

Medicines Optimisation Newsletter

[February 2025] (Issue No.68)



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Kent and Medway ICB Updates

SPS Webinar- MSATS: Safer Use of Insulin- Wednesday 26th March 12:30pm-14:00pm

About the event:

This interactive session is part of the 'Medication Safety Across the System' (MSATS) series aimed at healthcare professionals, working in any sector with a role or passion for medication safety and/or involved in medicines use.

Our speakers will share innovative practices addressing safer use of insulin to inspire and equip the audience, ready for translation and replication across systems.

Why it's important:

There are known risks associated with the use of insulin. Incidents involving insulin remain some of the most commonly reported errors across healthcare settings and they can significantly impact people's health. Implementation of safety strategies to support the safer use of insulin requires a collaborative and system wide approach to ensure safe and sustainable improvements.

What will be covered:

- A discussion of factors that add complexities to the safe prescribing, supply and administration of insulin
- A 'lived experience' to understand how these complexities impact people living with diabetes and how as a healthcare system we can respond and prioritise improvements
- Shared exemplar practices related to the safer use of insulin, which will allow for reflection on local practice and consideration for replication at a local and wider healthcare system level

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- Opportunities to network with peers to inform the development of appropriate local and system wide responses to insulin safety concerns

Speakers:

- **Matthew Hepple**, Advanced Diabetes and Endocrine Pharmacist, Hull University Teaching Hospitals
- **Hanadi Alkhdher**, Senior Prescribing Advisor and Diabetes Lead, Medicines Management & Optimisation Team, NHS Birmingham & Solihull ICB
- **Dr Alex Harborne**, Clinical Director, East London NHS Foundation Trust (ELFT)

Further speakers to be announced shortly

How to register: Please visit the [events page on the SPS website](#) for registration and access details.

Supplies of GLP-1 RAs

As updated on the [Specialist Pharmacy Service \(SPS\) Medicines Supply Tool](#), the shortages of GLP-1 receptor agonists (GLP-1 RAs) (liraglutide, semaglutide, dulaglutide, exenatide) **resolved** on the 27th December 2024.

Supply Updates

Liraglutide:

- As per the update on the [SPS Medicines Supply Tool](#), Liraglutide (**Victoza**®) 6mg/ml solution for injection in a pre-filled pen has been **discontinued at the end of 2024**. Victoza® changed from unavailable to **discontinuation**. The impact tier changed from 3 to 2. Victoza® is licensed in the UK for use in **type 2 diabetes only**.
- As per the update on the [SPS Medicines Supply Tool](#), the shortage of Liraglutide (**Saxenda**®) 6mg/ml solution for injection 3ml pre-filled disposable devices has **resolved**. **Do not prescribe:** Saxenda® is licensed in the UK for **weight management/obesity only, and is for specialist prescribing only when used in line with the following NICE TA**.

Semaglutide:

- As per the update on the [SPS Medicines Supply Tool](#), the shortage of Semaglutide (**Ozempic**®) solution for injections **resolved** on the 27th December 2024. Semaglutide (Ozempic®) 0.25mg, 0.5mg and 1mg solution for injection in a pre-filled pen are **available**.
- Semaglutide (**Rybelsus**®) 3mg, 7mg and 14mg tablets are **available**.
- Ozempic® and Rybelsus® are licensed in the UK for use in **type 2 diabetes only – do not prescribe solely for weight loss**.

Dulaglutide:

- As per the update on the [SPS Medicines Supply Tool](#), the shortage of Dulaglutide (**Trulicity**®) 0.75mg, 1.5mg, 3mg and 4.5mg solution for injection devices **resolved** on the 27th December 2024. Dulaglutide (Trulicity®) 0.75mg, 1.5mg, 3mg and 4.5mg solution for injection in a pre-filled pen are **available**.
- Trulicity® is licensed in the UK for use in **type 2 diabetes only – do not prescribe solely for weight loss**.

Exenatide:

- As per the update on the [SPS Medicines Supply Tool](#), Exenatide (**Bydureon BCise**®) 2mg/0.85ml prolonged-release pre-filled pens remain **available for patients stabilised on therapy** but are **not able to support new patient initiations**. Bydureon BCise® is licensed in the UK for use in **type 2 diabetes only**.
- Exenatide (**Byetta**®) 5micrograms/0.02ml and 10micrograms/0.04ml pre-filled pens will be **discontinued at the end of March 2024**.

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Tirzepatide (dual GIP/GLP-1 RA):

- As per the update on the [SPS Medicines Supply Tool](#), Tirzepatide (**Mounjaro** KwikPens®) 2.5mg/0.6ml, 5mg/0.6ml, 7.5mg/0.6ml, 10mg/0.6ml, 12.5mg/0.6ml and 15mg/0.6ml solution for injection 2.4ml pre-filled pens (containing 4 doses) are **available**.

Prescribing of GLP-1 RAs

- Please prescribe all GLP-1 RAs (and GIP/GLP-1 RA) **by brand**.
- The prescribing of GLP-1 RAs for **off-label indications** is **not recommended or supported**. GLP-1 RAs should only be prescribed for their **licensed indication**. Ensure prescribing of GLP-1 RAs is appropriate and in line with the formularies across Kent and Medway and the [NICE guidance for the management of Type 2 diabetes in adults](#). Any requests from other healthcare providers for off-label indications should be highlighted to the Medicines Optimisation team.
- Please ensure that quantities prescribed of GLP-1 RAs (and GIP/GLP-1 RA) are appropriate. **Do not prescribe more than one month's supply** unless there is clear clinical reason to do so. (N.B. aligning prescribing intervals is **not** an example of a clinician reason to do so).
 - For **Ozempic®** and **Mounjaro®**: for once weekly dosing, **one pen (4 doses) = one month's supply**.
 - For **Rybelsus®**: **30 tablets = 30 days' supply**.
 - For **Trulicity®**: for once weekly dosing, **four pens (4 doses) = one month's supply**.
 - ScriptSwitch messages** are in place that limit quantities of these items to one month's supply. Please can practices ensure that these messages are accepted/implemented where appropriate.

Discontinuation of FreeStyle Libre 2 – Transition to FreeStyle Libre 2 Plus

Abbott, the manufacturer, have announced that FreeStyle Libre 2 sensors are being **discontinued at the end of August 2025**. Their next generation sensor-based glucose monitoring technology for people living with diabetes is the FreeStyle Libre 2 Plus, which is available on the NHS BSA Drug Tariff.

Actions required:

- All **existing patients** using the FreeStyle Libre 2 sensor will require their repeat prescription to be changed to the FreeStyle Libre 2 Plus sensor as soon as possible.
 - Primary care can switch patients. It should be a smooth transition without having to change anything else other than the sensor prescribed.
 - See further actions **below** for more information on switching patients.
- Only FreeStyle Libre 2 Plus should be used for **new initiations**.

Important information:

- FreeStyle Libre 2 Plus sensors last **15 days**, opposed to FreeStyle Libre 2 sensors which last **14 days**. Both sensors work out the same cost per patient per year.
 - FreeStyle Libre 2 Plus prescription quantities: **2 sensors = 30 days, 4 sensors = 60 days. Maximum 24 sensors to be prescribed per year.**
- FreeStyle Libre 2 Plus sensors work with the existing FreeStyle LibreLink app and the FreeStyle Libre 2 reader. **No app updates or change of reader are required.**
- FreeStyle Libre 2 Plus sensors PIP Code: 428-0194

What are the differences between the FreeStyle Libre 2 sensor and the FreeStyle Libre 2 Plus sensor?

As per Abbott, the FreeStyle Libre 2 Plus sensor still has all the benefits of FreeStyle Libre 2 but also:

- Has extended sensor wear for up to 15 days.
- Has better performance with 15-day accuracy, including strong low-end performance.
- Is indicated for children **2 years and older** (as well as adults living with diabetes).

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If prescribers/clinicians (not patients) would like more information on the differences Abbott provide a regular **webinar**, which can be booked here: [FSL2+ SWITCH WEBINAR - 222 | Abbott Diabetes Care.](#)

Actions required when switching patients from FreeStyle Libre 2 to FreeStyle Libre 2 Plus:

- **Change patients' repeat prescription** to the FreeStyle Libre **2 Plus** sensor.
- **Inform patients** that their prescription will be changed and advise them to **use up existing supplies** of FreeStyle Libre **2** sensors first. Abbott have patient resources/leaflets available. If sending text messages to patients when changing their prescription, wording such as the suggested below could be used/adapted:
*"CHANGE OF PRESCRIPTION: Your next glucose monitor prescription will be upgraded from the FreeStyle Libre **2** sensor to the **new** FreeStyle Libre **2 Plus** sensor. Please use up your existing supplies of FreeStyle Libre **2** sensors before moving over to using the new FreeStyle **2 Plus** sensors. Please note that the new FreeStyle Libre **2 Plus** sensors last **15 days**, therefore you will require **24 sensors per year**. No updates/changes to the app or reader you were using with FreeStyle Libre **2** are required. Please visit the [FreeStyle website](#) for further information."*
- Ensure that the previous prescriptions of FreeStyle Libre **2** sensors [PIP: 416-3416] are **removed** from patient's repeat records.

N.B. The FreeStyle Libre **3** sensor is also available on the prescribing system (which are not being discontinued); please ensure you change the repeat prescription to the FreeStyle Libre **2 Plus** sensor only. FreeStyle Libre **3** is for **hospital prescribing only** as per the Kent and Medway formularies; practices are asked not to prescribe this item. FreeStyle Libre **3** is **not interchangeable** with FreeStyle Libre **2** or **2 Plus** systems.

Vaccination Training Opportunities- Building Skills and Knowledge

The Kent and Medway Vaccination team are running vaccination training sessions taking place during February/March.

There are two different types of training being offered:

- A full 1-day face-to-face Vaccine Champion session and
- A virtual 2.5 hours Let's Talk About Vaccines short course.

Please see attached leaflets and share this opportunity with your medicine team members, and any other colleagues where this may be beneficial.



K&M ICB LTaV
training flyer v2.pdf



Kent and Medway
Vaccine Champions v2

Aerobika mucus clearance device prescribing in primary care

There has been increased prescribing of the Aerobika mucus clearance device across Kent and Medway.

Aerobika is **non-formulary** across Kent and Medway and **all prescribing of Aerobika should sit with the specialist respiratory physiotherapy service.**

In line with formulary status, practices are advised to not prescribe this device in primary care and any patients requesting this device should be referred to the specialist.

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Practices are encouraged to identify and review any patients who have had this prescribed with the aim to deprescribe in line with formulary.

Please contact your local Medicines Optimisation team for further assistance.

Tissue Viability training sessions March 2025

There will be four sessions on skin integrity and appropriate use of barrier products, and two sessions on appropriate use of antiseptic washes held in March. Each of the sessions will be the same so please join whichever one is most convenient.

Please find link to join the sessions included in the flyers below.

We would encourage you to share details of these sessions with your aligned care homes as they would benefit from attending the training and any reduction in usage of these products will help practices towards the 2% reduction for MQIPP.

The training is aimed at care home staff, practice nursing teams, practice/PCN pharmacy teams, prescribers and any other clinicians who might be involved in prescribing these products.



Skin integrity &



Antiseptic Washes

barriers training - Matraining - March 2025

Safety considerations with Urospir: First licensed spironolactone oral solution

Rosemont Pharmaceuticals have released the first licensed oral solution formulation of spironolactone, called Urospir for treatment of congestive cardiac failure, hepatic cirrhosis, malignant ascites, nephrotic syndrome, diagnosis and treatment of primary aldosteronism in adults and children.

The new licensed oral solution formulation is available in two strengths:

- Urospir 25 mg/5 ml Oral solution
- Urospir 50 mg/5 ml Oral solution

However, according to its [SmPC](#), Urospir is not bioequivalent to the innovator tablet. Switching between spironolactone tablets or other spironolactone products and this formulation should be avoided if possible.

In a bioequivalence study between 10ml of Urospir 50 mg/5 ml oral solution and spironolactone 100 mg tablet the two formulations were bioequivalent for AUC* but the mean Cmax** of the oral suspension was 20% lower than the Cmax for the tablet.

This indicates that even while both preparations are equally absorbed following a single dosage, the oral solution, Urospir achieves a 20% lower maximum concentration than the spironolactone tablets.

Action for Primary Care Prescribers

As per SmPC advice due to the variance in bioavailability, please avoid switching spironolactone tablets or other spironolactone products to Urospir oral solution. If a switch is necessary, caution and increased clinical supervision are required.

For further information please see SmPC link [here](#).

*AUC = Area Under the Curve which is a representation of the amount of drug absorbed after a single dose.

**Cmax = Maximum concentration reached which is a representation

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Polypharmacy Masterclasses: Health Innovation Network

Please find attached details of two Polypharmacy Lunchtime masterclasses coming up in March. Flyers are attached, please share with anyone interested.

- [Polypharmacy and Parkinson's 12th March](#)
- [Polypharmacy and Learning Disabilities 20th March](#)

As previously, these masterclasses are open to anyone interested. Sessions will be recorded and shared on their website.

The Health Innovation Kent Surrey and Sussex team will also be holding a Community of Practice on 19th March hearing from 2 practices who have been using the Health Innovation patient resources to support Structured Medication Reviews.

They will be sharing their experiences and learnings. Details to be shared soon











Polypharmacy and
Parkinson's Lunchtime





Polypharmacy and
Learning Disabilities L

Kent and Medway List of New Approved Guidelines from Integrated Medicines Optimisation Committee (IMOC) January 2025

Please see list of approved guidelines from the Integrated Medicines Optimisation Committee

| Guidance | Document | Content |
|--|---|--|
| Controlled Drugs and Covert Administration of Medications in Care Homes BPGs |  Final KM Covert Administration BPG V  Final KM Controlled Drugs BPG V2.0 .pdf  A GP Summary  Final KM Record of -Covert Administration changes to medication  Final KM Medicines Reconciliation.pdf | Please share document with local care homes |
| Homely Remedies BPGs |  Final KM The Use of Homely Remedies in (| Please share document with local care homes |
| Guideline on the Use of Melatonin for the Management of Sleep Disorders in Children, Adolescents, and Adults |  New Kent and Medway Melatonin Gi | The prescribing of melatonin in children/adolescents in Kent and Medway is only supported for children/adolescents with sensory deficits, learning disabilities, an Autism Spectrum Disorder (ASD) or those living with ADHD |
| Pharmacological Management of Challenging Behaviour in Learning Disabilities and Autism |  Final KM Prescribing Guideline - Behaviour | This policy sets out principles of safe prescribing in adults with a diagnosis of learning disability and/or autism. |

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| | | |
|--|---|---|
| Working in Partnership with the Pharmaceutical Industry Policy Joint Working for the Benefit of Patients |  Working with pharma policy - V2.0.1 | This document sets out Kent and Medway Integrated Care Board's (ICB) policy for joint working with the pharmaceutical industry, where the benefits that this could bring to patient care and the difference it can make to their health and well-being, are clearly advantageous. This is consistent with Department of Health Best practice guidance for joint working between the NHS and pharmaceutical industry and other relevant organisations. |
| Implementing MHRA Valproate guidance in Kent and Medway |  Implementing MHRA Valproate gu | |

National Updates

Valproate Drug Safety Update

(Brands: Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono, Chronosphere, Episenta, Epival, and Syonell ▼)

On 13 February 2025, the Medicines and Healthcare products Regulatory Agency (MHRA) issued a drug safety alert with updated requirements for males currently taking valproate. Key changes include:

- **Initiating Valproate:** Review by two specialists is required before starting valproate for patients under 55 years of age.
- **Existing Male Patients:** Male patients already taking valproate do not require a review by two specialists.
- **Ongoing Requirements:** The two-specialist review remains mandatory for all new valproate prescriptions for patients under 55.

Healthcare professionals are reminded to review previous guidance and ensure patients receive appropriate monitoring. More details can be found in the [MHRA Drug Safety Update](#).

Supporting Resources

- [Implementing MHRA Valproate Monitoring Guidance for Patients in Kent & Medway](#)
- [Drug Safety Update](#) – 5 September 2024
- [Drug Safety Update](#) – 22 January 2024

Medicines Optimisation MHRA Drug Safety Update – January 2025

The latest MHRA Drug Safety Updates can be accessed at [Drug Safety Update - GOV.UK \(www.gov.uk\)](#). This includes links to alerts, recalls and safety information and to the monthly Drug Safety Update PDF newsletter.

The January Drug Safety Update includes:

[GLP-1 and dual GIP/GLP-1 receptor agonists: potential risk of pulmonary aspiration during general anaesthesia or deep sedation - GOV.UK](#)

[Letters and medicine recalls sent to healthcare professionals in December 2024 - GOV.UK](#)

****Please follow the link in the titles above for more information and resources.****

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NATIONAL CAS ALERTS (National Patient Safety Alerts and CMO Messages):
The MHRA Central Alerting System alerts can be accessed at [CAS - Home \(mhra.gov.uk\)](https://cas.mhra.gov.uk)

Shortages Summary

From February 2024 onwards, the monthly Medicines Optimisation newsletter will no longer contain the medicines shortages update document, which was compiled each month from the shortages listed on the SPS (Specialist Pharmacy Services) Medicines Supply tool. The information published on the SPS Medicines Supply tool is provided by DHSC and NHSEI Medicines Supply Teams and was not formally reviewed by the NHS Kent and Medway Medicines Optimisation team.

During the time that the shortages update was compiled and included in the Medicines Optimisation newsletter, practices and healthcare professionals were still encouraged to **register for free access to the [SPS website](#)** and to **access the SPS Medicines Supply tool directly** in real time, to have access to the most up-to-date and complete information and advice available. Now that the shortages update will no longer be compiled by the Medicines Optimisation team for inclusion in the newsletter, healthcare professionals will be required to access the SPS Medicines Supply tool to access information on the latest shortages. Serious Shortage Protocols (SPPs) can be found on the NHS BSA website [here](#).

NHS Kent & Medway Medicines Optimisation Team NICE News Bimonthly – Feb 2025

FOR INFORMATION

NICE Publications

NICE clinical guidelines

| Title | Reference number | Published | Last updated |
|---|------------------|-----------------|-----------------|
| Overweight and obesity management This guideline covers the prevention and management of overweight, obesity and central adiposity in children, young people and adults. It brings together and updates all NICE's previous guidelines on overweight and obesity. It does not cover pregnancy. | NG246 | 14 January 2025 | 14 January 2025 |
| Maternal and child nutrition: nutrition and weight management in pregnancy, and nutrition in children up to 5 years This guideline covers nutrition and weight management in pregnancy for anyone who may become pregnant, is planning to become pregnant or is already pregnant, and nutrition in children up to 5 years. Care of babies and children born preterm or with low birth weight is not covered. The guideline does not give detailed advice on what constitutes a healthy diet. | NG247 | 15 January 2025 | 15 January 2025 |
| Gambling-related harms: identification, assessment and management | NG248 | 28 January 2025 | 28 January 2025 |

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| Title | Reference number | Published | Last updated |
|--|------------------|-----------|--------------|
| This guideline covers identifying, assessing and treating gambling-related harms. This includes people aged 18 and over who are experiencing gambling that harms, and people of any age affected by someone close to them who is experiencing gambling that harms. | | | |

Updated NICE Clinical Guidelines

| Title | Reference number | Published | Last updated |
|--|------------------|------------------|-----------------|
| Epilepsies in children, young people and adults This guideline covers diagnosing and managing epilepsy in children, young people and adults in primary and secondary care, and referral to tertiary services. It aims to improve diagnosis and treatment for different seizure types and epilepsy syndromes, and reduce the risks for people with epilepsy. | NG217 | 27 April 2022 | 30 January 2025 |
| Tobacco: preventing uptake, promoting quitting and treating dependence This guideline covers support to stop smoking for everyone aged 12 and over, and help to reduce people's harm from smoking if they are not ready to stop in one go. It also covers ways to prevent children, young people and young adults aged 24 and under from taking up smoking. | NG209 | 30 November 2021 | 4 February 2025 |

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