

## MEDICINES MANAGEMENT

### Shortages of Attention deficit hyperactivity disorder (ADHD) medications

A **CAS alert** was issued on 27 September highlighting the supply disruptions affecting various strengths of the following medications which are licensed for the treatment of ADHD due to manufacturing issues and an increased global demand.

#### Methylphenidate:

- Equasym XL<sup>®</sup> 10, 20 and 30 mg capsules
- Xaggitin XL<sup>®</sup> 18 and 36 mg prolonged-release tablets
- Concerta XL<sup>®</sup> 54 mg prolonged-release tablets
- Xenidate XL<sup>®</sup> 27 mg prolonged-release tablets

#### Lisdexamfetamine:

- Elvanse<sup>®</sup> 20, 30, 40, 50, 60 and 70 mg capsules
- Elvanse<sup>®</sup> Adult 30, 50, and 70 mg capsules

#### Guanfacine:

- Intuniv<sup>®</sup> 1, 2, 3 and 4 mg prolonged-release tablets

#### Advice for primary care clinicians:

- Patients calling for advice should be informed of the current stock situation and a management plan should be agreed upon with the patient and prescriber.
- For patients identified with insufficient supply remaining, work with the patient's usual pharmacy to find out which products/strengths are currently available and prescribe if appropriate. For some products, the patient's community pharmacy may be able to obtain an unlicensed imported alternative, which can be considered (supply is likely to take 2-4 weeks). Please see the Specialist Pharmacy Service (SPS) Medicines Supply Tool for further information.
- Where prescriptions cannot be fulfilled, Community pharmacy colleagues will ask patients to contact their GP practice via consults, telephone or face-to-face.
- If the patient is unable to access the supply of their medication and the primary care clinician requires further guidance on a management plan, please contact the relevant mental health team. Please ensure specialist colleagues can be provided with all the necessary background information relating to the patient so they can advise/refer appropriately.
- For clinical information on switching, see **Attachment 1**.
- MHRA [drug safety update](#) states that modified release(M/R) methylphenidate should be prescribed by brand name and caution when changing between different formulations. **Do not change M/R methylphenidate prescriptions to generic.**

### NHS Digital Health Passport

The use of a personalised asthma action plan is recommended in national guidelines produced by NICE and BTS. The Digital Health Passport pilot was commissioned by the Healthy London Partnership to enable sharing of care plans and to support self-management of chronic conditions with a focus on improving outcomes for young people with asthma. Healthcare professionals are to encourage parents and children to use the app at each review. **QR code can be found 2023-Oct-SEL - Google Slides** and below. For printed and digital posters, **email**



[saira@tinymedicalapps.com](mailto:saira@tinymedicalapps.com)

## MEDICINES MANAGEMENT

### Monthly Drug Tariff Watch

The Drug Tariff Watch (**Attachment 2**) is updated monthly to provide updates and recommendations on current medicine shortages, price concessions and drug tariff prices.

**Serious Shortage Protocol (SSP053) and (SSP054)** currently in place for **Clarithromycin 125mg/5ml oral suspension** and **Clarithromycin 250mg/5ml oral suspension** have been extended to 17 November 2023.

### Drug Safety Update

#### Statins: Infrequent reports of myasthenia gravis

MHRA has received reports of new-onset or exacerbation of myasthenia gravis associated with the use of statin medications. Most patients recovered after stopping treatment, though a minority continued to experience symptoms. Recurrent symptoms have been reported when patients restarted on the same or different statin.

#### Action for clinicians:

- Refer patients presenting with suspected new-onset myasthenia gravis on statin therapy to a neurology specialist.
- Advise patients with pre-existing myasthenia gravis to be alert to symptoms aggravating whilst on statin.

### Fluoroquinolone antibiotics: Suicidal thoughts and behaviour

Healthcare professionals prescribing fluoroquinolones must remain vigilant about the risk of psychiatric and psychotic reactions, which may lead to suicidal thoughts/attempts.

#### Action for clinicians:

- Advise patients to seek medical advice if they develop mood changes, distressing thoughts, or feelings of suicide/self-harm during treatment.
- Discontinue fluoroquinolone at the first signs of adverse reaction, including new or worsening depression/psychosis.

### European Medicines Agency: New measures to avoid topiramate exposure in pregnancy.

The EMA safety committee has recommended additional restrictions and a pregnancy prevention program (PPP) for topiramate due to the increased risk of neurodevelopmental problems in children exposed to the drug during pregnancy.

#### Action for healthcare professionals:

- Inform all potentially pregnant patients about the risks of topiramate during pregnancy, consider alternative treatments, and re-evaluate the need for topiramate treatment annually.

### Provisional Never Event 23/24 data:1 April-30 July 23

Never events are serious, largely preventable patient safety incidents that should not occur if healthcare providers have implemented national guidance or safety recommendations. The report collected 111 never events:

- 9 involved an injection given to the wrong site.
- 5 oral medications given intravenously.
- 1 insulin overdose due to use of the wrong syringe.

## MEDICINES MANAGEMENT

### Reminder: Home use of Nebulisers

A nebuliser allows a higher dose of medicine e.g., bronchodilator, antibiotics, and saline, to be delivered quickly and easily to patients. It works by changing liquid medicine into a fine mist. In the UK, medicines to be delivered via nebuliser are only available on prescription only. However, a nebuliser is available over the counter and online to buy without a prescription. SEL has reported the death of a child using a home nebuliser that belonged to a family member. In line with the [Drug Safety Update](#):

#### Advice for primary care clinicians:

- Nebulisers in hospitals are oxygen-driven. Using air-driven nebulisers at home during an asthma attack can result in hypoxia.
- Home nebulisers should only be prescribed by specialists, such as respiratory physicians or paediatricians.
- Do not prescribe nebulisers for children and young people (CYP) for asthma treatment, even if initiated by tertiary care.

#### Advice for community pharmacies:

- pharmacists should advise individuals seeking to purchase a home-use nebuliser to consult healthcare professional advice.
- Pharmacists should ensure that patients have received a management plan and determine the clinical appropriateness of a nebuliser before selling or ordering it to individuals.
- When dispensing nebulisers, pharmacists should advise patients not to share their medication with family members.

### Parkinson's UK Report: Time-critical Parkinson's Medication on time, every time

A delay in Parkinson's medication of as little as 30 minutes can mean the difference between a patient functioning well and being unable to move, walk, talk, or swallow. The Parkinson's UK report showed:

- 58% of patients with Parkinson's who were admitted into hospitals in England last year did not receive their medication on time, every time.
- 48% of NHS trusts do not provide the right training on time-critical medication.
- 1 in 4 trusts does not enable patients with Parkinson's to manage their medication themselves in the hospital, despite being able to do so.

This resource provides practical solutions and brings insight into the effects of these patients missing their critical medication.

### Mepilex® Border dressings

Mepilex® Border and Border Lite dressings will be deleted from Part IXA of the January 2024 Drug Tariff, thereafter, pharmacies will not get payment by the NHSBSA. Refer to [Greenwich combined wound care formulary](#) for cost-effective alternatives.

### GLP-1 in T2DM Shortage Support Pack

The following set of resources have been developed through the diabetes sub-group of the IMOC to support the implementation of the [national patient safety alert](#) in relation to the GLP-1 receptor agonist shortages:

- [GLP-1 in T2DM shortage support pack](#)
- [GLP-1 in T2DM shortage patient information leaflet](#)
- [Hyperglycaemia guideline for T2DM](#)
- [Once daily basal insulin titration patient information leaflet](#)
- [Sick day rules patient information leaflet](#)

## MEDICINES MANAGEMENT

### Ratified IMOC guidance

#### NEW:

- [Dapagliflozin for treating patients with chronic heart failure with preserved \(HFpEF\) or mildly reduced ejection \(HFmrEF\) guidelines without diabetes](#) is now available. Dapagliflozin in this setting is categorised as **Amber 1** (initiation in primary care following specialist recommendation). Please refer to the [SEL Joint Medicines Formulary](#) for further information.
- The [CESEL asthma guide for adults and for children and young people \(CYP\)](#) is now available.
- An [Inclisiran FAQs for primary care practitioners](#) have been developed to support primary care with the prescribing and administration of Inclisiran.

#### UPDATED:

- The [pharmacological management of heart failure in adults guideline](#) has been updated to include management of heart failure with preserved (HFpEF) and mildly reduced (HFmrEF) ejection fraction.
- The formulary inclusion of [sacubitril/valsartan \(Entresto™\)](#) for the management of heart failure has been recategorised from **Amber 3 to Amber 2**. A new [patient pathway](#) and [FAQ](#) are also available
- The [adult vitamin D guideline](#) has been updated to include the recommended vitamin D product choices for the management of vitamin deficiency, insufficiency, and maintenance treatment.
- Rheumatology-related updates are as below:
  - [Seronegative spondyloarthropathy treatment pathway](#)
  - [Rheumatoid arthritis treatment pathway](#)
  - [Rheumatology outcomes and monitoring framework](#)
- [Formulary recommendation 133](#) – apixaban for venous thromboembolism and stroke and systemic embolism in haemodialysis

### New and updated guidelines

- [NICE \(NG235\): Intrapartum care](#) - covers the care of women and their babies during labour and immediately after birth (37-42 weeks of pregnancy).
- [NICE \(NG148\): Acute kidney injury: prevention, detection, and management](#) – recommendation on managing patients at risk of kidney injury for non-emergency imaging.
- [NICE \(NG50\): Cirrhosis in over 16s: assessment and management](#)- new recommendations on safe prescribing of medicines in patients with cirrhosis, preventing bacterial peritonitis and bleeding from varices.

### Specialist Pharmacy Services (SPS) resources

- [Using intramuscular injections in people on oral anticoagulants](#) – advises the risk related to small volume intramuscular injections in patients on anticoagulants.
- [Treating bipolar disorder during breastfeeding](#)- medication suitable include valproate and lithium.

## Contact Details

**Meds Management:** [greenwich.pharmacy@selondonics.nhs.uk](mailto:greenwich.pharmacy@selondonics.nhs.uk)  
**Primary Care:** Jan Matthews: [jan.matthews@selondonics.nhs.uk](mailto:jan.matthews@selondonics.nhs.uk)  
**System Development:** Jo Hare: [joannehare@selondonics.nhs.uk](mailto:joannehare@selondonics.nhs.uk)