

MEDICINES MANAGEMENT

Adult Oral Nutrition Supplement (ONS) Update

GSTT Adult Prescribing Support Dieticians continue supporting the implementation of [SEL Adult ONS guidelines](#) within Greenwich practices and have compiled a set of **key messages** to support practices undergoing ONS reviews:

- Patients should not be on ONS **unless** under a dietitian.
- **Powdered ONS** should be used as **first line** unless contraindicated.
- **Avoid** the use of **compact milk-based products** due to the high cost-pressure associated and the lack of clinical rationale for their use.
- **High protein ONS** are often **not indicated**. For some dialysis patients, the standard powders (Aymes® Shake/Foodlink Complete/ Aymes® ActaSolve Protein Compact), as do bottles such as Aymes® ActaGain 2.4 Complete Maxi or Altraplen® Compact Daily would suffice.
- **Juice-based ONS** are often low in protein, but high in carbohydrates, so are particularly unsuitable for those with pre-/diabetes. If a patient requires juice because they do not tolerate milk-style ONS, choose powder where possible.
- **Pudding-style ONS** are low in both calories and protein, so are unlikely to be clinically or cost-effective. Please recommend readily available shop-bought puddings or soups.
- As prescribable products, patients must meet **ACBS criteria** for prescribing. If these are not met, please give food first advice and monitor.
- Patients with poor appetite or weight loss, give Food First advice and check their MUST score using the [MUST calculator](#) – Refer to community dieticians for MUST scores ≥ 2 .
- **Do not issue ONS from the hospital discharge letter** listed under 'to take away (TTO) medication' unless a prescription request letter from a dietician is received.
- Refer to [Product Guidance](#) for the preferred list of ONS

Monthly Drug Tariff Watch

The Drug Tariff Watch (**Attachment 1**) is updated monthly to provide updates and recommendations on current medicine shortages, price concessions and drug tariff prices.

Shortage of GLP-1 receptor agonists (GLP-1 RAs)

There is an ongoing [national shortage of GLP-1 RAs](#) used in the management of type 2 diabetes mellitus (T2DM). This situation is not expected to resolve until mid-2024. Saxenda® (Liraglutide) stock has been impacted for managing overweight and obesity. The Saxenda® referral pathway to tier 3 weight management services is paused temporarily until stock returns. Patients who meet the criteria for tier 3 service who do not need pharmacological intervention should continue to be referred to The Bariatric Consultancy.

Action for primary care clinicians:

- PCN technicians to run Arden's search (*2.15 Prescribing - CAS alerts v.2.80*) to identify patients on GLP1-RAs.
- Consider [local guidance](#) for other glucose-lowering therapies
- See the [Primary Care Diabetes Society \(PCDS\) Guidance](#) and the [SEL Type 2 diabetes Glycaemic Control Management Pathway for Adults](#) for treatment options.
- See [Prescribing available insulins](#) guidance for information on which insulin can patients be switched to from GLP-1 RAs.

MEDICINES MANAGEMENT

Drug Safety Update

Hyoscine hydrobromide patches (Scopoderm® 1.5mg/ Scopoderm® TTS Patch): There have been reports of life-threatening anticholinergic side effects associated with the patches such as hyperthermia, delirium, and respiratory paralysis, particularly when used outside the licence.

Action for healthcare professionals:

- Children and the elderly as they are more susceptible to anticholinergic toxicity.
- If a patient experiences any anticholinergic side effects, particularly high temperature, they should remove the patch immediately and seek medical help due to the risk of hyperthermia.

Codeine linctus: a public MHRA consultation on the proposal to reclassify to prescription-only medicine (POM) has been launched in response to reports received about codeine linctus being used recreationally for its opioid effects, rather than its intended use as a cough suppressant. All members of the public are asked their views to decide whether codeine linctus should become a prescription-only medicine or remain an over-the-counter medication.

Class 2 Medicines Recall: Sanofi® UK is recalling affected batches of **Sabril® 500 mg film-coated tablets** and **500 mg granules for oral solution** due to the detection of traces of tiapride in the manufacturing source for vigabatrin.

Action for community pharmacy: Patients ≤ 17 years old should be contacted, provide an alternative batch, recall the impacted batch, and advise patients to seek a review with their prescriber.

Serious Shortage Protocol (SSP056) currently in place for **Utrogestan® 100mg capsules** which is due to end on 18 August has been extended to 1 September 2023.

Preparing to train as an independent prescriber

This CPPE course is open to pharmacists from all sectors of practice who are planning to commence their independent prescriber training. It aims to build the confidence and competence of the pharmacist. It is scheduled to launch on 12th September 2023. For more information, [please click here](#).

New additions to NHS Website Medicine A-Z

The following topic has been added to support patients in understanding their medication. Please signpost patients to NHS website to support self-management of their conditions.

- [New hormonal replacement therapy \(HRT\) materials](#)

Identifying dementia in people with hearing loss

Researchers have created a revised reliable dementia test for individual with hearing loss, called the **MoCa test** that can be completed within 10 minutes. It replaces spoken questions with written ones. Evaluated on 256 people, the test proved accurate and consistent when retested 2-4 weeks later.

MEDICINES MANAGEMENT

EXTENDED Virtual Anticoagulation Clinics – Primary Care & Lewisham and Greenwich Trusts (LGT)

Due to the popularity of the joint virtual clinics, they have been extended until the end of **October**. Primary care clinicians will be able to:

- Discuss patient assessment and case studies with the anticoagulation pharmacist in initiating and switching patients to Edoxaban from warfarin or other direct-acting oral anticoagulants (DOACs).
- Book another session to discuss more complex patients' cases if you have previously attended one of these virtual clinics.

The specialist pharmacists have successfully helped practices initiating DOACs in complex patients and those who have previously declined. This opportunity will further support clinicians in the delivery of contractual work for 2023-24.

Action for primary care clinician:

- Please see **Attachments 2-3** for information on the virtual clinics and Greenwich process flowchart respectively.

Liothyronine – UPDATED Advice for Prescribers

Liothyronine remains a **RED** (hospital-only) drug in SEL for the treatment of resistant depression and radioiodine therapy in thyroid cancer and a **GREY** (not recommended for prescribing) drug for hypothyroidism.

- Liothyronine should only be initiated by an NHS consultant endocrinologist when being prescribed for the treatment of hypothyroidism.
- Liothyronine should be prescribed **only** if no alternative intervention or medicine is clinically appropriate or available for the patient.
- Patients taking liothyronine for the treatment of hypothyroidism who have not already been reviewed, should be reviewed by an NHS consultant endocrinologist.

Action for primary care clinicians:

- Liothyronine should not be initiated in primary care.
- Any current patients on LT3 should be reviewed by an NHS consultant endocrinologist.
- For more information, please see the joint British Thyroid Association (BTA) and Society of Endocrinologists (SoC) [consensus statement](#) and NICE guideline: [Thyroid disease: assessment and management](#).

Biotin may cause interference in thyroid immunoassays.

Biotin, a water-soluble B vitamin found naturally in some foods and in over-the-counter supplements, may interfere with thyroid function tests that are based on biotin/streptavidin interaction. This may cause test results to be falsely increased or decreased, leading to inappropriate patient management or misdiagnosis.

Action for prescribers:

- Patients should be routinely asked about biotin use which can also be found in multivitamins and supplements before ordering thyroid function tests.
- For patients taking biotin, inform the laboratory personnel before ordering the tests to consider alternative assays.
- considered if the results of thyroid function tests do not match the patient's clinical presentation.

MEDICINES MANAGEMENT

Ratified IMOC guidance

- **Formulary inclusion** of Softacort™ as **AMBER 2** for the treatment of mild non-infectious allergic or inflammatory conjunctival diseases. The maximum treatment course is 14 days and if the patient requires tapering of the dose at the end of the course, primary care will be requested to prescribe under the **AMBER 2** arrangements. Please refer to the [SEL Joint Medicines Formulary](#) for further information.
- **Formulary recommendation 144** - Bisoprolol tablets for the management of Long QT syndrome (LQTS) in paediatric patients ≥ 1 year old and over has been approved as **AMBER 2**. An LQTS in children [GP factsheet](#) has also been developed to support primary care clinicians.
- **Formulary recommendation 145** - Rituximab intravenous injection for the treatment of refractory autoimmune hepatitis in adults has been approved as **RED** for a one-year time-limited period.

New and updated guidelines

- **SIGN 167: Care of deteriorating patients** -This replaces SIGN 139 and focuses on the management of acute clinical deteriorating in non-pregnant adult patients.
- **SIGN 146: Cutaneous melanoma: updated SIGN guideline** - The updated guideline provides advice on the management of adults with melanoma and includes new recommendations for pathology, biopsy, systemic anticancer therapies, and follow-up surveillance.
- **NICE NG158: Venous thromboembolic diseases: diagnosis, management, and thrombophilia testing – update** includes the use of Wells score and D-dimer in the diagnosis of pulmonary embolism and DVT.
- **NICE NG122: Lung cancer: Diagnosis and management-** The systemic anti-cancer therapy treatment pathway was updated for advanced non-small-cell lung cancer to include NEW technological appraisal guidance and recommended treatment options.
- **NICE CG189: Obesity: identification, assessment, and management- updated guidance** – Update includes recommendations on bariatric surgery for people living with overweight and obesity, assessment criteria for people with diabetes, conception, and pregnancy points for the surgeon to discuss with patients.

Specialist Pharmacy Services (SPS) resources

- **Safety in breastfeeding** has been updated to include using and using [inhaled or topical corticosteroids](#) while breastfeeding.
- **Parkinson disease (PD) medicines in swallowing difficulties** provides guidance on managing swallowing difficulties in PD using available formulations or licensed medicines in an unlicensed way
- **Explaining the licensed status of medicines** provides guidance on what licensed and unlicensed medicine are and how they are regulated.
- **Using unlicensed medicines** discusses shared responsibility, rationale, understanding patient needs, establish optimal treatment, monitoring and review.

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