

Medicines

Optimisation news headlines

February 2018

FreeStyle Libre flash glucose monitoring system

This product has now been fully evaluated by the SHIP8 Clinical Commissioning Groups Priorities Committee and the following recommendation has been endorsed for implementation across West Hampshire CCG.

This method of monitoring must not be initiated in a primary care setting and should only be recommended by an NHS consultant-led service. Primary care clinicians may subsequently be asked to prescribe the monitoring sensor packs.

Freestyle Libre may be recommended in patients aged 4 years old and above with Type 1 diabetes, or those with Type 1 or Type 2 diabetes who are pregnant, and who fulfil one or more of the criteria below:

- Patients who are required to undertake intensive monitoring with 8 or more finger prick blood tests daily.
- Those who meet the current NICE criteria for insulin pump therapy (HbA1c >69.4mmol/mol) or disabling hypoglycaemia as described in [NICE TA151](#) where a successful trial of flash glucose monitoring may avoid the need for pump therapy
- Those who have recently developed impaired awareness of hypoglycaemia, when it may be used as an initial tool in its management with a review at 6 months.
- Frequent (>2 per year) hospital admissions with diabetic keto-acidosis or hypoglycaemia where other management plans have failed.
- Those requiring third parties to carry out monitoring or where conventional blood testing is not possible.

The patient should have previously been through an advanced insulin [self-management education course](#) or local accredited education programme. The patient should be actively engaged in enrolling themselves into the management system and would be expected to go through a further course of education on the use and interpretation of the readings the management system delivers.

Prescribing should be for a 6 month trial period. If no improvement is demonstrated in one or more of the impact areas below, then the use of FreeStyle Libre should be reviewed with the possibility of changing to an alternative method of monitoring.

- Reductions in severe/non-severe hypoglycaemia
- Reversal of impaired awareness of hypoglycaemia
- Episodes of diabetic ketoacidosis
- Admissions to hospital
- Reduction in HbA1c by more than 0.5% where appropriate
- Blood Glucose Testing strip usage reduced



- Quality of Life changes using validated rating scales
- Commitment to regular scans and their use in self-management.

Please be aware that FreeStyle Libre is not currently endorsed by the [DVLA](#) as a sole method of monitoring and in order to meet the national regulations patients who drive must still test using a standard blood glucose meter.

Vitamins and Minerals for Eye Health

Further to the information provided in the last edition of News Headlines, the Medicines Optimisation Team now has a number of resources available on the West Hampshire CCG website. These can be found under 'Medicines' section 'For patients' and comprise:

- [Policy Statement](#) explaining the action to be undertaken by CCGs
- [Patient Information Leaflet](#) providing the public with further background information and guidance.
- An Intervention Brief and Patient Letter template are also available to assist with this intervention and practices can obtain these from their medicines optimisation pharmacist or technician.

As a brief reminder, these are the statements contained within the guidance:

1. Prescribers in primary care should not initiate lutein and antioxidants for any new patient.
2. CCGs should support prescribers in de-prescribing lutein and antioxidants in all patients.

The main product in use across this area is Viteyes 2 Formula but the guidance also applies to a wider variety of products, including all formulations of Viteyes, Eye Essentials, ICaps, MacuLEH Light, OcuVite, PreserVision and Visionace.

Ulipristal 5mg tablets (Esmya®)

We hope that everyone is now aware of the [EMA](#) and [MHRA](#) recommendations that have been published regarding ulipristal for the treatment of uterine fibroids.

Until further assessment of the drug has taken place clinicians, are advised not to initiate any new courses and to ensure that monitoring of liver function is carried out for those people who have already received treatment. In order to ensure that these steps are taken for all NHS patients who are affected by the alert it is imperative that this is performed within primary care.

However specialists from both University Hospital Southampton and Hampshire Hospitals Foundation Trust are happy to see any patients who have had this treatment recommended by their respective services, where further counselling or discussion of treatment options is required. Please contact the relevant service if this is the case.

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