



MEDSOP



Medicines
Optimisation
Update

To contact NHS BSW CCG Medicines Optimisation Team:

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BSW Area Prescribing Committee (APC) Updates

The [BSW APC website](#) includes info on the APC and the formulary decision making process. Decisions from the October 2021 meeting have been ratified and can be found in full [here](#). Of particular note:

- **New: [Inclisiran \(Legvio®\) prescribing guidance for primary care](#)**. This BSW guidance summarises the background for the green TLS and explains NHSE/I's novel funding mechanism which supports prescribing of inclisiran in primary care. Our local guidance also links to national pathways for [statin intolerance](#) and [national guidance for lipid management for primary and secondary prevention of CVD](#) which has been updated to include inclisiran.
- **Update: [Acne vulgaris: Clinical management in primary care guidance](#)** Updated in line with [NG198](#).
- **[Emerade 300microgram and 500microgram adrenaline auto injector \(AAI\)](#)** – are being re-supplied to the market (HCP communication [here](#)) so Emerade® is reinstated to BSWformulary as an option alongside Epipen® and Jext®. Emerade® is the only AAI available in 500microgram strength. Prescribe by brand as AAI technique is device specific; patients should receive the AAI they have been trained to use. Also see recent MHRA DSU: [Adrenaline AAI: reminder for prescribers to support safe and effective use](#).

The MedsOp team are reviewing Optimise Profiles in line with Traffic Light Status (TLS) for medicines in BSWformulary. TLS definitions and information can be found [here](#). Please contact bswccg.prescribing@nhs.net in the first instance to clarify TLS status if you have prescribing queries.

CQC Inspections – Clinical Searches Webinar

The Care Quality Commission (CQC) has recently published a recorded webinar on clinical searches they use for inspections in general practice. The webinar outlines how the CQC review medical records when they inspect, the range of clinical search categories used, describes how the searches facilitate a reliable and consistent approach to inspection, and how they support the CQC's approach to monitoring quality through assessing clinical risk management. The content and focus of the searches has been agreed with the RCGP and the BMA.

A recording of the webinar and presentation slides can be found here:

[CQC Clinical Searches Webinar \(Primary Medical Services\) - YouTube](#)
[Clinical Searches Webinar.pdf \(govdelivery.com\)](#)

A series of examples of potential CQC risk searches are shared on the BSW Medicines Management Team SystmOne under the following address:

[Clinical Reporting > Medicine Management Reporting Unit > Potential CQC at Risk Searches](#)

***It is important to watch the webinar and review the presentation slides prior to running the searches**

The CQC have stressed that these searches have been developed to support the regulatory function of CQC, they are not an exhaustive list, and are **not a substitute for good clinical governance** and oversight of safe practice. They expect GP practices to have their own systems and processes in place to ensure safe and effective care is being delivered to patients following national guidance. The CQC will regularly review and update the searches to reflect changes to guidance, new alerts, or further areas considered to be important for additional review.

For further information please visit:

GP Mythbuster 12

[Accessing medical records during inspections | Care Quality Commission \(cqc.org.uk\)](#)

MOT Website New documents uploaded

Presentation – Antimicrobial Resistance
<https://prescribing.bswccg.nhs.uk/?wpdmdl=9009>

Presentation – Stoma Care
<https://prescribing.bswccg.nhs.uk/?wpdmdl=9007>

MOT Website Updated documents uploaded

BSW Prescribing 2021-22 Savings Recommendations Prescribe Well – Spend Less (Nov21)

<https://prescribing.bswccg.nhs.uk/?wpdmdl=6011>

Buccolam (midazolam oromucosal solution) prefilled syringes for status epilepticus added to BSW Formulary

Buccolam (midazolam oromucosal solution) prefilled syringes 2.5mg/0.5mL, 5mg/1mL, 7.5mg/1.5mL and 10mg/2mL have been added to the BSW Formulary with an amber shared care traffic light category.

Note: Prefilled syringes are designed to deliver the full dose required. Parents/carers should **NOT be instructed to administer part volumes of prefilled syringes** because they do not include a graded measure/markings, it is intended that the entire contents of the syringe is used to deliver the correct dose and parents/carers are trained to administer the whole of the prefilled syringe.

Age range	Dose	Label colour
3 to 6 months hospital setting	2.5 mg	Yellow
> 6 months to < 1 year	2.5 mg	Yellow
1 year to < 5 years	5 mg	Blue
5 years to < 10 years	7.5 mg	Purple
10 years to < 18 years	10 mg	Orange

Specialists will prescribe Buccolam prefilled syringes as the first choice oromucosal midazolam product when **new** patients require prescription of oromucosal midazolam for emergency treatment of status epilepticus.

Patients aged <10 years with an **existing** prescription for the lower strength unlicensed product Epistatus (midazolam oromucosal solution) prefilled syringe will be changed to Buccolam by the **specialist** epilepsy team at their **next review**. GP practices will be advised if the patient's prescription needs to be changed to Buccolam.

A shared care protocol which outlines responsibilities can be found here [Buccolam \(oromucosal solution\) bswformulary.nhs.uk](https://www.bswformulary.nhs.uk/Buccolam%20oromucosal%20solution)

Buccolam prefilled syringes contain a different midazolam salt, strength and volume to Epistatus. To avoid confusion between products Buccolam prefilled syringes should be **prescribed by BRAND**.

Care is needed if existing patients are changed from Epistatus or other oromucosal midazolam products to Buccolam. There is a risk of harm to patients through medication error. If changes are made there must be clear communication between all parties involved. Patient's supplies of oromucosal midazolam solution for emergency use may be kept in various care settings. It is important that any change to prescription of oromucosal midazolam is clearly communicated to key people involved in the patients care, old supplies kept in these settings are replaced with the correct strength of prefilled syringe, and that corresponding care plans and training for staff administering are updated. The shared care agreement specifies that this is the specialist responsibility but prescribers should confirm with the specialist that these important steps have been undertaken.

GPs should NOT switch patients to Buccolam unless requested to do so by the specialist. If there are supply problems with existing prescriptions of oromucosal midazolam GPs are advised to liaise closely with the specialist to ensure the correct dose is prescribed and that the above communication to change to care plans/administration training is undertaken.

A useful summary of the issues, produced by West Essex CCG, can be found here: [West Essex CCG Oromucosal Midazolam](https://www.west-essex-ccg.nhs.uk/medicines-optimisation/midazolam).

Please direct any queries about this to bswccg.prescribing@nhs.net.

Lipid Management

Webinars- new dates

AHSN are running their Lipid Management Webinar on 19th January 2022 1pm-2.30pm.

To book a place, please visit:

<https://www.eventbrite.co.uk/e/lipid-management-webinars-tickets-175302172517>

Dapagliflozin No Longer Licensed for Treatment of Type 1 Diabetes

The manufacturer has removed the licence for use in people with Type 1 Diabetes, stating dapagliflozin should be reviewed and discontinued in **people with Type 1 diabetes**. Before making changes to the treatment of people with Type 1 diabetes prescribed dapagliflozin (of any strength) **discuss with a physician specialised in diabetes care**. An informed shared decision on how to manage treatment should be made by or in conjunction with the specialist and the person with Type 1 diabetes, and considering professional guidance [GMC Prescribing Guidance](https://www.gmc-uk.org/guidance/gmc-prescribing-guidance). Close monitoring of diabetes control and adjustments to insulin therapy may be required when dapagliflozin is discontinued in people with Type 1 diabetes. Specialists will review people with Type 1 diabetes prescribed dapagliflozin as soon as is clinically practical, which is likely to be at their next clinic appointment. This indication has always been allocated red (specialist prescribing only) within BSW local area formulary.

Full details can be found here [Drug Safety Update - December 2021 \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/104444/drug-safety-update-december-2021)