NHS
Bath and North East Somerset, Swindon and Wiltshire
Integrated Care Board

MOP UP

Medicines Optimisation
Update Issue March 2024

To contact NHS BSW ICB Medicines Optimisation Team: ✉ bswicb.prescribing@nhs.net
Website: https://bswtogether.org.uk/medicines/

BSW Area Prescribing Committee (APC) Updates (see all recent decisions in full here)

New additions to BSWformulary and Change in Traffic Light Status

Drospirenone 4mg film coated tablets (Slynd®) added with **GREEN** TLS as a 2nd line progesterone only pill (POP). Drospirenone is more expensive than alternative POPs. It offers a different bleeding pattern and side effect profile (lower androgenic profile) for individuals that have had problems with other POPs. There are some additional medical eligibility considerations as drospirenone is potassium-sparing. Read the FSRH statement for more info.

Medi Derma S Barrier Cream 28g and 90g tube 20 x 2g sachets added with **GREEN** TLS. Procure through direct supply route where possible. Also see BSW Skin Care Pathway for IAD/MASD .

New and Updated Shared Care Agreements and Prescribing Guidance

UPDATE – **Lithium for patients within adult services** this SCA, is now in the format of the national shared care protocol templates and has been adopted by BNSSG and BSW so is applicable to all areas AWP cover.

UPDATE – **BSW Prescribing criteria for DOACs in VTE in adults** – apixaban is now first choice for DVT and PE management for new patients. Please note, the BEMS internal guidance is being updated and a link to this will follow shortly.

NEW – **Glucose management in adults with T2D (includes tirzepatide)** – New guidance includes a flow chart, in line with NICE guidance, to inform primary care treatment pathway. It has been approved by the BSW diabetes specialists and local DSN's. See formulary entry here for more information.

UPDATE – **Initiating SGLT2's for adults in Type 2 diabetes and in Chronic Kidney Disease.** Minor update to existing guideline.

UPDATE – **BSW Prescribing Guidance for Moderately to Severely Frail Patients**. Minor typographical changes including updated link to revised PrescQIPP IMPACT tool.

NEW/UPDATE – **Primary Care Migraine Treatment Pathway** – existing guidance reformatted and simplified. Guidance now includes a flowchart and updated information on valproate prescribing. Candesartan has been reclassified from amber to green for migraine prophylaxis indication. Formulary (bswformulary.nhs.uk). The **Secondary Care Biologic Migraine Prevention Pathway** has also been updated.

The BSW joint formulary remains under construction and is designed to be an evolving, dynamic resource. We are working to ensure the messages on GP prescribing systems and Optimise Profiles are in line with the joint formulary. If you discover information you believe to be inaccurate or misleading, or for further information, email bswicb.formulary@nhs.net

Fluroquinolone MHRA alert

Fluroquinolone antibiotics must now only be prescribed when other commonly recommended antibiotics are inappropriate in line with new MHRA alert as they can cause long-lasting, disabling and potentially irreversible side effects. Key messages are –

Do not prescribe fluoroquinolones for –

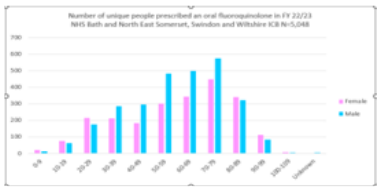
- Non-severe or self-limiting infections, or non-bacterial conditions
- for some mild to moderate infections (such as in acute exacerbation of chronic bronchitis and chronic obstructive pulmonary disease; please refer to revised indications in the Summary of Product Characteristics) unless other antibiotics that are commonly recommended for these infections are considered inappropriate
- ciprofloxacin or levofloxacin should no longer be prescribed for uncomplicated cystitis unless other antibiotics that are commonly recommended are considered inappropriate.

Avoid use in

- avoid use in patients who have previously had serious adverse reactions with a quinolone or fluoroquinolone antibiotic
- prescribe with special caution for **people older than 60 years** and for those with renal impairment or solid-organ transplants because they are at a higher risk of tendon injury
- avoid **use of a corticosteroid with a fluoroquinolone** since coadministration could exacerbate fluoroquinolone-induced tendinitis and tendon rupture
- fluoroquinolones should only be used after careful benefit-risk assessment and after consideration of other therapeutic options in patients at risk for aortic aneurysm and dissection
- Conditions **predisposing to aortic aneurysm and dissection** include a family history of aneurysm disease, diagnosis with pre-existing aortic aneurysm and/or aortic dissection, other risk factors or conditions predisposing for aortic aneurysm and dissection

Advise on risk and report

- advise patients to be alert to any mood changes, distressing thoughts, or feelings about suicide or harming themselves at any point during treatment
- advise patients to seek medical advice if they develop such thoughts or behaviours, and ensure that a suitable referral for treatment is made, if necessary
- advise patients to stop treatment at the first signs of a serious adverse reaction, such as tendinitis or tendon rupture, muscle pain, muscle weakness, joint pain, joint swelling, peripheral neuropathy, and central nervous system effects, and to contact their doctor immediately for further advice – see patient information leaflet
- advise patients, particularly elderly people and those at risk, about rare events of aortic aneurysm and dissection and of the importance of seeking immediate medical attention in case of sudden-onset severe abdominal, chest or back pain



5,048 unique people were prescribed oral fluoroquinolones in FY 2022-2023 across BSW -**55% were male** and **54% were aged 60+.**

Recommended Local action-

1.How are your records coded and flagged in patients who have previously had serious adverse reactions with a quinolone?**2.**How is prescribing activity audited to demonstrate safe care for those patients who feature in the "Avoid Categories"?**3.**How is risk coded in the patient record? Including conditions predisposing to aortic aneurysm and dissection and family history of aneurysm disease.

£££ Cost Saving drug switch of the month Oral nutritional supplement– various brands switching to Altraplen Energy £££££££

Product	Cost	Quantity	Switch to	Cost	Quantity	Saving
Fortisip bottle	£78.40	56	Altraplen Energy	£55.44	56	**£22.96**
Ensure Plus milkshake style	£74.48	56	Altraplen Energy	£55.44	56	**£19.04**
Fresubin Energy	£83.44	56	Altraplen Energy	£55.44	56	**£28.00**
Resource Energy	£143.22	56	Altraplen Energy	£55.44	56	**£87.78**

NB follow local guidelines for when to initiate ONS i.e. MUST of 2 or more and aims not being met through home-made nourishing drinks and nutrient dense fortified diet. **NB** When appropriate, choose preferred option **- Foodlink complete** first line and monitor. Formulary (bswformulary.nhs.uk) Should a Dietitian have advised on a specific nutritional product please do not switch. BSW ONS Formulary

In the past 12months BSW ICB have spent around £390k on the ONS brands. By prescribing Altraplen Energy instead, which is the first line option where bottles are required, approximately **£100k could be saved** each year

Prescribing Alert- Concurrent Use of GLP-1 and DPP-4 inhibitor

Local diabetes teams have **raised concerns** around concurrent use of GLP-1 and DPP-4 inhibitor prescribing patterns.

Why the Combination Is Not Recommended

From a clinical perspective, the mechanism of action by which GLP-1 and DPP-4 inhibitor medications control blood glucose is by targeting the body's incretin system. GLP-1 agonists act as "incretin mimetics" and DPP-4 inhibitors block DPP4, an enzyme which breaks down GLP and GIP. These drugs work on the same pharmacological pathway. It is common to think that using these medications together would result in improved diabetic control. However, unlike endogenous incretin, GLP-1 is not broken down by the DPP-4 enzyme. Therefore, using these medications at the same time yields **no additional benefit.**

From a patient perspective, increased pill burden, which may lead to decreased adherence. **Possible increased risk of side effects** (gastrointestinal disturbances, pancreatitis, etc.).

To identify patients who potentially on both DPP-4 inhibitor, an Ardens **clinical search** is available here: *Reporting> Clinical Reporting> Ardens Ltd> Prescribing Alerts>Diabetes> On DPP4 | Stop as on GLP1*

If patient has cardiovascular risk or CKD consider an SGLT-2 inhibitor in place of DPP-4 inhibitor, unless contraindicated, or not tolerated.

For further Glucose Management in Adult with Type 2 diabetes, please consult Glucose Management in Adults with Type 2 Diabetes

Tirzepatide 0.6mL KwikPen device availability

Tirzepatide 0.6mL KwikPen devices are **now able to be prescribed** on SystmOne. APC have reviewed and designated GREEN TLS for T2 diabetes in line with NICE TA924. See BSW formulary

Tirzepatide is recommended by NICE for treating T2DM alongside diet and exercise in adults when it is insufficiently controlled only if:

- triple therapy with metformin and 2 other oral antidiabetic drugs is ineffective, not tolerated or contraindicated, and
- they have a body mass index (BMI) of 35 kg/m^2 or more, and specific psychological or other medical problems associated with obesity, or
- they have a BMI of less than 35 kg/m^2, and:
  - insulin therapy would have significant occupational implications, or
  - weight loss would benefit other significant obesity-related complications.

Refer to Glucose Management in Adults with Type 2 Diabetes for more info.

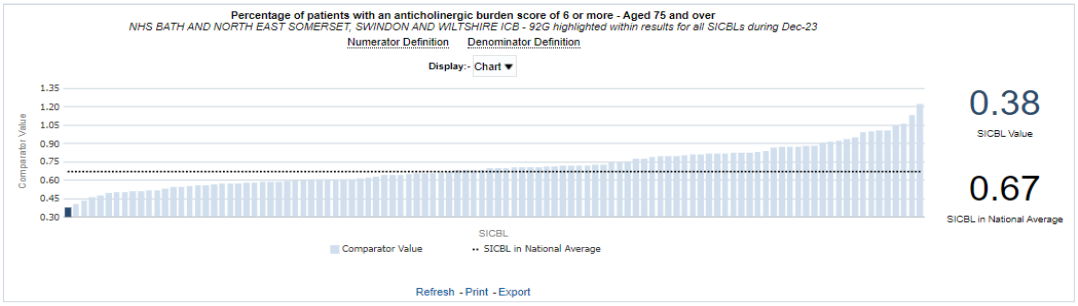
Tirzepatide is available in the UK as a **KwikPen 0.6mL** pre-filled pen **KwikPen®** listing (available in the UK): Tirzepatide 5mg/**0.6**mL solution for injection **2.4ml** pre-filled disposable devices

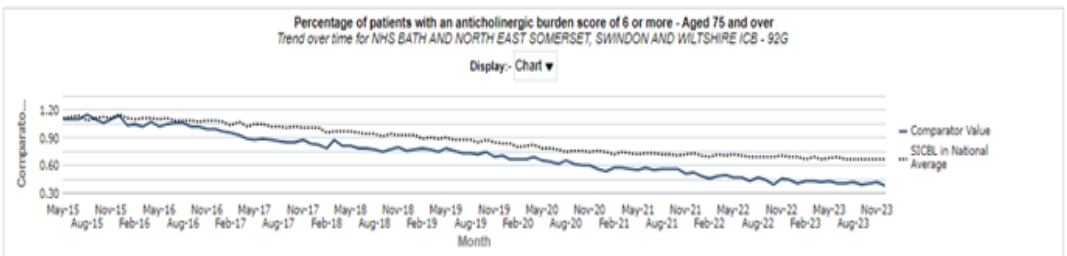
Autoinjector listing (unavailable in UK): Tirzepatide 5mg/**0.5**mL solution for injection pre-filled disposable devices

Currently, **only the 2.5mg and 5mg** strengths are available in the UK with higher doses expected over the coming months. Please refer to the SmPC for further prescribing dosage and precautions for use here

Anticholinergic Prescribing Update

Since 2020 BSW ICB has included projects aimed at reducing Anticholinergic Burden (ACB) in vulnerable groups of patients in the annual Prescribing Incentive Scheme. In previous years we have focussed on overactive bladder drugs, recording/reviewing ACB scores as an integral part of SMRs, and this year we have used the Eclipse deprescribing tool to identify frail older people with high ACB scores.





Thanks to your ongoing work in reviewing and reducing prescribing of medicines with high ACB scores in our frail & elderly patients, BSW ICB still has the **lowest percentage of patients** aged ≥75yrs with very high ACB scores (≥6) in the country (based on December 2023 ePACT2

Furthermore, our percentage of patients in this cohort continues to fall even further below the national average. This is very impressive and the benefits to our patients in reducing the risk of long-term anticholinergic effects including dementia and falls are, and will continue to be, significant.

If you would like to share any successful work or projects in your practice or PCN, or would like assistance to look at prescribing of anticholinergics in more depth, please contact us via bswicb.prescribing@nhs.net