



Luforbec pMDI 100/6 and 200/6 (beclomethasone /formoterol). A cost effective equivalent to Fostair pMDI

Luforbec pressurised metered dose inhaler (pMDI) has been added to the Frimley formulary. As with all MDIs Luforbec is reserved for patients who cannot use or are not clinically indicated for a Dry Powder Inhaler (DPI).

Luforbec pMDI is:

- a cost effective licensed equivalent to Fostair pMDI with a 52% cost saving compared to NHS list price.
- available in the same strengths and for the same licensed indications as Fostair. This includes in patients >18 years for the maintenance treatment of asthma and COPD. it is also licensed in asthma for Maintenance and Reliever Therapy (MART).
- certified carbon neutral through carbon offsetting initiatives. However the device itself has a similar carbon footprint to Fostair pMDI.

The manufacturer's datasheet can be found [here](#)

Looking for respiratory resources? We have a library of respiratory guidelines [here](#)

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Respiratory

Inhalers are responsible for 3% of the NHS carbon footprint. Most of these emissions come from the propellants used in metered dose inhalers (MDIs) to deliver the medicine, rather than the medicine itself. Optimising the choice of inhaler, as part of a shared decision-making conversation between the patient and the clinician, can play a significant role in achieving the NHS net zero target.

To support this work Frimley ICB have produced an [illustration of carbon emissions](#) from MDIs versus DPIs (dry powder inhalers) as represented by miles travelled locally in a car.

In addition, [Greener Practice](#), the UK's primary care sustainability network, have a variety of resources to support this work. The following patient information leaflets are useful.

- [Inhalers and the environment- choosing an inhaler which is good for you and good for the planet](#)
- [Reducing the carbon footprint - what if a patient cannot use a DPI reliever?](#)



NICE Updates

- The Thyroid disease: assessment and management [guideline](#)
- The Acute Respiratory Infection in over 16s: Initial assessment and management [guideline](#)
- The Pneumonia in adults: diagnosis and management [clinical guideline](#)
- The Rimegepant for treating migraine [technology appraisal](#)
- The Tirzepatide for treating type 2 diabetes [technology appraisal](#)

NICE

National Institute for
Health and Care Excellence



Medicines optimisation care home team update

Scabies outbreaks

There has been an increase in scabies outbreaks in local care homes. Scabies outbreaks are defined as 2 or more linked cases within an 8-week period.

Asymptomatic infection has been demonstrated in the elderly especially in those with underlying cognitive impairment, and so diagnosis can be challenging. Symptoms may last for weeks or months, can be hard to recognise and are often mistakenly attributed to other skin conditions, leading to avoidable transmission.

If you suspect an outbreak in a care home, please advise the care home to:

- Contact UKHSA immediately.
- Contact the Frimley ICB Infection Prevention Control Team (frimleyicb.ipcteam@nhs.net) for infection prevention control support.

They will;

- Provide hygiene and exclusion advice and avoid transfers to other settings during treatment.
- Advise on appropriate PPE for staff and visitors.
- Identify close contacts (up to 8 weeks prior to diagnosis) including visitors.
- Consider isolation of residents or exclusion of staff until mass treatment completed.
- Warn and inform visitors to setting until mass treatment completed.
- Co-ordinate treatments of all cases and contacts linked to the setting.

All cases and contacts should be treated at the same time to break the cycle of transmission. If staff are off duty at the time of treatment, they should complete the first 24-hour treatment dose before returning to work.

There has been a national shortage of scabies treatments. The British Association of Dermatologists has warned that this "is likely to become a major public health issue". The treatment course of scabies in care home residents needs to be completed fully for successful eradication. Partial treatment due to medication shortages is not recommended.

If you are having trouble sourcing scabies treatment, please contact the MOCH team on frimleyicb.moch@nhs.net for advice.

COVID Medicines Delivery Unit (CMDU) Update

The joint Frimley and Surrey Heartlands CMDU has been operating since December 2021; it continues to provide COVID-19 treatments for patients in the highest risk categories in our community.

Due to changes in design of the service delivery eligible patients who test positive are to self-refer into the service.

Relevant patients have been informed of these changes via national communications. However some patients may still make contact with their GP or specialist teams regarding access to this service. Please see advice below to help manage this:

- If a patient who falls into one of the high risk subgroups, as defined by the Independent Advisory Group, tests positive for COVID-19 they should be advised to call 03000 24 0000 for assessment. This number will be available 24 hours a day 7 days a week.
- The above number will be available via the Directory of Services referrals during out of hours.
- You do not need to prescribe or dispense nMABs or antivirals.
- You do not need to make a referral to the service.

Take 5! (5 days not 7 days for most infections)

#AntibioticGuardian
#KeepAntibioticsWorking



Original pack dispensing and supply of medicines containing sodium valproate

From 1 October 2023, all licensed medicines containing sodium valproate, valproic acid and semisodium valproate were reclassified as special containers. This means that only original whole packs can be dispensed; community pharmacies will round the supply up or down to the nearest pack size.

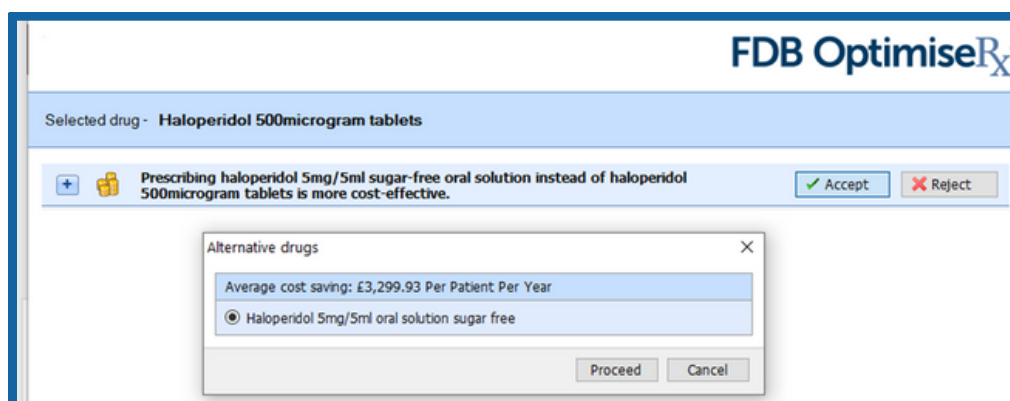
Whole pack dispensing ensures patients will always receive the statutory risk management resources describing the risks of taking valproate while pregnant.

Exceptions can be when patients require their medicine to be supplied in different packaging eg, in a monitored dosage system. In these cases processes must be in place to ensure that patient information leaflet (PIL) is supplied.

OptimiseRx opportunities-haloperidol

Did you know a prescription for 28 haloperidol 500microgram tablets costs £254.17, whereas 100ml haloperidol 5mg/5ml oral solution sugar free costs £7.32?

Locally we recommend haloperidol 5mg/5ml oral solution as the first choice for patients requiring lower doses. Haloperidol 500microgram tablets are not recommended due to the high cost. We have an OptimiseRx message which prompts prescribers to consider swapping haloperidol 500microgram tablets to haloperidol 5mg/5ml sugar-free oral solution.



Thanks to prescribers accepting this message, it is estimated that we have saved over £110,000 across Frimley ICB in the last year. The acceptance rate for this message is only 29% so there is still room for improvement. If more prescribers accepted the message and made the switch it would free up money to be used on other health services for our local population.

Saxenda & Wygovy Hospital Only Medication.

The weight loss GLP1 injections are available on the NHS with a discount only if purchased through secondary care and provided via Tier 3 weight management services. Therefore GPs would neither be expected to prescribe GLP1s for weight loss nor would they be asked to prescribe when patients are under the care of weight management services.

- Weight loss GLP1 injections are **RED drugs**, prescribed via secondary care.
- Links to the Saxenda pathway may be found [here](#).
- Signpost patients to the Wygovy PIL [here](#).
- Signpost patients to weight management information [here](#).



Medicines Safety Updates

Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets

This alert is for action by organisations involved in prescribing and dispensing of methylphenidate (Equasym® XL) capsules, methylphenidate (Xaggitin XL®, Concerta XL®, Xenidate XL®) prolonged-release tablets, lisdexamfetamine (Elvanse®) capsules, and guanfacine (Intuniv®) prolonged-release tablets.

There are supply disruptions affecting various strengths of medications which are licensed for the treatment of attention deficit hyperactivity disorder (ADHD).

The supply disruption of these products is caused by a combination of manufacturing issues and an increased global demand. Other ADHD products remain available but cannot meet excessive increases in demand. At present, the supply disruptions are expected to resolve at various dates between October and December 2023.

The Medicines Optimisation Team in collaboration with Surrey and Borders Partnership Trust and Berkshire Healthcare Trust have produced local recommendations and clinical advice on how to manage the shortage including advice for patients.

These can be found on the Frimley ICB website Medicines Optimisation section [here](#)

Clozapine Induced Gastrointestinal Hypomotility (CIGH) - an audit, learning points and actions

A presentation of a fatal case of the above, and learning points identified from a subsequent audit in a number of clozapine clinics and practices carried out by Berkshire Healthcare Foundation Trust, was discussed at the August ICS Medicines Safety Group.

Key messages are

- Constipation is the highest risk of harm from clozapine,
- CIGH can occur anytime (and occur within hours of first symptom) and is potentially fatal even without symptoms.
- Patients need stimulant laxatives +/- a macrogol unless diarrhoea.
- Consider overflow as alternative diagnosis.
- Document use of clozapine in GP record under "hospital only" and check clozapine prescribing does not fall off record into prescribing history.
- Consider recording "high risk of severe constipation" in record.
- Additive ADRs are not in the BNF e.g., codeine and clozapine does not appear as interaction
- Change in smoking status needs management.
- [Clozapine information for primary care](#) on ICB website



Dosing errors with Tresiba® (insulin degludec)

The Department of Health and Social Care has issued a medicine supply notification for Tresiba® (insulin degludec) FlexTouch® 100units/ml solution for injection 3ml pre-filled pens. FlexTouch® 200 units/ml 3ml pre-filled pens remain in stock but supplies cannot support an increase in demand if patients are switched. Tresiba® Penfill (Insulin degludec) 100units/ml solution for injection 3ml cartridges remain available and can support the increased. Errors have been reported that patients have been switched to 200 units/ml and incorrectly told to halve the dose. The dose counter on the pens shows the number of units regardless of strength and no conversion should be done when transferring to the higher strength. The local message remains Switch to 100units/ml solution for injection 3ml cartridges. Read our guidance [here](#).



An integrated lifestyle medicine approach to deprescribing opioids in chronic non-cancer pain –Dr Deepak Ravindran, Consultant in Anaesthesia, Pain and Musculoskeletal Medicine

Recordings of the sessions held on the [2nd November](#) and [7th November](#)

Supply Update

ADHD drugs

Local guidance may be found [here](#).

Bumetanide 1mg and 5 mg tablets

Advice from SPS may be found [here](#).

- review patients to see if treatment still the most suitable;
- reserve any remaining stock of bumetanide 1mg tablets for patients using this strength who are unsuitable for a switch to furosemide;
- consider prescribing furosemide tablets.

Fluticasone 400microgram nasal drops

Advice from SPS may be found [here](#). Alternatives include fluticasone propionate 400 micrograms (1mg/ml) nasal drops, or betamethasone 0.1% nose drops remain available and can support increased demand.

Viscotears 2mg/g liquid gel, Artelac Nighttime 0.2% eye gel and GelTears 0.2% gel

Alternative carbomer '980' eye drops and eye gels remain available. Use the [Frimley formulary](#) alternatives and consider if the indication fulfils the NHS England guidance on conditions for which OTC products should not be prescribed.

MHRA authorises enzyme inhibitor Anastrozole to prevent breast cancer in post-menopausal women

NICE has recommended the off-license use of anastrozole for breast cancer prevention in high risk, post-menopausal patients since 2017 [familial breast cancer guideline CG164](#), but uptake has been low. This new announcement relates to the re-licensing of the drug to include this new indication and stems from the NHS England's Medicines Repurposing programme.

NHS England state that if just 25% of the estimated 289 000 eligible women chose to take the drug, then we could see the prevention of around 2000 cases of breast cancer.

Anastrozole's current formulary status is **amber no shared care**.

Action: Where women have a clinical significance of a family history of breast cancer as defined in CG164 refer to secondary care, where genetic testing and treatment options may be discussed and initiated as appropriate.

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[Royal Marsden Manual of Clinical Nursing Procedures](#) the 'gold standard' for nursing with 350 evidence-based clinical procedures related to every aspect of care.

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- Oxford Textbook of Medicine



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