

Medicines Optimisation – May updates

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New Kent and Medway antimicrobial prescribing guidance

The January 2022 NICE summary of antimicrobial prescribing guidance - managing common infections (available [here](#)) - has now been agreed in Kent and Medway. This should be viewed in conjunction with the Kent and Medway supplementary information page, which details any relevant local information, considerations, or adaptations to subsections of the NICE summary table guidance. This is available on either your formulary website, DORIS or DXS:

- East Kent: [formulary website](#)
- West Kent: DORIS
- Medway and Swale: [formulary website](#)

- Dartford, Gravesham and Swanley: DXS

The most notable change in this guidance refers to the treatment of *Clostridioides difficile* infection where oral vancomycin is now first-line for the first episode of mild, moderate or severe cases with fidaxomicin as the second line option where vancomycin is ineffective. As per NICE guidance, all suspected or confirmed *C. difficile* cases should be discussed with a microbiologist prior to initiating treatment, and before moving from first-line to second-line therapy.

Additional information relating to hydrogen peroxide 1% cream, newly recommended for use in impetigo, can also be found in this supplementary information page.

Ranitidine – licence suspended

This is a gentle reminder that the licence for ranitidine has been suspended. Following further investigations into the low levels of impurities, N-nitrosodimethylamine (NDMA), found in ranitidine products, the suspension has been confirmed by the EMA and MHRA in 2020. However, it has been identified that a small number of products have been prescribed and dispensed in recent months.

Please be aware that although safety data shows that the risk of cancer with ranitidine is likely to be very low and there remains some uncertainty with the source of the impurity. Some evidence suggests the degradation of ranitidine may form NDMA and some studies suggest it may form once in the body. Due to these uncertainties, the ranitidine licence has been suspended as a precaution. Please see further details [here](#) and tables 1 and 2 [here](#) for the recommended alternatives to ranitidine.

COPD training sessions

As you know, we published new COPD guidelines back in January, and we have managed to organise some training sessions so that all clinicians are aware of the changes. Please see [this flyer](#) and contact Kath Plumbe to book your place (kath@respiricare.com). These are virtual sessions across a lunchtime. There are six dates to choose from, and you will only need to attend one session. Following the training, if you have any queries regarding the guidelines, please feel free to contact Cath Cooksey (cath.cooksey@nhs.net) as the MO clinical lead for respiratory.

Saxenda® (Liraglutide 6mg/ml Injection)- not for primary care prescribing

UPDATE: This is a follow up to the newsletter article published in March 2022. This article has been updated to ensure that the BMI criteria matches NICE rather than the product literature.

This is a reminder for practices that Saxenda® (Liraglutide 6mg/ml Injection) is recommended as per NICE as an option for managing overweight and obesity alongside a reduced-calorie diet and increased physical activity in adults, only if:

- they have a body mass index (BMI) of at least 35 kg/m² (or at least 32.5 kg/m² for members of minority ethnic groups known to be at equivalent risk of the consequences of obesity at a lower BMI than the white population), and
- they have non-diabetic hyperglycaemia (defined as a haemoglobin A1c level of 42 mmol/mol to 47 mmol/mol [6.0% to 6.4%] or a fasting plasma glucose level of 5.5 mmol/litre to 6.9 mmol/litre), and
- they have a high risk of cardiovascular disease based on risk factors such as hypertension and dyslipidaemia, and

- it is prescribed in secondary care by a specialist multidisciplinary tier 3 weight management service, and
- the company provides it according to the commercial arrangement.

Action: Primary care should not prescribe this item as responsibility sits with the tier 3 service.

South East Lipid Management Webinar

The inaugural South East Lipid Management webinar held on 5 May 2022 was the first in a series of CVD education events being run by the Kent, Surrey, Sussex Academic Health Science Network (AHSN) over 2022/23.

The webinar aimed to support implementation of the latest NICE approved Lipid Management Pathway including the requirements of the PCN DES specification on optimizing lipid management in primary care

Please find the link to full slide set here: <https://kssahsn.net/wp-content/uploads/2022/05/Lipids-Webinar-Final.pdf>

Polypharmacy: Understanding the data webinar 24 May (noon - 1.30pm)

The new AHSN Network Polypharmacy: Getting the Balance Right Programme aims to support local systems and primary care to identify patients at potential risk of harm and support better conversations about medicines by promoting shared decision making. One of the core principles of this is population health management.

To consider how best to understand and utilise available data, the AHSN Network and NHS Business Services Authority (BSA) hosted two webinars on

24 March and 6 April. More than 360 colleagues from across the NHS attended. A further session is being held on 24 May. [You can reserve your space here.](#)

Prescribing Midazolam for end of life care

Midazolam 10mg in 2ml injection is the preparation of choice when prescribing for end of life care. Indications include agitation and restlessness. The National Patient Safety Agency (NPSA) issued an alert in 2008, stating that the use of this high strength Midazolam 10mg in 2ml was acceptable in palliative medicine.

A number of preparations are available; however, this strength (i.e. the most concentrated) is prescribed to maximise dosing options for single subcutaneous administration and for use in a syringe pump where a lower volume is necessary. Standardised prescribing of this strength in these circumstances also reduces the risk of errors during the administration process.

Local area updates – east Kent

1. EMLA Cream

This is a general reminder for clinicians in east Kent that if a paediatric referral is made that requires EMLA cream, such as requesting a blood test that will be taken at hospital, it would be appropriate for the clinician making the referral to also issue a prescription for this. This [leaflet](#) provides information for parents and carers about how to use this medicine in children and is also available via the BNFC.

2. **Prednisolone Oral solution (Prednisolone Dompe unit dose vials)**

In order to align the East Kent Formulary with other healthcare partnerships, prednisolone dompe unit dose vials have now been removed from the formulary in east Kent. It is recommended that clinicians prescribe plain prednisolone tablets instead of soluble tablets, as these are a more cost-effective solution and the plain tablets will dissolve. Further options are outlined in the following [guidance](#).