

MEDICINES OPTIMISATION

Obesity Management Update – Prescribing Weight Loss Drugs

In light of global GLP-1 shortages and limited capacity within the specialist weight management services, the following is an update on weight loss drugs and referrals to weight loss services

Wegovy® (semaglutide) for weight loss:

- Wegovy® is a RED listed drug – for specialist hospital weight management clinics only (Tier 4)
- There will be a phased role out - currently phase 1 only (high risk patients requiring rapid weight loss)
- For further information on Wegovy® access in South East London, please see [here](#)

Mounjaro® (tirzepatide) for weight loss:

- Only prescribable for T2DM in line with NICE criteria
- There is a NICE Technology Appraisal in draft form, therefore **not** available for this indication currently
- There will likely be a national phased roll out

Oviva referrals

- Do not refer patients to Oviva services locally at this stage.
- SEL ICB are awaiting further guidance from NHSE on the offer Oviva has proposed to GPs and will be sending out further information for clarity once this is received.

Payment for Covid-19 and flu vaccinations

- Payment for Covid-19 and Flu vaccinations will only be issued where providers adhere to campaign dates and times as well as the eligibility criteria outlined in the [system letter](#).
- Vaccinations given prior to the official start dates will not be eligible for a payment unless by exception for flu vaccinations under specific circumstances stated in the [National flu immunisation programme 2024 to 2025 letter](#)

Please see below for full clarification of the Autumn/Winter 24/25 Covid-19 and Flu vaccination campaign start dates

Flu Vaccines from 1st September 2024

- pregnant women
- all children aged 2 or 3 years on 31 August 2024
- primary school aged children (from Reception to Year 6)
- secondary school aged children (from Year 7 to Year 11)
- all children in clinical risk groups aged from 6 months to less than 18 years

Flu vaccines from 3rd October 2024

- those aged 65 years and over
- those aged 18 years to under 65 years in clinical risk groups (as defined by the Green Book, Influenza Chapter 19)
- those in long-stay residential care homes.
- carers in receipt of carer's allowance, or those who are the main carer of an elderly or disabled person
- close contacts of immunocompromised individuals
- all frontline health care workers, including both clinical and non-clinical staff
- frontline workers in a social care setting without an employer led occupational health scheme

Covid-19 vaccines from 3rd October 2024

- adults aged 65 years and over
- residents in a care home for older adults
- individuals aged 6 months to 64 years in a clinical risk group (as defined in tables 3 or 4 in the COVID-19 chapter of the Green Book)
- frontline NHS and social care workers

MEDICINES OPTIMISATION

Continuous subcutaneous insulin infusion pumps (CSII)

- A CSII pump is a small electronic device allowing continuous delivery of short-acting insulin all day long.
- Short-acting insulin solution for injection in 10ml vials should be used for CSII in pumps and will cover both the bolus insulin requirement (approximately 50%) and basal insulin. It can be administered in accordance with the instructions provided by the pump manufacturer.
- When used with an insulin infusion pump, it should not be diluted or mixed with any other insulin medicinal products.
- Patients using CSII should be instructed on the use of the pump and use the correct reservoir and tubing.
- The infusion set (tubing and cannula) should be changed in accordance with the instructions in the product information supplied with the infusion set.
- Patients administering insulin by CSII must be trained to administer insulin by injection and have alternate insulin therapy available in case of pump failure.

Action for prescribers and dispensers:

- Annotate "for CSII" on the prescription instruction
- Check with patients if they are trained and have the right equipment to administer insulin by CSII

Advice on CGM devices where sensors are faulty / fall off

- CGM sensors which fall off or are faulty can be replaced by contacting the manufacturers for a replacement sensor. The patient should contact them directly.
- Should sensors continue to fall off and sensor pouches or additional adhesives are required, these should be purchased over the counter

Action:

- For further information in primary care see link [here](#)
- For further information in community pharmacy see [here](#)

Useful resources for Unlicensed Specials and polypharmacy/deprescribing

Unlicensed specials:

[SEL Specials Crib Sheet](#) - Provides a list of unlicensed medicines commonly prescribed and suggests more appropriate and/or cost effective medicines on the SEL formulary

Polypharmacy / deprescribing:

[STOPPFrail version 2](#) - Focuses on the frail older population and identifies medicines-related criteria that highlight potentially inappropriate medicines for people with a limited life expectancy.

[STOPP-START version 3](#) - Provides a list of medication which supports prescribers to reduce inappropriate prescribing.

[ThinkCascades tool](#) - Identifies clinically important prescribing cascades affecting older people.

[Medstopper tool](#) – An online tool where the user can enter a list of medications and information on reducing/tapering or stopping medicines can be provided and ranked to reduce symptoms, risk of future illness and risk of causing harm.

[Medichec](#) - identifies medicines that potentially negatively affect cognitive function.

[ACB Calculator](#) - calculates anti cholinergic burden score and suggests non drug options and alternative drugs.

MEDICINES OPTIMISATION

National Polypharmacy Action learning sets

The Health Innovation National Polypharmacy Programme: Getting the balance right, invites GPs and prescribers to join Polypharmacy Action Learning Sets (ALS).

The aim is to help GPs, pharmacists and other healthcare professionals who undertake prescribing, structured medication reviews and de-prescribing on a regular basis, to understand the complex issues surrounding stopping inappropriate medicines safely.

Each ALS has three sessions and dates can be found below:

- 16 Oct, 6 Nov, 20 Nov 2024 - 9:30 – 12:15. For further details and to register for these dates, see link [here](#)
- 13, 27 Nov and 11 Dec 2024 - 9:30 – 12:15. For further details and to register for these dates, see link [here](#)

KCH Pharmacy Medicines Helpline - Temporary closure

The Pharmacy Medicines Helpline at Kings College Hospital will be under temporary closure from early October 2024 to January 2025.

The helpline number - 0203 299 0588 can still be contacted, which will redirect the call to alternative contacts at the Trust to help with any enquiries.

Medicines Supply Issues

Daktacort® (hydrocortisone 1% / miconazole 2%) cream discontinuation

Daktacort® 30g cream has been discontinued. Alternative antifungal creams in combination with hydrocortisone (0.5% or 1%) remain available.

Action:

- Do not initiate any new patients on Daktacort® cream (30g) and consider prescribing an alternative

Serious Shortage Protocols (SSPs)

If the Department of Health and Social Care (DHSC) decide there is a serious shortage of a specific medicine, then an SSP may be issued. The following SSPs have been issued for:

- [Isosorbide mononitrate \(Nyzamac® SR 60mg\) modified release capsule](#) – 6 September to 8 November 2024
- [Isosorbide mononitrate \(Monomil® XL 60mg\) modified release tablet](#) – 6 September 2024 to 17 January 2025
- [Isosorbide mononitrate \(Monomax® XL 60mg\) modified release tablet](#) - 6 September to 18 October 2024
- [Isosorbide mononitrate \(Chemydur® 60XL\) modified release tablet](#) – 6 September to 18 October 2024
- [Ramipril 2.5mg tablets](#) - 6 August to 15 November 2024
- [Creon 25000 gastro resistant capsules](#) where supplies are available, but the prescription is for more than 1 month's supply - 24 May 2024 to 22 November 2024
- [Creon® 1000 gastro resistant capsules](#) where supplies are available, but the prescription is for more than 1 month's supply - 24 May 2024 to 22 November 2024

Medicines Shortages: Medicine Supply Notification (MSN)

The contents of MSNs can be viewed on the [Medicines Supply Tool](#). To access the tool you will be required to register with the SPS. MSNs have been issued for the following:

- Tier 2 MSN for nicorandil 10mg tablets
- Tier 2 MSN for trandolapril 2mg and 4mg capsules
- Tier 2 MSN for Isosorbide mononitrate 60mg modified-release tablets and capsules **updated**

[SEL IMOC - Shortages](#) produces supporting information for primary care to manage significant medicines shortages.

MEDICINES OPTIMISATION

MHRA Drug Safety Update September 2024

[Letters and medicine recalls sent to healthcare professionals in August 2024](#) - A summary of recent letters and notifications sent to healthcare professionals about medicines and medical devices.

New and Updated NICE Guidelines

- [Technology Appraisal Guidance \(TA999\) Vibegron for treating symptoms of overactive bladder syndrome](#)
- [Technology Appraisal Guidance \(TA1006\) Empagliflozin for treating type 2 diabetes in people 10 to 17 years \(terminated appraisal\)](#)

PrescQIPP Updates

Bulletins

- [Bulletin 354. Lancets](#) - This bulletin advises on cost effective choices of lancets and highlights the NHS England commissioning recommendations.
- [Bulletin 353. Dependence forming medicines](#) - This bulletin provides support for prescribing and managing withdrawal from dependence forming medicines including opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants in primary care.
- [Bulletin 352. Insomnia](#) - This bulletin contains recommendations to optimise prescribing in insomnia.

Specialist Pharmacy Service (SPS)

Webinars

- MSATS – Safe Use of DOACs on 30 October 2024 12:30-2pm. Please see link [here](#) for further information and how to register.

BNF Update

Significant Changes:

- [Cabergoline](#) - updated important safety information
- [Carbamazepine \(Tegreto!® 100 mg/5 mL Liquid\)](#) - temporary stock-out and update to posology (reduction of maximum daily dose) [MHRA/CHM advice].
- Drugs that cause sedation and drugs with CNS depressant effects - pharmacodynamic effects drug groups combined and renamed as drugs with CNS effects; see [Interactions](#).
- [Hyperkalaemia](#) - updated guidance on management.
- [Salbutamol](#) - new indication and dose for moderate to severe hyperkalaemia.
- [Topiramate \(Topamax®\)](#) - introduction of new safety measures, including a Pregnancy Prevention Programme [MHRA/CHM advice].
- [Warfarin](#) - be alert to the risk of drug interactions with tramadol [MHRA/CHM advice] (advice in warfarin sodium and acenocoumarol; see example in warfarin sodium).

Dose changes:

- [Lebrikizumab](#) - update to dosing
- [Rosuvastatin](#) - update to dose adjustments due to interactions with belumosudil

New Preparations:

- [Ivermectin](#) for Scabies; for Gastrointestinal strongyloidiasis; for Microfilaraemia in patients with lymphatic filariasis due to Wuchereria bancrofti infection.

Contact Details

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