

Dorset Medicines Advisory Group (DMAG) decisions

Recent summaries of changes from Dorset Medicines Advisory Group (DMAG): [May 2023](#), [July 2023](#) and [September 2023](#). Updates from November DMAG are as follows:

- [Daridorexant is non-formulary](#), a holding statement has been included on the formulary entry whilst discussion is underway to establish how it fits into current pathways for insomnia.
- [Link to information regarding Anastrozole in Primary Prevention](#)
- [Tirzepatide is non-formulary](#), a holding statement has been included on the formulary entry whilst discussion is underway to establish how it fits into current pathways for type 2 diabetes.
- Actimorph® is to be added to the formulary as a “green” drug for patients under palliative care for whom other formulations are unsuitable (such as patients with motor neurone disease or head and neck cancers).

Other recent important updates in the Formulary:

- Due to variations in prescribing compared to the national picture it was agreed at the cardiology oversight group to retire the Dorset pathway and follow the national one - [lipid-management-pathway-v6.pdf \(england.nhs.uk\)](#). At the same time to reflect that national lipid pathway the group approved to update the statin entries on the formulary keeping atorvastatin as 1st choice but to add rosuvastatin as 2nd choice, remove second and third choice options from the simvastatin, pravastatin entries.

Isotretinoin (Roaccutane ▼): introduction of new safety measures

The MHRA has strengthened the safe use of isotretinoin through the introduction of additional oversight of the initiation of isotretinoin in patients under 18 years and through improved assessment and monitoring of mental health and sexual function issues. A summary of the new measures is as follows:

- 2 independent prescribers need to agree the initiation of isotretinoin in patients under 18 years
- New counselling requirements about potential mental health and sexual function side effects
- Assessment of mental health and sexual function before starting treatment and monitoring of mental health and sexual function during treatment
- New roles and responsibilities for healthcare professionals
- New regulatory risk minimisation materials

Healthcare professionals should review these new measures and supporting materials and integrate them into their clinical practice when referring patients and when prescribing or dispensing isotretinoin.

More information will follow.

Burkholderia cenocepacia outbreak – suspected association with carbomer eye gel

The UKHSA and MHRA have issued alerts highlighting potential risk of contamination of specific brands of carbomer eye gels with a type of bacteria called Burkholderia cenocepacia. As a precautionary measure, carbomer containing lubricating eye gels for dry eyes should be avoided where possible in the following groups: individuals with CF; critical care inpatients; severely immunocompromised inpatients; and patients awaiting lung transplantation.

Clinicians managing patients in these groups should consider ceasing use of carbomer containing eye gels for these groups of patients until further information is available. Non-carbomer containing alternatives are listed on the [Dorset formulary](#), and further information is available in the [UKHSA briefing](#), [MHRA alert](#), and [MHRA recall information](#).

MHRA Drug Safety Updates - November 2023

Ozempic ▼ (semaglutide) and Saxenda (liraglutide): vigilance required due to potentially harmful falsified products

Falsified, potentially harmful Ozempic ▼ and Saxenda products have been found in the UK, including falsified pens containing insulin, which may lead to patient harm. Remain vigilant for symptoms linked to hypoglycaemia in patients who may have obtained a falsified product. If you encounter a suspected falsified product, quarantine it and report to the Yellow Card scheme. An [example image of a fake Ozempic pen is available in the MHRA's advice to the public](#).

Nirmatrelvir, ritonavir (Paxlovid ▼): be alert to the risk of drug interactions with ritonavir

There is a risk of harmful drug interactions with the ritonavir component of the COVID-19 treatment Paxlovid ▼ due to its inhibition of the enzyme CYP3A, which metabolises many commonly used drugs. Prescribers should obtain a detailed patient history of current medications before prescribing Paxlovid, checking the Paxlovid product information for known and potential drug interactions.

E-cigarette use or vaping: reminder to remain vigilant for suspected adverse reactions and safety concerns and report them to the Yellow Card scheme

Healthcare professionals should be vigilant for suspected adverse reactions and safety concerns associated with e-cigarettes and e-liquids, commonly known as vapes. Please report adverse reactions to the Yellow Card scheme and promote vigilance among patients.

Emollients

Recent data has highlighted that some practices are prescribing 50%/50% emulsifying ointment and white soft paraffin. This is non-formulary, a special (not readily available and has to be made to order) and costs £218!

The products below are on the formulary may be suitable alternatives:

- Emulsifying ointment (ointment, emulsifying wax 30%, white soft paraffin 50%, liquid paraffin 20%)
- Liquid paraffin and white soft paraffin FIFTY:50® ointment
- White soft paraffin: yellow soft paraffin (50%/50%) ointment.

A reminder that emollients should be purchased for self-care when part of routine skin care in the absence of a moderate to severe skin condition.

Drug shortages/supply issues

- Whilst appears to be easing, continue to check the SPS The [Specialist Pharmacy Service website](#) is being constantly updated to provide the latest supply information.
- Generic lamotrigine 5mg dispersible tablets are out of stock until mid-February 2024. Branded lamotrigine (Lamictal®) 2mg and 5mg dispersible tablets remain available but cannot fully support the gap in the market. GP practices should review existing patients to ascertain who should be prioritised for any remaining stock of lamotrigine 5mg dispersible tablets, including those who have an intolerance to excipients in the suspension, or who would have difficulty measuring out a dose of the suspension. Read more on [the SPS medicines supply tool](#) (free login needed).

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk.
- **A reminder that for non-medical prescribers** joining or leaving your practice or PCN, please let us know – forms and guidance for this purpose can be found on the [GP tenancy website](#). Also, individual GPs should ensure that their PCSE account accurately reflects their current work location(s) and that they are using the prescriber codes provided to them by PCSE.

Quick bites continued

- Dorset GP practices should be registered with and using the online 'Learn from Patient Safety Events' (LFPSE) service to all patient safety incidents. LFPSE has replaced the Ulysses reporting system. Please note that any member of GP practice staff will be able to use the LFPSE system (including GPs, practice managers, non-medical prescribers and administrative staff). The Patient Safety and Risk team have written a short [guide to getting started](#). Additional help can be requested by emailing the patient safety team on patient.safety@nhsdorset.nhs.uk.
- UKHSA press release: [Antibiotic resistant infections and associated deaths increase](#). Antibiotic resistance is once again on the rise after declines in the pandemic, with more dangerous strains of bacteria spreading in communities and hospitals.
- NHS Dorset remains the highest prescribers of NSAIDs nationally, with increased use in patients who are at risk of acute kidney injury. An NSAID masterclass has been commissioned for the benefit of prescribers led by a GP from the Wessex area. It is to be held on Thursday 7 December 2023 12:00-1.30pm. Further information and registration is available via [Eventbrite](#) (direct link). For additional resources to support polypharmacy, visit 'The Health Innovation Network' [Polypharmacy Programme](#). This programme is to help healthcare professionals address problematic polypharmacy by supporting easier identification of patients at potential risk from harm from multiple medications.

REGIONAL MEDICINES INFORMATION SERVICE

If you work in primary care (including community pharmacy), specialist medicines advice can be obtained from SPS via **0300 7708564** or email asksps.nhs@sps.direct. (Staff in Dorset NHS Trusts should seek advice from their pharmacy teams).