

Welcome to the **Kent & Medway** Medicines Optimisation (MO) news update.

Articles in this edition includes:

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### COVID Vaccine Allergy Pathway Update

This is an update on the CCG's **Kent and Medway Covid Vaccination - Management of Allergies Policy**, which launched in March 2021.

A copy of [the policy \(Version 12\) is available here](#). Recently, there has been some confusion around the allergy referral service provided by Guys' and St Thomas' Hospital (GSTT) to support the Kent and Medway vaccination programme. We can confirm the agreement with GSTT is still in place. Patients who require an allergy review with regards to their COVID-19 vaccination should continue to be referred to GSTT.

It is also important to note that while trusts across the country may not be able to physically see patients referred from Kent and Medway, they are obliged to consider Advice and Guidance (A&G) referrals. Guildford and Surrey NHS Trust has confirmed that they are happy to receive A&G referrals from Kent and Medway. This should be considered if it reduces patient waiting times.

Not all patients who experience adverse effects following their first dose of vaccine or who have a history of allergies require hospital setting vaccination and do not require a referral. The allergy service should not be used to mitigate against patient anxieties. Patients whose reactions occur two hours after vaccination should generally not be referred.

Please see the attached [flowchart from the British Society for Allergy & Clinical Immunology](#) which provides clear guidance on allergies and should be considered before referrals are made.

#### Summary of the GSTT Pathway:

The outcome of your A&G from GSTT should follow [the GSTT pathway](#) as follows;

1. Allergy specialist responds to A&G saying safe for patient to be vaccinated in normal vaccination settings.
2. Allergy specialist responds asking GP to convert A&G to a referral on e-RS
  - Allergy consultant happy with phone assessment; patient goes back to GP to ask for vaccination/advised to attend a local vaccination site.
  - Allergy consultant NOT happy with phone assessment; patient booked into allergy day clinic (Face to Face, tests to be ordered) then either:

**AstraZeneca (AZ)** - Tests negative to excipients of AZ - vaccine given at GSTT **OR** allergy confirmed to AZ, allergy service to consider options for vaccination at GSTT/Advise GP that patient requires onward referral for vaccination at a local hospital setting in Kent and Medway (where there is access to resuscitation facilities).

**Pfizer** - Tests negative to Pfizer - vaccine given at GSTT **OR** allergy confirmed to Pfizer, allergy service to consider vaccinating patient with AZ (non-PEG) – add patient to cohort vaccination by allergy service at GSTT/ Advise GP that patient requires onward referral for vaccination at a local hospital setting in Kent and Medway (where there is access to resuscitation facilities)

If this pathway is followed as advised by the allergy specialist, there will be a very small number of patients who will have to be referred to e-RS as **Referral** and who will then be triaged over the phone for vaccination either at the local vaccination sites or at the GSTT allergy service.

**Further information:** we are working hard to stand up a hospital site in Kent and Medway where patients who require hospital setting vaccination can be referred to. We will update you once this service becomes live. If you require any other information and/ or clarification on the policy and its content, please contact [kmccg.svoc@nhs.net](mailto:kmccg.svoc@nhs.net).

**Action Point: Clinicians should familiarise themselves with the guidance and pathways above.**

#### Dapagliflozin (Forxiga): no longer authorised for treatment of type 1 diabetes mellitus

The authorisation holder for dapagliflozin has withdrawn the indication for type 1 diabetes mellitus. The removal of the type 1 diabetes indication is not due to any new safety concerns and the other indications of dapagliflozin are unchanged. The NICE TA for Dapagliflozin with insulin for treating type 1 diabetes has also been withdrawn due to this change.

Advice from MHRA for health care professionals can be accessed [here](#). A reminder that practices should run a search identifying any patients currently prescribed dapagliflozin (any strength) for type 1 diabetes and review as per this MHRA alert. Practices should pay particular attention to all patients currently prescribed dapagliflozin 5mg and review the rationale for prescribing in line with this MHRA alert and [SPC](#). Please check the rationale for prescribing of dapagliflozin as part of this alert. Dapagliflozin has traditionally been licensed for management of hyperglycaemia in type 2 diabetes. It now also has an indication and use in heart failure patients as part of a NICE TA. In Kent and Medway CCG there has been an increasing trend in the prescribing of dapagliflozin 5mg, when its use in type 1 diabetes was already limited. As per the [SPC](#) the use of the 5mg dose of dapagliflozin is only mentioned for those patients with severe hepatic impairment. Wider action is therefore needed for those health care professionals initiating and reviewing dapagliflozin that this is done in line with manufacturer's information and this MHRA alert.

#### Updated Kent and Medway DOAC Monitoring Recommendations for Non-Valvular Atrial Fibrillation (NVAF) in Primary Care

Following revisions to the [NICE Atrial Fibrillation Guidance](#) and [NICE CKS Anticoagulation-Oral](#); the Kent and Medway DOAC Monitoring Recommendations for Non-Valvular Atrial Fibrillation (NVAF) in Primary Care guidance has been updated to reflect the latest advice. This guidance has been approved and ratified through the KMCCG governance process.

Improving the processes around DOAC monitoring has been a key project in the KMCCG medicines optimisation scheme for the last two years and is also included in the Network Contract Directed Enhanced Service Investment and Impact Fund (IIF) 22/23. The purpose of this KMCCG document is to guide prescribers to the appropriate national guidelines and offer advice around frequency of monitoring and calculating renal function.

Please access the document from your local formulary website or clinical document repository.

#### Joint Department of Health and Social Care DHSC and NHSE/I Medicines Supply Tool

DHSC and NHSE/I have launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues. To access the Tool you will be required to register with the [SPS website](#).

## Adrenaline Auto-injectors

NICE guidance on anaphylaxis assessment and referral after emergency treatment (CG134) has been updated (Aug 2020), following an inquest into the death of a patient in 2018 from acute anaphylaxis owing to a nut allergy. The key points to consider are:

- **The patient should carry TWO prescribed adrenaline auto-injectors ON THEM at ALL TIMES.** This is to ensure that a second emergency injection is available to be administered within 5 -15 minutes of the first should the patient fail to improve.
- People with allergies & their carers **MUST** have been trained to use the auto injector brand they have been prescribed, as injection techniques vary from brand to brand. **This training may take place in an emergency department, or in primary care.**
- From 1st October 2017 legislation came into effect allowing schools in the UK to keep spare adrenaline auto-injectors (AAIs) for emergency use should they choose to do so. This guidance includes a template letter for schools to enable them to purchase spare adrenaline injectors from their local pharmacy. **Therefore, it is not recommended to prescribe AAI to keep at school. The child should bring 2 AAI to school with them each day.**
- It may be necessary to prescribe more than 2 AAI if a child is spending time between 2 or more carers, however be mindful that the child should be carrying them with them at all times.
- AAI often have short expiry dates, necessitating more frequent prescribing.
- Ensure the directions for each prescription are **“for intra-muscular use only”**

**Overview Summary: New Adrenaline Auto-injector guidance acts as reminder that the patient should carry TWO prescribed adrenaline auto-injectors ON THEM at ALL TIMES** (including children when going to school). Ensure the directions for each prescription are **“for intra-muscular use only”**

## COPD Rescue Packs

COPD rescue packs should only be prescribed for patients who have had **2 or more exacerbations in the last 12 months (or one exacerbation that requires hospital admission)**. When assessing whether a patient is suitable for a rescue pack please consider:

- The patient has the understanding and confidence with using rescue medication and the associated benefits and risks.
- The patient is able to notify their healthcare professional when they have used the medication and to request for replacement supplies.
- The patient has a robust self-management plan in place.

Rescue packs should only be prescribed as acute medication for eligible patients; however as a MO team we are working on an EMIS prompt for practice reception staff to facilitate swift access to a GP for ALL patients with a suspected exacerbation of COPD as treating exacerbations promptly will reduce respiratory damage. The only real change from existing guidance, on some formularies, is that it is now recommended to **provide a 5 day course of antibiotic or steroid therapy (or both)** which is a change from previous guidance which recommended 7 days. Please see individual formularies for full guidance.

**Overview Summary:** COPD rescue packs should only be prescribed for patients who have had **2 or more exacerbations in the last 12 months (or one exacerbation that requires hospital admission)**. The only real change from existing guidance, on some formularies, is that it is now recommended to **provide a 5 day course of antibiotic or steroid therapy (or both)** which is a change from previous guidance which recommended 7 days.

## Formulary Update: Triple Therapy Inhalers for asthma

Energair® (indacaterol/glycopyrronium/mometasone), a triple therapy inhaler for the treatment of severe asthma, has been approved for formulary. Energair® is a DPI and has a relatively low carbon footprint. This should be initiated by a specialist (respiratory consultant or a community respiratory specialist), but can be continued in primary care.

Trimbow®MDI has also been approved for the treatment of severe asthma. Trimbow® is already a standard formulary item for the treatment of COPD, but when being used for asthma, must be initiated by a specialist as above. NOTE: Trimbow Nexthaler® (DPI) is not currently licensed for asthma.

## Kent & Medway Palliative Care Chart

The Kent & Medway (K&M) Palliative Care Drug Chart has been developed to reduce the risk of harm to patients by having standardised practice of prescribing and administering medication on a standardised drug chart.

The palliative care chart has been agreed by the end of life Steering group and distributed Early December 2021 for use across Kent and Medway. This drug chart replaces previous versions, please ensure that the old versions are replaced.

Electronic versions of the chart have been created, and are called the CMR (Community Medication Referral) forms which can be accessed from EMIS. An email was sent out with the ZIP files and ‘how to upload’ guide. Please see attached for the following:

- PDF version of the palliative care chart
- Communication that have been sent out across Kent & Medway
- Guide on how to use the palliative care chart

Any queries please email: If you require any help or support, or have any questions please email the following address: For KCHFT queries:

[Kchft.pharmacy@nhs.net](mailto:Kchft.pharmacy@nhs.net) KMCCG- [kmccg.medicinesoptimisation@nhs.net](mailto:kmccg.medicinesoptimisation@nhs.net)

## PrescQIPP Resources

PrescQIPP Clinical masterclass webinars are OPEN and FREE of charge to all PCN pharmacists, practice employed pharmacists and other clinical and medical staff working in practices. Please note upcoming events:

### Clinical Masterclasses:

- **February 15th – Dr Mark Glover, British Hypertension Society Specialist Physician, “Diagnosis and management of hypertension”.** [Sign up here.](#)
- **March 15th – Dr Keiran Hand, National antimicrobial pharmacist lead, “Antimicrobial Stewardship”.** [Sign up here.](#)
- **April 12th – Dr Anne Dornhorst, Consultant Physician Imperial College, “NICE guideline update on Type 2 diabetes”.** [Sign up here.](#)
- **May 19th – Dr Cathy Stannard, Consultant in complex pain management, “NICE guideline Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults”.** [Sign up here.](#)

**Action Point: Practice staff are signposted and encouraged to sign up for upcoming PrescQIPP events which need registration.**

## Benzodiazepines and Z Drugs Webinar

Morph events are hosting a webinar on the 23<sup>rd</sup> February 2022 at 1:30pm on Benzodiazepines and Z Drugs. The webinar will focus on prescribing guidelines, review, addiction and deprescribing and is FREE, for Health Care Professionals working in the South East of England. For further details and to register your place please follow this [link](#).