

MEDICINES MANAGEMENT

QIPP Workplan 2022/2023 deadline reminder

Practices are reminded to complete their CPCs training (Entry Criteria) and Quality Improvement Projects (Section D) by 31st March 2023. Submit any relevant evidence to your Prescribing Advisor or email greenwich.pharmacy@selondonics.nhs.uk

Monthly Drug Tariff Watch

The Drug Tariff Watch (**Attachment 1**) is produced and updated monthly to provide information on price concessions, changes in drug tariff prices and current serious shortages.

- **Serious Shortages Protocol (SSP):** pharmacy contractors can use their professional skill and judgement to substitute the patient's prescribed order for the active SSP including substitution of [phenoxymethylpenicillin products](#) in order of decreasing preference listed on the active SSPs.
- **Medicines supply issue:** consider recommendation provided for alternative
- **Price concession:** please contact your prescribing advisor for advice if items that cannot be dispensed due to significant cost difference.

Medicine Supply Issues

NovoRapid FlexPen® (Insulin aspart) 100units/ml solution for injection 3ml pre-filled pens (MSN/2022/093)

NovoNordisk have advised that intermittent supply issues are still ongoing.

Action:

- Please see **Attachment 2** guidance for primary care colleagues and community pharmacists should shortage start to impact patients in SEL.

Dulaglutide (Trulicity®) 0.75mg, 1.5mg, 3mg and 4.5mg solution for injection (MSN/2022/079)

Supplies of all strengths of Dulaglutide continue to be limited and be only available for patients already prescribed Dulaglutide.

Action:

- Clinicians to not initiate new patients on dulaglutide until further notice. Consider initiating patients on alternative GLP-1 analogues until the shortage of dulaglutide has resolved. Please note Semaglutide (Ozempic) is unable to support any uplift in demand.

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Semaglutide (Ozempic) 1mg/0.74ml and 0.5mg/0.37ml solution for injection pre-filled device (MSN/2022/080)

NovoNordisk has advised of continued stock shortages of Ozempic 0.5mg and 1mg weekly injection. There is no date for when these shortages will be resolved.

Action:

- Do not initiate new patients on Ozempic until further notice. Ensure that Ozempic is being used for licensed indications only and quantities prescribed are appropriate for the treatment period.
- If the patient does not have sufficient supply, please contact the specialist initiating team for further advice.
- Please ensure when prescribing Ozempic, there is no excessive prescribing. **ONE** pen provides 4 weekly doses. **Please review patient prescribed more than 4 pens per prescription.**

For information on GLP-1 analogues, see **Attachment 3**.

Clozapine update

Clozapine is a hospital only antipsychotic medicine initiated by Mental Health (MH) trust due to intensive monitoring of white blood cells: **weekly for 18 weeks, then fortnightly for up to one year, and then monthly.** Clozapine is associated with fatal myocarditis and cardiomyopathy and intestinal obstruction. If the clinician is unaware that a patient is receiving clozapine there is a risk factor around potential medicine interactions and failure to link the side effects to the medicines can have serious consequences.

Action:

- GP practices are expected to document clozapine as a hospital only drug, including their current dosage as received from the Mental Health specialist on the patient's local care records in primary care.
- Clinicians are to familiarise themselves with potential pharmacodynamic and pharmacokinetic interactions with clozapine and refer to a mental health specialist where appropriate or email Oxleas Medicines Information team on oxl-tr.medicinesinfo@nhs.net for further advice.
- Please see **Attachment 4** on selected interactions with clozapine produced by Oxleas.

RightCare Stroke Toolkit

This toolkit provides support to understand the priorities in stroke prevention, identification, and rehabilitations, as identified in The Integrated Stroke Delivery Networks.

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Specialist Pharmacy (SPS) Resources

The SPS has created the following resources for the information of clinicians:

Renal Impairment

- [Assessing the impact of renal impairment on medicines safety in adults](#) : Provides points to consider when undertaking medication reviews in people with kidney disorders.
- [Questions to ask when giving advice on medicines in renal impairment](#) : Discusses the information that should be gathered about renal impairment history or type of kidney disease to enable a risk assessment and decisions about treatment
- [Calculating kidney function](#) : Explains the different methods and their limitations that are used to measure kidney function. They are not interchangeable.

Examples of medicines to prescribe by brand name in primary care

SPS has created a document that lists certain medicines that need to prescribe by the same brand to ensure the consistent supply of the same product. They are grouped by therapeutic area and is advised to be used in conjunction with the principles listed under 'Prescribing by generic or brand name in primary care'.

Learning Disability and Autism Webinar Series

The intended audience for these webinars is for health and social care professionals that will enable them to:

- Gain additional knowledge on *Stop over-medication of people with a learning disability, autism, or both (STOMP)* and upskill on psychotropic drugs management and optimisation.
- Collaborate with different community MDTs to investigate health and social care issues of service users identified during STOMP and Annual Health checks

Action:

- Please see **Attachment 5** for information on Webinar 3 taking place on 8th February 2023 13:00-14:00
- Please see **Attachment 6** for information on webinar 4 taking place on 8th March 2023 13:00-14:00
- [Click here to join the meeting](#) for both webinars.
- For previous webinars, please contact the LDA team for the recordings and slides:
LDAprescribingteam@selondonics.nhs.uk

Where do people keep their household medicines?

A survey of 2,199 adults has revealed 19% and 45% of people inappropriate keep their medicines in the bathroom and kitchen respectively, which may cause problems with stability and efficacy. The Royal Pharmaceutical Society provides advice and tips for clinicians on how to educate their patients on medicines storage.

Revised SPC

Elvanse (Lisdexamfetamine dimesylate): Warning that Lisdexamfetamine crosses placenta; undesirable effects, pharmacodynamic and pharmacokinetic section updated.

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To prevent future deaths – Ayurvedic drug induced liver injury (Ref: 2022-0208)

Patient background: Patient had psoriatic arthritis that was becoming increasingly disabling.

Scenario: Patient was concerned at the potential effects of conventional medication and consulted with an Ayurvedic practitioner, who prescribed an array of herbal based remedies. Patient developed liver failure and consequently, died some weeks later.

Cause of death: Ayurvedic drug induced liver failure, sepsis, and recurrent intestinal ischemia.

Concerns:

- Ayurvedic practitioners are not regulated and do not have the possible complications of their treatments as part of their routine frame of reference.
- GP made no physical examination of reported yellow skin and eyes, cessation of Ayurvedic medicines not advised, blood tests ordered but abnormal results, although they had been returned to GP, only picked up at routine rheumatology clinic appointment (10 days after first contact with GP practice).

NICE Clinical Knowledge Summaries Update

- **Herpes simplex – genital:** Updated in line with current evidence. Prescribing information section for oral antiviral drugs added. This section may be used for episodic or suppressive therapy in primary care.
- **Menopause:** Information was added to the adverse effects section. This refers to exogenous oestrogens that may induce or exacerbate symptoms of hereditary and acquired angioedema.

SYSTEM DEVELOPMENT

Pharmacy Contraceptive Service: Pilot scheme

The aim of the pilot scheme (has 2 tiers) is to create additional capacity in primary care and sexual health clinics by allowing women access to oral contraceptives through community pharmacies (CP). It is expected to be rolled out as an advanced service in 2023.

Tier 1: This allowed CPs to continue the provision of oral contraception supplies that were initiated in GP and sexual health clinics via PGD protocol.

Tier 2: This allows pharmacists to initiate oral contraception, without the patient needing to see a GP first via PGD but conditions must be met before supply.

Action: For more information and for pharmacies interested in registering for the contraception management Tier 2 PGD service, [please click here](#).

Contact Details

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