# Prescribing Newsletter

*Making the most of medicines*

**March 2024**

NHS Frimley

## COPD Rescue Packs and 5 day antibiotic course lengths

Some patients with Chronic Obstructive Pulmonary Disease (COPD) may have a COPD Rescue Pack for use in an acute exacerbation as part of their self-management plan. Antibiotics are recommended when sputum changes colour and increases in volume or thickness beyond their normal day-to-day variation.

One of the elements of this year's PMOS scheme looked at optimising amoxicillin use i.e. prescribing five days treatment rather than seven for the majority of indications. In the audit submissions we have noted that course lengths for COPD rescue packs are often prescribed as 7 days.

In line with the SCAN antibiotic guidelines and the NHS Frimley COPD rescue packs protocol the 1st line choice of amoxicillin and 2nd line in penicillin allergy choices of doxycycline or clarithromycin should be for 5 days. There is a NHS Frimley COPD Rescue Pack Information Leaflet which may be shared with patients here.

**Action:** where patients have rescue packs currently issued with 7 day courses, please amend to 5 day courses.

A suggested AccuRx message is: ***Dear XXXX, Your COPD rescue pack has been amended to a 5 day course of antibiotic amoxicillin/ doxycycline. This is in line with national and local prescribing policies. If you have any questions please contact your practice pharmacy team. Kind regards xxxx Practice.***

## Contents



## Diabetes specialist services cannot accept referrals *specifically* for Continuous Glucose Monitoring (CGM) in patients living with type 2 diabetes

The specialist service is able to initiate CGM and eligibility is determined on clinical need. This includes patients who are on multiple daily insulin doses with one of more of the NICE criteria below:

- Recurrent hypoglycaemia with an impact on quality of life or severe hypoglycaemia (episodes that require assistance from another person to treat)
- Impaired hypoglycaemia awareness
- A condition or disability (including a learning disability) which makes self-monitoring by capillary blood glucose testing difficult
- Required to test more than 8 times per day
- Requires help from a care worker or healthcare professional to monitor glucose levels.
- Person is living with learning disabilities.

Refer patients with complex clinical needs as above and the specialist diabetes service will manage the patient appropriate to their needs, which ***may*** include CGM as part of their whole diabetes management plan.

## Tirzepatide KwikPen for treating Type 2 diabetes

In line with the NICE TA tirzepatide has been added to the Frimley formulary with a **GREEN** traffic light status.

The NHS Frimley Type 2 Diabetes Care guideline has been updated with information on how to prescribe tirzepatide and is available here.

The recent Medicines Supply Notification (MSN) on management of GLP1-RAs recommends that tirzepatide (or Rybelsus) are recommended as options for new initiations of a GLP-1 in those in whom;

- a switch from Byetta (exenatide) or Victoza (liraglutide) is appropriate or
- where patients are unable to obtain Ozempic (semaglutide ) or Trulicity (dulaglutide) for 2 weeks or more.

Prescribing within EMIS choose tirzepatide **2.5mg / 0.6ml** solution for injection **2.4ml** pre-filled disposable device. The 2.5mg/0.5ml listing is for the autoinjector which is not available at present. Note that community pharmacies are not permitted to substitute KwikPen for autoinjector s, a new prescription will be required.

**One pen contains 4 doses = one month supply**

## New semaglutide (Wegovy) pathway

Referral pathway and patient criteria for semaglutide (Wegovy) treatment can be found on the Frimley MO website here and Frimley Formulary here . It will be available on DXS.

# OptimiseRx saving opportunities – Buprenorphine 5/10/15/20 microgram/ hour 7 day transdermal patches

Did you know that when buprenorphine patches are prescribed generically the cost is the same as if expensive BuTrans transdermal patches were supplied? In addition NHS Specialist Pharmacy Service guidance recommends brand name prescribing of buprenorphine transdermal patches to reduce the risk of confusion and error in dispensing and administration.

Local OptimiseRx messages prompt prescribers to swap generic buprenorphine 7 day transdermal patches to a cost effective brand (Bunov or Butec). As an example, buprenorphine 20micrograms/ hour transdermal patches:

- If prescribed generically or as BuTrans brand, 4 patches = £57.46
- If prescribed as Bunov, NHS indicative price = £18.10
- If prescribed as Butec, NHS indicative price = £25.86

Thanks to prescribers accepting these messages, it is estimated that we have saved approximately £250,000 across Frimley ICB in the last 12 months. The acceptance rate for this message is around 49% 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.

## NICE updates

**Tuberculosis guideline update is now available.**

NICE
National Institute for Health and Care Excellence

## Supply issues
## Shortage of Fiasp FlexTouch (insulin aspart) 100units/ml solution for injection 3ml pre-filled pens

Fiasp Penfill (insulin aspart) 100units/ml solution for injection 3ml cartridges remain available and can support increased demand.

**Actions for prescribers**

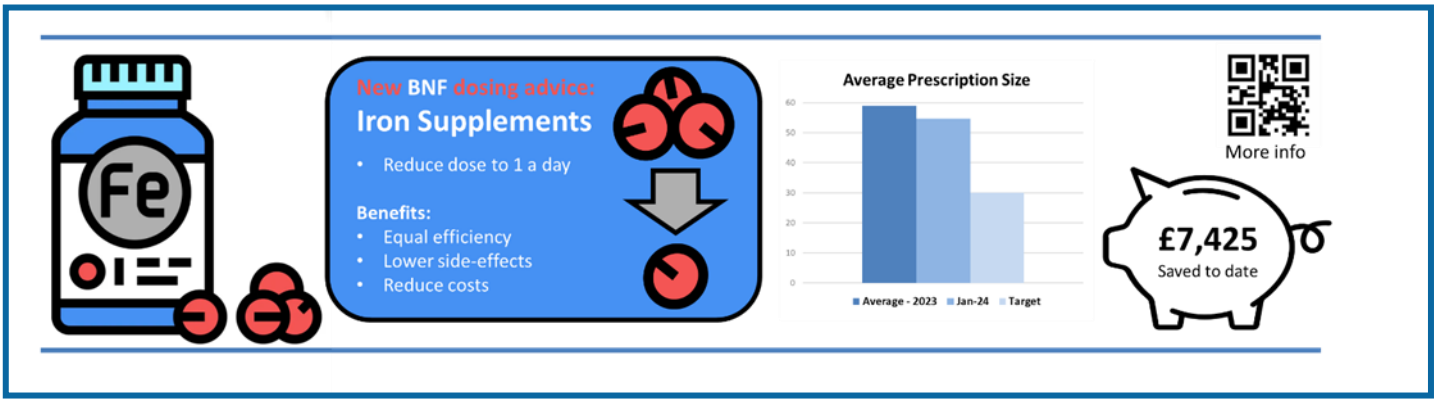
- Do not initiate patients on Fiasp FlexTouch 100units/ml pre -filled pens during this time and consider prescribing Fiasp Penfill cartridges.
- When prescribing Fiasp Penfill cartridges, ensure that the patient is prescribed a Novo Nordisk insulin delivery system (NovoPen 6 and NovoPen Echo Plus devices, which are prescribable on an FP10) and appropriate needles.
- Prescribers should seek advice from specialist diabetes team on use of an alternative insulin, if the above option is not considered suitable. They should ensure all patients initiated on a new device are counselled on the change in device, provided with training on their use, including signposting to training videos (see links below) and informed of the potential need for closer monitoring of blood glucose levels.

**Smart insulin pens**
**NOVOPEN 6 and NOVOPEN ECHO PLUS resources**

The Specialist Pharmacy Service's **Medicines Supply Tool** provides further information about medicine supply issues (access to this resource requires registration). Read the SPS article in full **here.**

## Iron supplement prescribing

Please continue prescribing **iron supplements** in accordance with the new BNF dosing advice of **one a day**. Reducing the dose will reduce patient tablet burden, reduce side effects, and save the ICB up to £130,000 per annum. The data shows average quantities per prescription falling from about 60 down to about 55. Please keep this trend up!



## Oxygen cylinder safety

Patient Safety Alert

Following a recent death of a patient who had been prescribed oxygen, it was discovered that care staff had not been trained how to use the portable oxygen cylinder.

The a patient safety alert issued in 2018 recommends 4 steps that should be taken if oxygen cylinders are used, ***even if only in an emergency***, to ensure that authorised care staff understand how to operate oxygen cylinders safely.
Home oxygen therapy information can be found **here**.

### Actions

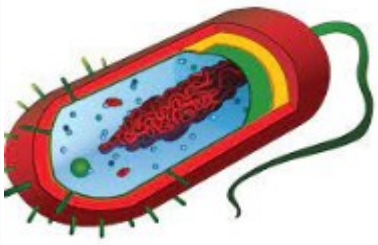
- Ensure staff are trained and competent to administer oxygen using portable oxygen cylinders
- Reinforce training with regular opportunities to practise operating the cylinder controls
- Ensure other key safety issues associated with oxygen use are addressed, including fire hazards and how long a full cylinder will last on various flow rates
- Place laminated guides close to the point of use.

The full alert can be found **here**.

Further information can be found at **British Thoracic Society**.

## SCAN update

- **Acute Prostatitis** guideline temporarily removed and a link to **NG110** (*Prostatitis (acute): antimicrobial prescribing)* added. Follow NICE guidance if treating acute prostatitis.
- Minor updates to most sections in **Prevention (decolonisation) and control of methicillin-resistant staphylococcus aureus (MRSA) infection**.
- As a reminder the South Central Antimicrobial Network Guidelines for Antibiotic Prescribing in the Community (SCAN guidelines) can be accessed **here**



## Pharmacy First – update to assessment tool in EMIS Local Services

The EMIS Local Services assessment tool has been updated to align with the new service requirements. In addition to managing patients with minor illness, the new "Pharmacy First Triage tool" supports appropriate patient identification for the seven common conditions introduced as part of Pharmacy First service. These are:

| Pharmacy First Common Condition | Added to |
|---|---|
| Uncomplicated Urinary Tract Infection | Cystitis/urinary tract infection |
| Shingles | Skin rash including impetigo and shingles |
| Acute Otitis Media | Earache |
| Acute Sinusitis | Sinusitis (acute - lasting less than 12 weeks) |
| Infected insect bites | Insect bites or stings |
| Impetigo | Skin rash including impetigo and shingles |
| Acute Sore Throat | Sore throat |

**The updates to the assessment tool are now live and will be loaded the next time you use it.** We would encourage all involved in the triage process to use the Pharmacy First Triage tool, as this identifies potential red flags and determines the most appropriate action; for example, if a patient can be treated by a pharmacist or if they should see a GP.

# National Patient Safety Alerts

## Shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid unit dose vials

A Medicines Supply Notification (MSN) issued on 14 February 2024, detailed a shortage of salbutamol 2.5mg/2.5ml and 5mg/2.5ml nebuliser liquid. The resolution date was to be confirmed. The supply issues have been caused by a combination of manufacturing issues resulting in increased demand on other suppliers. A **National Patient Safety Alert** provides further background and clinical information and actions for providers.

A further MSN released on 6th March 2024 advised that the supply situation has improved however salbutamol 2.5mg/2.5ml nebules will be in limited supply from mid-April until late June 2024.

Local Frimley ICS specialists have been contacted and the following advice for primary care was agreed:

- Please review quantities prescribed and assess the likelihood of the patient running out. Prescribe pMDI + spacer if clinically appropriate.
- Please determine if the patient has sufficient supplies of nebuliser liquid at home before issuing a repeat prescription.
- Inform patients there is a potential supply issue and action for that patient i.e. only to order when needed and to use a pMDI + spacer if appropriate.
- If the patient is unable to use pMDI and spacer and nebuliser therapy is necessary – refer to respiratory team via usual route for a review.
- Do not switch to combined nebules or ipratropium without respiratory team input.

**Searches to identify affected patients have been circulated by the Medicines Optimisation Team by email.**

## MHRA updates

**Pseudoephedrine: very rare risk of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS)**

Patients and caregivers should be advised to be alert to the symptoms for PRES and RCVS, to stop the medication immediately and to seek urgent medical attention if these occur. If someone presents with symptoms of PRES or RCVS, ask about their medication history.

Full alert **here**

**Codeine linctus (codeine oral solutions): reclassification to prescription-only medicine**

Advice for healthcare professionals on the reclassification of codeine linctus to a prescription-only medicine (POM), following a public consultation.

Full alert **here**

## Under recognised interaction: warfarin and tramadol

Clinicians are asked to be mindful of a drug interaction between warfarin and tramadol which was determined to be the cause of death in a female patient in a recent coroners report. This highlighted a patient admitted on warfarin who had been prescribed tramadol on 20 Dec 2020. INR was 3.3 on 21 Dec but when admitted on 6 Jan her INR was 11.6, reversal medication was given but the patient deteriorated and sadly died.

The inquest concluded that the patient died ***"as a result of a generally unknown interaction between warfarin and tramadol which caused exceptional thinning of her blood"*** which resulted in an intraparenchymal and subarachnoid haemorrhage.

This interaction is now noted as 'severe' in the BNF and the manufacturers SPC. There is a warning pop up message if the two are co-prescribed in EMIS.

Clinicians delivering primary care/anticoagulant clinics may wish to consider identifying patients who are on warfarin and have been prescribed tramadol, particularly if **new** or **prn.**

NHS Frimley Medicines Optimisation team may be contacted on frimleyicb.prescribing@nhs.net

**National medicines advice service**

Healthcare professionals in primary care across England may contact this service on 0300 770 8564 or asksps.nhs@sps.direct