

MEDICINES MANAGEMENT

GLP-1 Analogue Prescribing Quantity

Ensure quantities prescribed are appropriate for the treatment period to avoid wastage e.g., 1 Semaglutide (Ozempic®) provides 4 weekly doses. [Refer to SEL GLP-1 factsheet](#) for details.

Monthly Drug Tariff Watch: Current Serious Shortages and Price Changes

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

- **Serious Shortages Protocol (SSP):** pharmacy contractors can use their professional skill and judgement to substitute the patient's prescribed order for the active SSP.
- **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.

Drug Safety Update

Pholcodine-containing cough and cold medicines: withdrawal from UK market as a precautionary measure.

There is evidence that using pholcodine-containing medicines leads to an increased risk of the very rare event of an allergic reaction (anaphylaxis) in patients who receive general anaesthesia involving neuromuscular blocking agents (NMBAs) during surgery. Therefore, pholcodine-containing cough and cold medicines are being withdrawn from sale as a precaution and will no longer be available from community pharmacies.

Actions for healthcare professionals:

- Recommend appropriate dry cough treatment alternatives.
- Inform patients to tell their anaesthetist before surgery if they have taken or think they may have taken pholcodine-containing product in the past 12 months.
- Community pharmacies to quarantine [the affected stock](#) and return it to supplier.

Joint Committee on Vaccination and Immunisation (JCVI) advice on COVID-19 vaccination of children aged 6 months to 4 years

Children in this age group who are in the clinical risk group should be offered two 3-microgram doses of the Pfizer-BioNTech COVID-19 vaccine. Advice regarding a third 3-microgram dose will be issued in due course.

Heart UK Cholesterol Patient Resources

Available as PDF and printed booklet from [Heart UK](#) to support patient consultation.

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Hormonal Replacement Therapy prescription pre-payment certificate (HRT PPC)

NHSBSA published an alphabetical list of the approved HRT medicines that can be supplied against the 12-month PPC. Each item on an NHS prescription usually costs £9.65. Patients can buy an HRT PPC for a one-off payment of £19.30 via [NHSBSA](#). If patient's HRT medicine is not covered, or they are paying prescriptions for additional items other than HRT medicine, they may save more with a 3 or 12 month [PPC](#) that covers all NHS prescriptions.

[HRT PPC guidance](#) outlines the procedure in detail. New FP10 prescriptions will include a new exemption box W for patients who hold a valid HRT PPC.

Optimising personalised care for adults prescribed medicines associated with dependence or withdrawal symptoms: Framework for action for integrated care boards (ICBs) and primary care

NHS England has devised [actions](#) to help ICS to develop plans that can support people who are taking medicines associated with dependence and withdrawal symptoms.

Community Pharmacy Oral Anticoagulant Safety Audit

The [audit](#) was part of the 2021/2022 pharmacy quality scheme (PQS) and identified that out of all patients surveyed:

- 4% (4,940) were not aware they were prescribed an anticoagulant.
- 5% could not describe the symptoms of over-anticoagulation. Pharmacy teams counselled 25,478 (97.4%) of these patients on side effects and signs/symptoms of over anticoagulation.
- 8% were unaware of the need to speak to a doctor or pharmacist before taking over the counter (OTC) medicines.
- 8% were carrying their yellow anticoagulant card in the pharmacy at the time of consultation. This card is intended to always be carried by all patients taking anticoagulant.
- 4.6% (6,021) were prescribed both an anticoagulant and antiplatelet. 12.4% (748) were not prescribed any gastrointestinal (GI) protection.
- 0.9% (1,201) were prescribed both an anticoagulant and a nonsteroidal anti-inflammatory drug (NSAID). 927 (77.2%) of these patients were prescribed GI protection.

Action for all healthcare professionals:

- Reinforce patients understanding on what an anticoagulant medicine is.
- Advise patients the importance of carrying their yellow anticoagulant cards.

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Shared Care Agreement for Attention Deficit Hyperactivity Disorder (ADHD)

ADHD medicines are categorised as AMBER 3 on [SEL joint medicines formulary](#), on treatment initiation, specialist will provide prescriptions for a minimum of 12 weeks. Once patient's condition is stable/predictable, ongoing prescribing of ADHD medications will be transferred to primary care, but patients will remain under shared clinical responsibility of ADHD specialist and primary care, and they will receive annual review including assessment on continued need for therapy or dose adjustment if condition changes. The above applies to **ALL** children and young people (refer to [ADHD-PAEDS SHARED CARE July 2020](#)) and adults patients with ADHD under safeguarding and patients with mental health (MH) issues and/or require IAPT [ADHD-ADULT-complex-shared-Care-Oct-2020](#).

Action for prescribers:

- Consider shared care proposal within 2 weeks of receipt and fill in GP Decision form (page 2) and return to specialist.
- State in the patient's records that the medicine is being prescribed under a shared care agreement.

Prescribers are reminded that some less complex patients may be **discharged** to primary care under SEL IMOC [ADHD adult discharge GP letter](#). Prescribing, monitoring, and review of ADHD medication will be by the GP including reviewing treatment annually to assess clinical need and side effects. Monitoring includes blood pressure, pulse and weight that are undertaken every three to six months. If the patient wishes to stop treatment, GP should taper off slowly to avoid sudden withdrawal to minimise withdrawal symptoms, which can be severe in accordance with the withdrawal plan provided in the transfer of care letter. Monitor for rebound/withdrawal symptoms such as jitteriness, increased appetite, restlessness, depression, vivid dreams etc. GP can refer back to secondary care if there are any queries/ complications with the planned withdrawal.

Action for prescribers:

- Ensure that prescribers are satisfied and confident to manage less complex ADHD patients in primary care outlined in the letter. Note that this does not fit the AMBER 3 criteria but approved by SEL IMOC.

Acute Kidney Injury Updated Quality Standard

[NICE quality standard](#) covers preventing, detecting, and managing acute kidney injury in all patients. For specific information on medication review for adults with acute kidney injury see [Think Kidneys' documents on acute kidney injury - potentially problematic drugs and actions to take in primary care](#) and [guidelines for medicines optimisation in patients with acute kidney injury](#).

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Eclipse Webinar

This session is available will cover the basics of the Eclipse system, including diabetes live module and a general practice level overview for first-time users. **To access the training session for 20th April 2023 at 13:00** , [Click here to join the meeting](#)

Prescribing Support Dieticians (PSD) Webinar

SEL PSD is providing a 1-hour session that will go over appropriate prescribing of oral nutritional supplements, reviewing and treatment malnutrition in adults. **To book a session** [click here for 21st April 2023 at 13:30-14:30](#).

Online Videos for Continuous Glucose Monitoring Devices (CGM) for Type 1 Diabetes Mellitus(T1DM)

Manufacturers have developed videos for the approved CGM in the [updated pathway for T1DM](#).

- [Dexcom One Receiver Video](#)
- [GlucoRx AiDEX: How to apply and remove](#)
- [GlucoMen Day CGM - Sensor Insertion](#)
- [GlucoMen Day CGM - Sensor removal](#)
- [Freestyle Libre 2- How to apply](#)
- [Freestyle Libre 2 - How to remove and replace.](#)

Action for prescriber:

- Familiarise the usage of new devices in case of any patient queries.

Specialist Pharmacy Services (SPS) resources

Guidance:

- [Using bisphosphonates with proton pump inhibitors \(PPI\)](#) although no interaction between bisphosphonates and PPIs is documented, the increased risk of fractures when given together should be reviewed and managed.
- [Identifying risk factors for developing a long QT interval](#) some medicines (erythromycin, citalopram, ondansetron) can cause a long QT interval.
- [Choosing and switching amlodipine or modified release felodipine for angina and hypertension](#)

Resources:

- [Safety in breastfeeding](#) include resources on using angiotensin converting enzyme inhibitors and treating urinary disorders.
- [Managing the risks of using effervescent tablets in children](#) risk of toxicity or sub-optimal therapy in children when using effervescent/soluble tablets for part tablet doses.

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