

## MEDICINES MANAGEMENT

### Deployment of COVID-19 treatments for highest risk non-hospitalised patients

New Covid-19 treatments – neutralising monoclonal antibodies (nMABs) and antiviral treatments are now available for use for patients at highest risk in the community. This was outlined in a [letter from NHS E/I](#) to primary care on 9th December (attached).

In South East London, the treatments are being provided by the COVID-19 Medicine Delivery Units (CMDU) in Guy's and St Thomas' NHS Foundation Trust (GSTT).

Most of the highest risk patients will receive a letter or email telling them in advance they may be eligible for these treatments in the event they test PCR positive for COVID-19. See attached the Deployment of COVID-19 treatments for highest risk non-hospitalised patients for SEL for more information on the inclusion and exclusion criteria.

Alongside these new routine treatments, the Government has announced details of 'PANORAMIC' – a national study to review the effectiveness of antivirals in a wider at-risk patient cohort.

#### Action:

- **You will not need to prescribe or dispense nMABs or antivirals for Covid-19.**
- However, your practice might need to refer highest risk patients to the local COVID-19 Medicine Delivery Unit (CMDU) who can assess eligibility and arrange treatment. This can be done using the electronic Referral Service (e-RS).
- You are encouraged to help recruit to the national study.

### South East London Pathology Services

Bexley, Greenwich and Lewisham GP pathology work is now being processed by Viapath including microbiology samples. GP calling for clinical advice should call the Viapath Customer Services Line where clinical advice is available via GSTT & KCH consultants.

- **Telephone number:** 0204 513 7300 - 8am-8pm
- **Email:** [customerservices@viapath.org](mailto:customerservices@viapath.org)

Further information regarding this change can be found [here](#). Some non-inpatient samples will still be processed by the LGT laboratory and are responsible for clinical advice for the following:

- Maternity
- Out of area GP
- Occ. Health
- T-SPOT
- Outpatients
- Bexley's (including HMP)
- Private work
- Sexual health
- Any other non-BGL GP request

**Action:** For patient samples processed at Viapath, the clinical advice should be obtained via Viapath customer services.

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### The Greenwich Clinical Effectiveness SEL (CESEL)

#### Hypertension guide

The Greenwich Clinical Effectiveness SEL (CESEL) Hypertension guide has been launched by local Greenwich GPs, Dr Sabah Salman and Dr Johnson D'Souza, and can be found here: [https://selondonccg.nhs.uk/covid\\_19/clinical-effectiveness-sel/](https://selondonccg.nhs.uk/covid_19/clinical-effectiveness-sel/).

The guide is an evidence-based summary of hypertension management in primary care, localised for Greenwich with patient resources and data. It has been produced for busy primary care clinicians and collates key information from sources such as NICE and local medicines management in one place removing the need to refer to multiple sources of information.

CESEL provides a supportive offer for practices. As part of the guide launch, facilitation visits to practices are being offered, to present the guide and tailor support requests, with the aim of improving outcomes for your hypertensive patients and/or prevalence.

#### Action:

- Please email Sabah ([s.salman@nhs.net](mailto:s.salman@nhs.net)) or Johnson ([johnsond'souza@nhs.net](mailto:johnsond'souza@nhs.net)) to organise a short facilitation visit.
- To watch the recording of Sabah and Johnson's recent PLT event launching the guide please [click here](#)

### Tackling Cholesterol Together

Tackling Cholesterol Together is a comprehensive and varied education programme for healthcare professionals delivered in partnership between Heart UK, the NHS Accelerated Access Collaborative (AAC) and the AHSN Network. There are a range of resources available as part of the Tackling Cholesterol Together national education programme. This includes - Past and upcoming webinars and clinics and available e-learning modules.

#### Upcoming webinars:

- Webinar 8: Statin hesitancy, health investment and benefits over time

Date: Wednesday 19th January 2022

Time: 1:00 – 2:00pm

Registration link: <https://bit.ly/3dZkAge>

- Webinar 9: Diabetes, obesity and lipids

Date: Wednesday 16th February 2022

Time: 1:00pm – 2:00pm

Registration link: <https://bit.ly/3mzcDif>

#### Action:

All available resources including e-learning modules and recordings of previous webinars can be found at: <https://www.heartuk.org.uk/tackling-cholesterol-together/home>

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### [Haloperidol \(Haldol\): reminder of risks when used in elderly patients for the acute treatment of delirium](#)

Haloperidol is a first-generation antipsychotic authorised for treatment of neurological and psychiatric disorders, including the acute treatment of delirium in adults when non-pharmacological treatments have failed.

Healthcare professionals are being reminded that elderly patients are at an increased risk of adverse neurological and cardiac effects when being treated with haloperidol for delirium.

The MHRA conducted a [review](#) of UK safety information for haloperidol in the treatment of delirium in frail, elderly patients. The review identified that the practical use of haloperidol in patients with delirium is variable and is known to be especially associated with adverse effects of the central nervous system.

#### Advice for healthcare professionals:

- Special caution is required when using haloperidol for the acute treatment of delirium in frail, elderly patients
- Only consider haloperidol for delirium when non-pharmacological interventions are ineffective, and no contraindications are present (including Parkinson's disease and dementia with Lewy bodies)
- Before initiating treatment, a baseline electrocardiogram (ECG) and correction of any electrolyte disturbances is recommended; cardiac and electrolyte monitoring should be repeated during treatment (see below)
- Prescribe the lowest possible dose for the shortest possible time, ensuring that any dose up-titration is gradual and reviewed frequently
- Monitor for and investigate early any extrapyramidal adverse effects, such as acute dystonia, parkinsonism, tardive dyskinesia, akathisia, hypersalivation, and dysphagia
- Report suspected adverse reactions associated with haloperidol on a [Yellow Card](#).

#### [MHRA Update](#)

[Chloral Hydrate, and Cloral Betaine](#) have now been restricted to short term treatment with a maximum treatment duration of two weeks due to safety and efficacy concerns. The Neonatal & Paediatric Pharmacists Group (NPPG) have also released a [position statement](#) for the off-label use of chloral hydrate in the management of intrusive movement and motor disorders in children and young people.

#### Action

- Do not abruptly stop either medication – if a decision to stop the medication is made by the specialist, then a tapered approach ought to be taken
- Use must be under the supervision of a named consultant with appropriate experience and competency in paediatric neurology, neuro-disability, and/or palliative care, who must regularly review the patient.
- Patients will be being reviewed at their scheduled outpatient appointments and reviews of management plans undertaken as necessary.
- See attachment 2 for further information

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### [SEL Integrated Medicines Optimisation Committee \(IMOC\)](#)

The following IMOC decisions / outputs have been ratified through SEL IMOC and SEL Medicines Optimisation sub-Committee Chair's action and can be accessed via the links:

#### NEW:

- The diabetes sub-group of the SEL IMOC has produced a [GLP-1 \(injectable\) prescribing factsheet](#) to support the safe prescribing of GLP-1 analogue injectables in SEL. To prevent errors when prescribing and dispensing GLP-1 analogues, it is recommended they should be prescribed by [brand](#). The factsheet also provides recommended quantities which should be prescribed for GLP-1 analogues in line with appropriate prescription intervals.

#### UPDATED:

- [Formulary recommendation 112 – Prasterone pessaries \(Intrarosa®\)](#) for the management of vulvar and vaginal atrophy in postmenopausal women having moderate to severe symptoms. Following a time limited approval, this recommendation has been updated to remove the time limit.
- [Formulary recommendation 124 – oral semaglutide \(Rybelsus™\) for type 2 diabetes mellitus](#) has been extended to July 2022. Please refer to the formulary recommendation for further detail.
- Freestyle Libre 2 – formulary inclusion for an additional patient cohort has been approved for use in SEL following a formulary submission. The additional patient cohort is pregnant women who are on insulin therapy but do not have type 1 diabetes and meet the criteria outlined in the updated [Position Statement](#), [Pathway](#) and [Patient/Prescriber Transfer Agreement](#). The use of Freestyle Libre in this patient cohort is as per the existing arrangements in SEL which has an **Amber 3** categorisation.

#### [NICE Update](#)

##### [Headaches in over 12s: diagnosis and management \[CG150\]](#)

This guideline covers advice on the diagnosis and management of tension-type headache, migraine (including migraine with aura and menstrual-related migraine), cluster headache and medication overuse headache in young people (aged 12 years and older) and adults. It aims to improve the recognition and management of headaches, with more targeted treatment to improve the quality of life for people with headaches, and to reduce unnecessary investigations.

##### [Solriamfetol for treating excessive daytime sleepiness caused by narcolepsy \[TA758\]](#)

Solriamfetol is recommended as an option for treating excessive daytime sleepiness in adults with narcolepsy with or without cataplexy. This is only if modafinil and either dexamfetamine or methylphenidate have not worked well enough or are not suitable.

## Contact Details

**Meds Management:** [greccg.pharmacy@nhs.net](mailto:greccg.pharmacy@nhs.net)

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