

MEDICINES MANAGEMENT

Drug Safety Update

Isotretinoin (Roaccutane ▼): New recommendations on how to strengthen safer prescribing of isotretinoin

An expert working group has provided **new** recommendations for Commission on Human Medicines (CHM) to review, to strengthen the safety measures of isotretinoin treatment. These include:

- Requirement of **2** prescribers to agree to initiate the treatment in patients under 18 years.
- New warnings about sexual dysfunction that it may continue after treatment has been stopped and psychiatric disorders may occur with unknown frequency.

Action for healthcare professionals:

- Continue to follow [strict precautions on prescribing isotretinoin](#), including Pregnancy Prevention Programme
- Advise patients to seek advice or urgent attention if they feel their mental health or sexual function is affected and seek urgent attention if worsening symptoms.

Nitrofurantoin: reminder of the risks of pulmonary and hepatic adverse drug reactions

Healthcare professionals prescribing nitrofurantoin should be alert to the risks of pulmonary and hepatic adverse drug reactions and advise patients to be vigilant for the signs and symptoms in need of further investigation.

Action for healthcare professionals:

- Promptly investigate any symptoms that may indicate a pulmonary (e.g., shortness of breath, coughing up blood) or liver adverse reactions (e.g., yellowing of skin and eyes, dark urine, pale stool), particularly in patients receiving long term therapy or elderly patients.

Joint Women's Health Forum safety alert- Inappropriate prescribing of Oestrogen

The joint safety alert has been published in response to questions raised on the inappropriate doses of oestrogen prescribed to women experiencing symptoms of menopause. Clinicians are reminded that:

- Oestrogen should not be regularly prescribed in doses higher than the upper limit listed in the Summary of Product Characteristics (SmPC).
- If in exceptional circumstances a higher than licensed dose is necessary for symptom control, informed consent should be obtained from the patient.

Action for healthcare professionals:

- Ensure women requiring treatment are managed safely within established guidelines set out [NICE](#), [MHRA](#) and national guidance.
- The British Menopause Society has produced a [guidance](#) on switching equivalent [HRT preparations](#).

Nutrition Price Update 2023-2024

Please see attached **Attachment 1** on the updated Adult Oral Nutritional Supplements price update and **Attachment 2** on Hypoallergenic formulary price update for 2023-2024.

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Monthly Drug Tariff Watch:

The Drug Tariff Watch (**Attachment 3**) is updated monthly to provide information and recommendations on current serious shortages, prices concessions and drug tariff prices.

- **Medicines supply issue:** consider recommendation provided for alternative.
- **Price concession:** please contact your prescribing advisor for advice for items that cannot be dispensed due to significant cost difference.

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

Greenwich Medicine Optimisation Team & LGT anticoagulation pharmacists are working in collaboration to enable primary care clinicians to attend a joint virtual clinic from June – August 2023. Clinicians will be able to:

- Discuss patient assessment and case studies with the anticoagulation pharmacist in initiating and switching patients to edoxaban from other direct-acting oral anticoagulant (DOAC).

This will support clinicians in the delivery of contractual work for 2023-24.

Action: Please see **Attachment 4-5** for information on the virtual clinics and Greenwich process flowchart respectively.

Commissioning recommendations following the national assessment of blood glucose and ketone meters, testing strips and lancets.

The commissioning followed a clinically led national assessment to better understand the products available and how they meet the needs of all people living with diabetes. The recommendations have been separated into 4 categories based on patient cohort.

Action for clinicians: Please refer to [page 5](#) for the summary on the preferred recommended devices per patient group.

Community Pharmacist Consultation Service (CPCS)

CPCS is an advanced service that was launched in October 2019 to facilitate patients having a same day appointment with their community pharmacies (CP) for minor illness. In the recent April 2023 data, CPs in SEL have improved with CPCS *completion percentage to 65%*.

Action for practices: Please continue to make referral using the Patient Access button on EMIS.

Community Pharmacy Blood Pressure Check Service

The service is available to anyone aged over the age of 40 with or without a confirmed diagnosis of high blood pressure. Patients can either walk into any providing community pharmacies (CP) to request for a blood pressure check or can be referred by. Ambulatory blood pressure monitoring (ABPM) should be offered by the CP if the patient's blood pressure reading high according to the service specification.

Action for practices: [Click here to see full list of participating CP](#) that general practices can refer their patients to.

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Ratified IMOC guidance

NEW

- **Formulary inclusion** of Actimorph™ (morphine sulphate) orodispersible immediate release tablets as **Green** for the management of severe pain which can be adequately managed only with an opioid and **Red** for pain management associated with oral mucositis post radiotherapy in head and neck cancer patients in the form of an analgesic mouth rinse (off-label use). Refer to [SEL Joint Medicines Formulary](#).
- **Formulary inclusion** of budesonide (Jorveza™) orodispersible tablets as **Amber 2** for maintenance treatment of eosinophilic oesophagitis. Refer to [SEL formulary recommendation](#). An [information sheet](#) has been developed for the prescribing of Jorveza™ in this setting.
- The [shared care guidance for penicillamine in Wilson's disease](#) in adults and paediatrics has been developed by local specialists. Pyridoxine has also been approved as **Amber 3** in paediatrics for the prevention of penicillamine-induced neuropathy in Wilson's disease. Further information can be found under [local paediatric formulary](#).

UPDATED

- The formulary inclusion of insulin degludec (Tresiba™) has been extended for the management of adults with Type 1 diabetes and Type 2 diabetes alongside a re-categorisation from **Amber 3** to **Amber 2** in [formulary recommendation](#).
- Agomelatine has been re-categorised from **Red** to **Amber 2** for the treatment of major depressive episodes. An [information sheet](#) has been developed to support the prescribing of agomelatine in this setting. Refer to [SEL Joint Medicines Formulary](#) for further information.
- The following existing sleep pathway and resources have been reviewed and updated:
 - [Pharmacological Management of Non-REM Parasomnia pathway](#): updates include an increase in the initiation dose for melatonin from 0.5mg to 2mg
 - [Pharmacological Management of REM Behaviour Disorder pathway](#): updates include a reduction in the maximum dose of clonazepam from 4mg to 2mg
 - [Pharmacological management of cataplexy associated with narcolepsy pathway](#): Inclusion of immediate release venlafaxine as **Amber 3** in [SEL Joint Medicines Formulary](#).
 - [Non-REM Parasomnia Medicines Information & Non-REM parasomnias information for GPs and community pharmacies](#)
 - [REM Behaviour Disorder Medicines Information & REM Behaviour Disorder GP and Community Pharmacy fact sheet](#)
- [Shared care guidance for narcolepsy with or without cataplexy](#) now includes immediate release venlafaxine and request for initiating specialists to complete a modafinil consent form for all patients.
- [Formulary recommendation 066](#) - clofazimine in combination with clarithromycin and rifabutin as anti-MAP therapy for the treatment of Crohn's disease (CD) in adults has been withdrawn. Anti-MAP therapy in CD has been re-categorised from **Red** to **Grey**.
- [Formulary recommendation 076](#) – Updated the use of ferric maltol in patients with IBD who require repeat iron supplementation and who have previously not tolerated standard oral iron supplements.
- The prescribing of buprenorphine oral lyophilisate (Espranor™) as **Red** has been extended to GSTT addiction services. Refer to [SEL Joint Medicines Formulary](#)

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Clinical Effectiveness South East London vacancy

The team are seeking to recruit two primary care clinicians (e.g., GP, nurse) to be part of the [CESEL](#) team who are passionate about quality improvement. [Click here for more information](#).

Emergency Steroid Card Guidance

A [steroid safety guidance](#) and [patient leaflet](#) was produced intended for primary care in response to the [National Patient Safety Alert 'Steroid emergency cards to support early recognition and treatment of adrenal crisis in adults'](#). It advises primary care clinicians on:

- How to identify patients with or at risk of secondary adrenal insufficiency
- Who should be issued with a steroid emergency card.
- The differences between the blue steroid treatment card and steroid emergency card
- where to obtain cards and information on the Arden's tool to support with the NPSA actions

Summary Care Record (SCRa) to be replaced with National Care Records Service (NCRS) on Sep 2023

[Click here](#) to learn the differences between the two portals.

PRIMARY CARE

NEW Maternal Mental Health Service: Healing Experiences of Loss & Trauma (HELIX)

Helix is a specialist therapeutic service in Bexley, Bromley and Greenwich for people who have experienced the loss of a pregnancy or death of a baby between conception and the end of the first year of life *and* who are experiencing moderate-severe mental health difficulty after loss.

A referral can be made for women /birthing people who:

- have experienced a perinatal loss (miscarriage at any stage, termination, stillbirth, neonatal death, or death of an infant), or
- are pregnant following a previous perinatal loss, or
- are experiencing a complex grief reaction after discovering their infant has a serious medical condition/disability.

Action for practices:

- Please find the referral form and information sheets for professionals & service users on DXS.
- If you require further information, please contact via email oxl-tr.helix@nhs.net or on 07775 005 721.

NEW Teledermatology pathway

The new pathway will involve patients being referred via eRS using the pan London cancer referral form to the service where the patient will attend an appointment with a medical photographer. Thereafter, the images alongside the clinical information provided will be reviewed remotely by a SEL secondary care consultant dermatologist, who will determine the best next step in the patient's care.

Actions for clinicians: Please see **Attachment 6** for more information on the service, including the referral criteria.

Contact Details

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