

Prescribing and Medicines Optimisation Guidance

Issue: 83

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Safety guidance

MHRA drug safety updates:

- 1. Class 1 medicine recall of Emerade 500 micrograms and Emerade 300 micrograms auto-injectors, due to the potential for device failure [LINK](#)**

The manufacturer of Emerade (adrenaline) auto-injectors are recalling all unexpired batches of Emerade 500 micrograms and Emerade 300 micrograms adrenaline auto-injectors (also referred to as pens) from patients. This is due to an issue identified during an ISO 11608 Design Assessment study where some auto-injectors failed to deliver the product or activated prematurely. The National Patient Safety Alert contains further information and actions for providers (please see link). This also includes a letter containing advice for patients who have been prescribed an Emerade auto-injector. Patients should carry two in-date adrenaline auto-injectors with them at all times in case they need to administer a second dose of adrenaline before the arrival of the emergency services.

- 2. Isotretinoin (Roaccutane ▼): new safety measures to be introduced in the coming months, including additional oversight on initiation of treatment for patients under 18 years. [LINK](#)**

The Isotretinoin Expert Working Group of the Commission on Human Medicines has made recommendations to strengthen the safety of isotretinoin treatment. Recommendations include new warnings, the need for consistent monitoring requirements for psychiatric side effects, the introduction of new monitoring requirements for sexual side effects, and additional oversight of the initiation of treatment for patients younger than 18 years.

While processes to support the implementation of these recommendations across the healthcare system are being developed, prescribers of isotretinoin are reminded of the need to fully inform all patients of the potential benefits and risks associated with isotretinoin treatment and monitor patients closely for any side effects throughout treatment.

No new action from healthcare professionals is needed for now – further communications will be issued once these recommendations are being implemented.

- 3. Nitrofurantoin: reminder of the risks of pulmonary and hepatic adverse drug reactions [LINK](#)**

Healthcare professionals prescribing nitrofurantoin should be alert to the risks of pulmonary and hepatic adverse drug reactions and advise patients to be vigilant for the signs and symptoms in need of further investigation.

Local guidance

4. ICB Guidelines for the treatment of Dry Eye Syndrome in Primary Care [LINK](#)

Please see the link above for the HIOW ICB Guidelines for the treatment of Dry Eye Syndrome (DES). These guidelines include treatment options available in primary and secondary care and advice on when to refer to secondary care.

5. Continuous Glucose Monitoring (CGM) for Diabetes in Adults [LINK](#)

The HIOW CGM policy for adults with diabetes has been approved and is now available on the Commissioning Support Unit (CSU) website. Please use the search function to locate the guidance using the term "glucose".

6. Pharmacotherapy for chronic kidney disease (CKD) in primary care [LINK](#)

Please note the Wessex Kidney Centre guidance for Pharmacotherapy for CKD in primary care is now available on the HIOW ICB website.

National guidance

7. AHSN Lipid Management Pathways [LINK](#)

The Academic Health Science Networks (AHSN) in collaboration with the Accelerated Access Collaborative (AAC) and NICE have developed two pathways (one for secondary care and one for primary care) to improve lipid management and to drive better CVD outcomes.

The pathways provide an additional resource which can be used to support patient management. They have been developed to support healthcare professionals in implementing NICE and other relevant evidence in lipid management in secondary prevention. These are not comprehensive clinical guidelines setting out all clinical scenarios, nor do they seek to set out the clinical evidence base for interventions which is covered in the relevant NICE Technology Appraisals.

8. COVID-19 the green book, chapter 14a update [LINK](#)

Chapter 14a has been updated to include JCVI advice on vaccination for children age 6 months to 4 years in a clinical risk group. Eligible children in this age range should be offered 2 doses at an interval of 8 weeks. Those with severe immunosuppression may be considered for additional doses.

9. Influenza Season 2022/23: ending the prescribing and supply of antiviral medicines in primary care [LINK](#)

The most recent surveillance data from UK Health Security Agency (UKHSA) indicates that circulation of influenza in the community has returned to baseline levels. National advice now stands as:

- GPs and other prescribers working in primary care should no longer prescribe antiviral medicines (including neuraminidase inhibitors) for the prophylaxis and treatment of influenza on an FP10 prescription form.
- Community pharmacists should no longer supply antiviral medicines in primary care on presentation of an FP10 prescription form.

NICE guidelines

10.Diabetes (type 1 and type 2) in children and young people: diagnosis and management – updated guidance (NG18) [LINK](#)

The guideline has been updated with new recommendations on blood glucose monitoring and management for children and young people with type 2 diabetes, including to offer real-time continuous glucose monitoring or 'flash' glucose monitoring for some children.

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Local medicines optimisation teams can be contacted via their generic team mailbox: See [LINK](#)

Previous bulletins can be found hosted on the ICS website here: [link](#)