarin is prescribed by a third party, external to the practice, it is clearly documented on the GP notes to avoid prescribing errors. For example, by adding as a "Hospital" medication to the medication screen (EMIS Web).

MHRA Drug Safety Update March 2024

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

The March 2024 Drug Safety Update includes:

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<https://www.gov.uk/drug-safety-update/letters-and-medicine-recalls-sent-to-healthcare-professionals-in-february-2024>

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 \(mhra.gov.uk\)](https://www.mhra.gov.uk/cas)

[Valproate: important new regulatory measures for oversight of prescribing to new patients and existing female patients](#)

NICE News – April 2024

Please find the NICE News for April 2024 attached.



NICE news April
24.docx

NHS England: Puberty Suppressing Hormones for Children and Adolescents with Gender Incongruence

We would like to advise practices about the commissioning position on the recently published NHS England Clinical Commissioning Policy for Children and Adolescents with Gender Incongruence.

The Clinical Commissioning Policy can be found at: [NHS England » Clinical Policy: Puberty suppressing hormones](#)

NHS England has decided that Puberty Suppressing Hormones are not routinely commissioned for children and adolescents with gender incongruence outside of a recognised research trial.

ICBs must ensure that clinical practice reflects the clinical commissioning policy.

This does not affect those who have been referred by GIDS before 1st April 2024 or are already under the clinical care of an endocrine team at University College of London Hospitals NHS Foundation Trust or Leeds Teaching Hospitals NHS Trust. For these patients there is an expectation that GnRHa will continue to be administered / be initiated, if that is the informed choice of the young person / parents of a child under 16 years, subject to the outcome of usual clinical review of the individual's existing individual care plan jointly between the individual's Lead Clinician and the young person / parents of a child under 16 years.

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Also to note the updated Interim specialist service for children and young people with gender incongruence [NHS England » Service Specifications: Interim service specification for specialist gender incongruence services for children and young people.](#)

To note the relevant contents with regards to this policy:

- Children, young people and their families are strongly discouraged from sourcing puberty suppressing or gender affirming hormones from unregulated sources or from on-line providers that are not regulated by UK regulatory bodies.
- It would also be important for the GP or local health professional to explore what regulatory bodies may need to be informed if healthcare professionals registered with a UK professional body are prescribing medication contrary to NHS protocols.

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.

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](#).

ADHD medication availability and supply disruption update

The Department of Health and Social Care (DHSC) issued a National Patient Safety Alert on supply disruptions affecting various strengths of the following medications for the treatment of attention deficit

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hyperactivity disorder (ADHD) in September 2023. Please find further updated information attached below and updated re-supply dates.



ADHD Update
17.04.24 v35 KAM.pc

The information has been updated with inclusion of actions recommended in the Medicines Supply Notification – Guanfacine (Intuniv®) 2mg and 3mg modified-release MSN/2024/037 (released 28/3/24).
PLEASE SHARE WITH COLLEAGUES WITHIN YOUR ORGANISATION AS REQUIRED

Considering the Medicine Supply Notification (MSN): **Lisdexamfetamine** (Elvanse®) capsules (13/2/24) and **Guanfacine (Intuniv®)** (28/3/24), clinicians should:

- not initiate new patients on guanfacine MR tablets until the shortage has resolved;
- proactively identify any patients on guanfacine 2mg and 3mg MR tablets;
- contact patients/carers to establish how much supply they have left, ensuring they are aware of the risks of abrupt withdrawal;
- Continue to defer initiating new patients on Elvanse capsules; There are intermittent supply problems until Q2 2024. Initiating new patients will prolong this problem.
- Offer rapid response to primary care teams seeking urgent advice/opinion for the management of patients. This includes those known to be at a higher risk of adverse impact because of these shortages. For example, those with complex presentations including co-morbid autism, mental health or substance misuse needs;
- Be aware dexamfetamine tablets remain available, and if switching patients to this treatment, ensure that they are not intolerant to any of the excipients and are counselled on the appropriate dose

Some key points regarding the shortage:

- Even with the dates stated, it may take time for supplies to reach the front line.
- The stock situation remains fluid so please do speak to patients to understand their current supply.
- The national advice is not to start new patients on any affected products until the supply situation resolves.
- Non-pharmacological advice and coping strategies can be suggested to patients who are impacted by the supply disruption, the specialist services will have expertise in this area.

We appreciate that the supply disruption will cause anxiety for patients and their families, a reminder that NHS Kent and Medway has set up a non-clinical helpline for patients who would like more information on the supply disruption (01634 335095 option 3 then option 3, ADHD Medicine Shortages). This may help you to support the messaging for patients.

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A gentle reminder that community pharmacies will ONLY be able to dispense what is written on the prescription, therefore new prescriptions will be needed for changes to the drug/dose/strength. This is a legal requirement, please bear this in mind. A phone call to local pharmacies to understand stock levels prior to prescribing is recommended.

Discontinuations

Discontinuations of Insulatard® InnoLet® and Levemir InnoLet® 3ml pre-filled disposable devices

There were two Medicine Supply Notifications (MSNs) released on the 21st of March 2024 from the Department of Health & Social Care (DHSC) for the discontinuations of the following two products:

- Insulatard® InnoLet® (insulin isophane human) 100units/ml suspension for injection 3ml pre-filled disposable devices
- Levemir InnoLet® (insulin detemir) 100units/ml solution for injection 3ml pre-filled disposable devices.

Both products are being discontinued with remaining **stock expected to be exhausted by the end of May 2024**. **New patients should not be initiated on these products**. For all required **actions and alternatives** please see the MSNs attached below.

Primary care prescribing data shows that recent levels of prescribing, and subsequent supply through a community pharmacy, are very low amongst practices in Kent and Medway for these products between October 2023 and January 2024 (this is the latest prescribing data available). **Patients who are prescribed these products will need to be identified, reviewed, and changed to alternatives as suggested in the MSNs**. Ardens will release searches for this in due course.

If there are any questions, or concerns about management options for patient(s), then please consider seeking advice from specialist diabetes teams.



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Insulatard InnoLet (ns



MSN_2024_033

Levemir InnoLet (insu

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