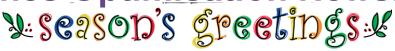
# **NHS South West London**

# Medicines Optimisation Newsletter





December 2022

 Croydon
 Kingston
 Merton
 Richmond
 Sutton
 Wandsworth

#### In this issue:

- Direct Oral Anticoagulant Comparison (DOAC)
   Chart and Flow Diagram to Support Anticoagulation Decision Making in Non-valvular Atrial Fibrillation (NVAF)
- Unable to Prescribe GP Template Letter
- SWL IMO website update
- SWL NETFormulary update
- Asthma inhalers and climate change: Updated NICE patient decision aid
- PenCycle: Recycling of Pre-filled Pens

- Shortage of Bupropion (Zyban<sup>®</sup>) 150mg modifiedrelease tablets
- Fibromyalgia / Widespread Pain Diagnosis Tool
- Drug Safety Update: Dupilumab (Dupixent<sup>®</sup>): risk of ocular adverse reactions and need for prompt management
- Latest Information for Management of Group A Streptococcus Infection
- Serious Shortage Protocols for Phenoxymethylpenicillin (Pen V)
- Translated Resources for COVID-19 and Flu

## **Season's Greetings**

The SWL Medicines Optimisation team would like to wish you all Happy Christmas.

We hope you have a joyful and peaceful time over the holiday season and a safe and healthy 2023

# Direct Oral Anticoagulant Comparison (DOAC) Chart and Flow Diagram to Support Anticoagulation Decision Making in Non-valvular Atrial Fibrillation (NVAF)

To reflect the <u>National DOAC procurement commissioning recommendations</u>, the SWL Cardiovascular Medicines Working Group have updated the <u>DOAC Comparison Chart and Flow Diagram</u>. The aim of the document is to support DOAC choice, when initiating anticoagulation for stroke prevention in NVAF.

# A reminder of the SWL Cardiology Clinical Network Position on the NHSE commissioning recommendations:

For DOAC initiation for stroke prevention in non-valvular AF, Edoxaban should be considered as the most cost-effective option, where clinically appropriate. A NVAF DOAC comparison chart and flow diagram is available to be used at point of prescribing.

For people already taking a DOAC for stroke prevention in nonvalvular AF, switching is not being actively promoted, however where a clinician intends to change to another DOAC, national switching guidance is available to support this.

It is important to note that all four DOACs are licensed to treat NVAF and have been recommended by NICE [NG196]. The secondary care clinician, in conjunction with the patient, will continue to determine the most appropriate treatment for their clinical needs.

# **Unable to Prescribe GP Template Letter**

The '<u>Unable to prescribe GP template letter</u>' is available for primary care clinicians to support referring back prescribing requests to the secondary care/specialists. Reasons for not accepting prescribing responsibilities are outlined in the template letter. The letter may be downloaded onto the GP clinical system or adapted by the practice to incorporate into patient letters using the GP practice letterhead. The letter supports communication with hospital clinicians but does not replace submission of a <u>Make a Difference (MKaD) alert</u>.

#### **Action for Clinicians**

- Use the template letter to refer prescribing requests back to the specialist, where it is not appropriate for GP to take on clinical responsibility for prescribing.
- Share the template letter with your practice team.
- Continue to complete a MKaD alert for inappropriate prescribing requests.

İ

## **SWL IMO** website update

The migration to the new ICB SWL medicines optimisation domain is planned for 12<sup>th</sup> January 2023. In preparation for this, there is some work being done on the <u>current website</u>, which may mean some hyperlinks may not open, including those within Optimise<sup>®</sup> Rx and ScriptSwitch<sup>®</sup> messages. We are trying to keep this to a minimum, however, if you are unable to open a hyperlink, please contact your ICB Primary Care Pharmacist.

## **SWL NETFormulary update**

The SWL NETFormulary website is planned for launch in the first quarter of 2023 (date to be confirmed). In preparation for the launch, some developmental work is being done, which means some chapters or drug entries will not be visible and some hyperlinks may not work. If you are uncertain of the RAG rating or formulary status of a drug, please contact your ICB Primary Care Pharmacist for advice.

## Asthma inhalers and climate change: Updated NICE patient decision aid

NICE, working with the British Thoracic Society (BTS), the Scottish Intercollegiate Guidelines Network (SIGN) and Asthma and Lung UK, has updated its <u>decision aid on asthma inhalers and climate change</u>.

The decision aid supports discussions between people with asthma and their health professionals, so they can make informed decisions about their choice of inhalers in relation to their potential contribution to climate change. It is important that the patient's symptoms are kept controlled at all times, using inhalers that they can use. The decision aid provides options patients can consider to help reduce the carbon footprint of their treatment.

Suggestions for GP practices of how to achieve the 2022/23 IIF respiratory indicators and PCN DES respiratory targets can be found in the <a href="Environmental Impact of Inhalers - Next Steps for NHS South West London">Environmental Impact of Inhalers - Next Steps for NHS South West London</a> document.

### **Action for Clinicians:**

• Utilise the new <u>NICE decision aid</u> when discussing changing inhaled therapies and the environmental impact of inhalers with patients.

# PenCycle: Recycling of Pre-filled Pens

Recycling of Novo Nordisk pre-filled pens is available nationwide. The PenCycle scheme, piloted in 2021 aims to reduce the number of plastic pens that currently end up in landfill. It can be used to recycle Novo Nordisk's diabetes (insulin and GLP-1) and weight management pre-filled plastic injection pens.

It is estimated that up to 23 million medical pens are sent to incinerators or landfill every year in the UK. The scheme will also contribute to NHS England's ambition to become the world's first net zero national health service by 2045.

Currently 2,800 pharmacies across the UK are signed up to the scheme.

### **Action for Clinicians:**

When counselling patients on Novo Nordisk pre-filled pens: where appropriate, signpost patients to the
 <u>PenCycle website</u>. Patients can collect a PenCycle return box from their <u>nearest participating pharmacy</u>, or
 order <u>directly from Novo Nordisk</u>.

## **Action for Community Pharmacies:**

- Pharmacies who are not signed up the scheme can obtain further information and sign up to the initiative via the Alliance Healthcare website.
- Share details of the PenCycle scheme with patients collecting prescriptions of Novo Nordisk's pre-filled pens and encourage them to return empty pens to the pharmacy or <u>directly to Novo Nordisk</u> for recycling.

# Shortage of Bupropion (Zyban®) 150mg modified-release tablets

Bupropion (Zyban<sup>®</sup>) 150mg modified-release tablets will be out of stock until further notice. Various nicotine replacement therapies are available and <u>NICE guidance</u> highlights a range of other types of interventions to aid smoking cessation. Specialist advice is required on alternative products where bupropion is used off-label.

## **Action for Clinicians:**

- Do not initiate patients on bupropion 150mg modified-release tablets.
- For patients taking bupropion as a smoking cessation aid, consider alternatives such as nicotine replacement therapy. Consider referral to Live Well Croydon for full support.
- Identify patients currently prescribed bupropion 150mg modified-release tablets off-label and:
  - make contact with patients/carers as soon as possible.
  - refer back to initiating specialists for individual review and consideration of alternative management options.
- For full details, refer to the <u>Medicines Supply Tool</u> (registration required).

# Fibromyalgia / Widespread Pain Diagnosis Tool

The SWL Rheumatology Network has recently developed a <u>tool</u> to support GPs in the diagnosis of fibromyalgia and with decision-making in presentations of widespread pain. The document has been approved by all required governing bodies and trialled by some GPs who have found it extremely useful. The tool can be used by GPs with the appropriate skills and capacity to diagnose and manage patients. Use of the tool is not mandated and referrals will not be rejected if it is not used. However, consultants may advise primary care clinicians to use the tool prior to referring patients to rheumatology clinics.

The document is available on the <u>SWL IMO website</u>. Please share the tool with colleagues who may find it helpful. Any questions or comments about the tool should be sent to: <u>emma.croll@swlondon.nhs.uk</u>.

# Drug Safety Update: Dupilumab (Dupixent®): risk of ocular adverse reactions and need for prompt management

Dupilumab (<u>Dupixent</u><sup>®</sup>) is a monoclonal antibody that inhibits interleukin-4 and interleukin-13 signalling. It is included as a treatment option in the <u>SWL Drug Pathway for Atopic Dermatitis</u> as 'Hospital' prescribing. Dupilumab is commonly associated with cases of conjunctivitis and allergic conjunctivitis, eye pruritus, blepharitis, and dry eye and with infrequent cases of keratitis and ulcerative keratitis, especially in patients with atopic dermatitis.

Tralokinumab (<u>Adtralza<sup>®</sup></u>) is another interleukin-13 inhibitor that is included as a treatment option in the <u>SWL Drug Pathway for Atopic Dermatitis</u> as 'Hospital' prescribing. It is also associated with common cases of conjunctivitis and allergic conjunctivitis as well as uncommon cases of keratitis.

### **Action for Clinicians:**

- Ensure Dupilumab/Tralokinumab is added to the patient record under 'Hospital' on GP prescribing systems.
- Be alert to the risks of ocular reactions and promptly review new onset or worsening ocular symptoms, referring patients for ophthalmological examination as appropriate.
- Advise patients not to self-manage ocular symptoms.
- Advise patients to promptly report new-onset or worsening eye symptoms so that appropriate treatment can be initiated.
- Be aware that sudden changes in vision or significant eye pain that does not settle warrant urgent review.
- Refer to the <u>Drug Safety Update</u> for further information.
- Report any suspected adverse drug reactions via the <u>Yellow Card Scheme</u>.

# Latest Information for Management of Group A streptococcus Infection

The following resources can be used to access the latest information for the management of Group A streptococcus infection:

- UK Health Security Agency (UKHSA) report (Updated 15<sup>th</sup> December 2022)
- NHS England Group A streptococcus interim clinical guidance (Updated 17<sup>th</sup> December 2022)
- <u>Scarlet fever: symptoms, diagnosis and treatment</u>: UKHSA guidance for healthcare professionals to give to the public covering the description of scarlet fever, potential complications of the disease and advice on who's most at risk and how to prevent the spread.

# Serious Shortage Protocols for Phenoxymethylpenicillin (Pen V)

In response to significant ongoing disruption affecting supply of Phenoxymethylpenicillin, the Department of Health and Social Care (DHSC) has issued eight new Serious Shortage Protocols (SSPs). The SSPs, introduced with immediate effect, allow community pharmacists to consider different options to enable continued supply of antibiotics to mitigate the ongoing supply disruptions affecting Phenoxymethylpenicillin SSP040, SSP041 and SSP042 allow for alternative formulations of Pen V to be issued. The remaining SSPs allow community pharmacists to consider different oral antibiotic preparations, to enable the continued supply of antibiotics.

The SSPs and associated supporting guidance are now available to view on the NHS Business Service Authority (NHS BSA) website. These SSPs are currently due to expire on 31 January 2023.

## Translated Resources for COVID-19 and Flu

Please use the links below to access translated versions of the winter flu and the COVID-19 autumn booster leaflets and poster. They are also available to order via <u>Health publications website</u> or by telephone: 0300 123 1002.

- COVID-19 vaccination: autumn booster resources
- COVID-19 vaccination: women who are breast-feeding or pregnant
- The flu vaccination who should have it and why?