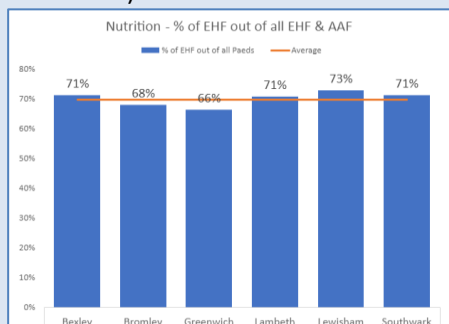


MEDICINES MANAGEMENT

Rapid Access Clinic (RAC) for non-IgE mediated cow's milk allergy (CMA) update

In 2022-23, across SEL:

- 300 initial patient assessments were undertaken at Rapid Access Clinic (RAC) (of which 238 patients were either on formula or mixed feeding and 62 were exclusively breastfed). Out of the 238 who were prescribed a formula at the time of RAC referral:
 - 29% had their prescription stopped: switched to over-the-counter formula; reached 12 months of age or stopped due to DNA appointments. exclusion by home challenge; swap to over-the-counter formula; and stopped as older than 12 months or stopped due to DNA appointments.
 - Only 3 patients suspected CMA stepped up to amino acid-based formula (AAF).
 - 3.4% were stepped down from amino-acid based formula (AAF) to extensively hydrolyzed formula (EHF).
- 65% (n=196) completed a home challenge (compared to 20% in 20-21 across SEL audit data)
- 38% of 196 babies had a negative challenge suggesting overdiagnosis of CMA in SEL (Prevalence Non-IgE CMA is 1.7% in UK)



- 15 referrals (5% of total SEL referral) of RAC were made in Greenwich for non-IgE mediated CMA.
- Greenwich has the lowest % of EHF prescribing out of all CMA formula across SEL.

Action for prescriber:

- Use the [allergy-focussed medical history form](#) to establish if child is suspected of CMA (under 14 months of age) and refer to RAC using DXS form (2 week waiting time):
 - Recommend 4-week trial of high fat/ maternal dairy-free diet if exclusively breastfeeding; and
 - Prescribe first-line EHF for mild to moderate CMA e.g. Aptamil® Pepti 1 or 2, SMA Althera®, Nutramigen with LGG® 1 or 2 and Aptamil® Pepti Syneo™
- Refer to [CMPA guidelines](#) for quantity to prescribe and issue as acute item.
- Do not continue CMA formula without confirmation of diagnosis of non-IgE CMA by positive home rechallenge.
- Stop CMA formula by 14 months of age unless advised by dietitian.
- Do not prescribe AAF for mild-moderate CMA.

Monthly Drug Tariff Watch

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

MEDICINES MANAGEMENT

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 also been impacted for managing overweight and obesity. The Saxenda® referral pathway to tier 3 weight management services are paused temporarily until stock returns. However, patients who meet the criteria for tier 3 service who does not need pharmacological intervention should continue to be referred to The Bariatric Consultancy.

Action for primary care clinicians:

- PCN technicians to run Ardens search (*2.15 Prescribing - CAS alerts v.2.80*) to identify patients on GLP-1 RAs.
- Consider alternative glucose lowering therapies in line with [Local guidance](#)
- See the [Primary Care Diabetes Society \(PCDS\) Guidance](#) and the [SEL Type 2 diabetes Glycaemic Control Management Pathway for Adults](#) for treatment options.
- [Prescribing available insulins](#) guidance provides information on which insulin can patients be switched to due to the current supply disruptions of GLP-1 RAs.

Tresiba® (insulin degludec) FlexTouch 100units/ml solution for injection 3ml pre-filled pens

The pre-filled pens will be out of stock from August 2023 until January 2024. Tresiba® pen-fill cartridges remain available.

Action for primary care:

- PCN technicians to run Ardens search (*2.15 Prescribing - CAS alerts v.2.80*) to identify patients on Tresiba® pre-filled pens
- Switch to cartridges with Autopen® device in line with [local guidance](#).

Atorvastatin shortages – all strengths

There is an intermittent supply issue with atorvastatin. Consider using this opportunity to review patients' lipid lowering therapy in line with [SEL Lipid Management: Medicines Optimisation Pathways](#). Alternatively, switch to alternative high intensity statin for secondary prevention e.g., atorvastatin 20mg to rosuvastatin 10mg as "acute" item until shortages resolve.

Drug Safety Update

Non-steroidal anti-inflammatory drugs (NSAIDs): potential risks following prolonged use after 20 weeks of pregnancy

The use of systemic NSAID is contraindicated in the last trimester of pregnancy (after 28 weeks of pregnancy) due to the risk of premature closure of the ductus arteriosus, renal dysfunction in the fetus, prolongation of maternal bleeding time and inhibition of uterine contractions during labour.

Action for prescribers:

- Avoid prescribing systemic NSAIDs from week 20 of pregnancy unless clinically required and prescribe the lowest dose for the shortest time in these circumstances.
- Advise patients who are pregnant to avoid use of NSAIDs available without prescription from week 20 of pregnancy.

MEDICINES MANAGEMENT

TRUEyou test strips discontinuation

The Trueyou sensors are to be discontinued in September 2023.

Action for primary care clinicians:

- To identify and review patients currently prescribed TRUEyou test strips.
- Switch to alternative [NHSE approved self-monitoring blood glucose test strips](#).

Medicines Monitoring Tool

[Specialist Pharmacy Service – Medicine Monitoring](#) summarises recommendations and monitoring parameters guidance for medicines requiring monitoring. This guidance is supported by Care Quality Commission (CQC) and included in the shared care agreement. The frequency of monitoring is determined by the medication and when a medication is issued: before starting, after started or dose changed, continued until stable, ongoing once stable and with abnormal results. **For example** – for patients stable on [Lithium](#):

- **Every 3 - 6 months:** serum lithium levels – take sample just prior to time of next dose (i.e., trough level 12 hours following last dose)
- **6 monthly:** body weight or BMI, estimated glomerular filtration rate, serum calcium, thyroid function tests, urea, and electrolytes.

NHS England

- **Updated Community Pharmacy NHS Smoking Cessation Advanced service (SCS)** - The updated service now enables NHS trusts to refer patients (directly or indirectly and where they consent) to a community pharmacy of their choice to continue their smoking cessation treatment, including providing medication and support as required.
- **Reducing long-term opioid use** - A programme by NHS England's national patient safety team reviewing opioid prescribing data identified an average of 21,520 fewer people a month being prescribed opioids for >3months. This could lead to 347 fewer people dying over the next two years from opioid side effects.

NHS Long Term Workforce Plan

The plan maps out a strategy in increasing and developing the NHS workforce, including community pharmacy. More information on the [plan can be found here](#).

UK Health Security Agency

HPV vaccination programme moves to single dose from September 2023

In line with latest evidence and recommendations, all children in school year 8 (aged 12- 13) and eligible men under the age of 25 who have sex with men will be offered a single dose of the HPV vaccine instead of two.

NEW NICE decision aid to guide professional-patient discussions sleeping pills prescriptions

The NEW patient [decision aid](#) and [one-page summary](#) aim to provides clear advice and information about benzodiazepines and Z-drugs so patients understand the benefits/risks of continuing, reducing current dose, or stopping medication.

Avoid sharing patient identifiable data

Practices are reminded to omit any patient identifiable data when sending a query/clinical issue to Greenwich Medicines Optimisation Team.

MEDICINES MANAGEMENT

NICE guideline update

(CG57) Atopic eczema in under 12s: diagnosis and management – Updates include changes in recommendation on emollients, such as not offering emollient bath additives to children with atopic eczema.

Clinical Knowledge Summaries

Abdominal aortic aneurysm (AAA) screening- The AAA screening is led by UK Health Security Agency, which involves an abdominal ultrasound scan to detect any bulging/ swelling of the aorta. This is currently offered to all men 65 years onwards that they can self-refer themselves to.

Revised SPCs

- **Flagyl® (Metronidazole) products** - Metronidazole may interfere with certain blood tests (e.g. ALT, AST, LDH, triglycerides, glucose), which may lead to false negative/abnormally low result.
- **Salofalk® (Mesalazine) tablets** - Mesalazine should be stopped if renal toxicity is suspected and that cardiac hypersensitivity reactions (myocarditis and pericarditis) can occur rarely. Rash and pruritis added as common reactions.
- **Mercaptopurine 50mg tablets** - Pellagra has been added as a potential adverse effect of treatment. Symptoms include dermatitis, diarrhoea, and dementia. Appropriate medical care with niacin/nicotinamide supplementation must be initiated, and dose reduction or discontinuation of azathioprine must be considered.

Specialist Pharmacy Services (SPS) resources

Resources - [Safety in breastfeeding](#) has been updated to include using [antiplatelet medicines](#) while breastfeeding.

Towards net zero: Asthma Care

The BMJ article highlighted reduced use of short acting β agonist (SABA) pressurised metered dose inhalers (pMDIs) improves planetary outcomes as well as clinical outcomes for patients;

- 13% of the greenhouse emissions in NHS are due to inhalers used to treat asthma and other airways diseases, equating to 3% of the total NHS carbon footprint;
- SABA inhalers contribute 67% of England's inhaler carbon footprint, with 70% of all inhalers issued being pMDIs;
- High SABA use has been associated with poor clinical outcomes, such as death from asthma or anaphylaxis.

Action for prescriber:

- Offer spirometry with reversibility, peak flow diary monitoring, and fractional exhaled nitric oxide (FeNO), where available, to both newly diagnosed patients and existing patients who are taking SABA alone to confirm diagnosis.
- If asthma is confirmed, use shared decision making to create a self-management plan, and transition to a corticosteroid or corticosteroid-LABA inhaler as the primary medication e.g. maintenance and reliever treatment (MART) and anti-inflammatory reliever (AIR) regimen.
- Encourage practitioner behaviour change to favour DPIs (and SMIs) over pMDIs. DPIs require a deep, quick inhalation, in Finland children as young as 6 years are recommended DPIs.

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