

Introduction

This newsletter is intended to support all primary care prescribers with current prescribing initiatives and relevant guidelines. Practices are encouraged to discuss the items in this newsletter at their weekly practice meeting to ensure that these intentions are implemented.

Articles in this month's edition include:

- Local Update
- Drug / MHRA Safety Update
- Prescribing Update

Report Controlled Drugs Incidents & Concerns to www.cdreporting.co.uk.

Yellow Card Scheme

Report any suspected adverse reactions with medicines via the national reporting system [here](#).

Medication incidents should continue to be reported to mccg.primarycare.sis@nhs.net.

Formulary Website

Medway Policies and Guidelines are available online [here](#).

Local Update

Repeat requests from Dispensing Appliance Contractors

We have been made aware that a Dispensing Appliance Contractor (DAC) has issued requests to practices within Medway to open up access to EMIS Medicine Manager. This would allow DACs to request prescription items for their patients by putting the request directly into the GP workflow for signing, bypassing any prescription/admin staff screening processes.

The Medicines Optimisation team would encourage all practices to **ignore this request, and will support all practices with the refusal of such requests.**

Allowing third party ordering access to the GP workflow increases the likelihood of inappropriate items, quantities and frequency of products being received by patients, potentially increasing costs and waste.

Medway CCG is currently in the process of reviewing the ordering process for appliances including stoma and incontinence products and further information will be shared in due course. If you have any questions regarding this, please contact the team via mccg.medwaymedman@nhs.net.

Ordering of Repeat Prescriptions

We have had reports from practices that Pharmacy2u specifically, but potentially other pharmacies as well, have sent correspondence to practices to notify that they will be ordering repeat prescriptions 12 days before the patient runs out. Ordering medication too far in advance may increase medication waste.

The CCG has issued a formal response to Pharmacy2u on behalf of all practices to reject this proposal. Practices are encouraged to maintain their existing policy of repeat ordering and refuse orders that are too early as appropriate. If you receive any similar correspondence please forward this to mccg.medwaymedman@nhs.net.

Anticoagulation self-monitoring testing strips

We have had reports that GP practices are being asked to prescribe anticoagulation self-monitoring testing strips.

If a patient under the care of MCH anticoagulant clinic has been recommended to commence anticoagulation self-testing, it is the responsibility of the MCH anticoagulation clinic to prescribe/supply test strips for such patients.

Any requests for anticoagulation self-monitoring testing strips for patients under the care of MCH should be referred back to the anticoagulation clinic.

Drug Safety Update

The MHRA has published Drug Safety Update for July and August 2019 ([Drug Safety update](#))

Items relevant to primary care include:

Oral retinoid medicines▼: revised and simplified pregnancy prevention educational materials for healthcare professionals and women. [LINK](#)

Women and girls of childbearing potential taking oral retinoids to treat dermatological conditions must be supported by a Pregnancy Prevention Programme. The retinoid medicines that have a Pregnancy Prevention Programme as a condition of the licence are oral isotretinoin ([Roaccutane▼](#)) for severe acne, oral acitretin ([Neotigason▼](#)) for severe psoriasis, and oral alitretinoin ([Toctino▼](#)) for chronic severe hand eczema. The regulatory requirement for a Pregnancy Prevention Programme has been in place for female patients taking these oral retinoids since 2005.

Following an [EU detailed review](#) of all the available data on safety and efficacy for all retinoid medicines, educational materials to support the Pregnancy Prevention Programme for the oral retinoid medicines acitretin, alitretinoin, and isotretinoin have been revised and simplified.

New educational materials are available in electronic format at <https://www.medicines.org.uk/emc> and hardcopy distribution is ongoing to dermatology clinical teams.

Advice for healthcare professionals about teratogenicity and neuropsychiatric reactions:

- Due to a high risk of serious congenital malformations, these medicines must not be used in pregnancy, and any use in women and girls must be within the conditions of a Pregnancy Prevention Programme, which are consistent with those previously in place
- Locally these medicines are '**RED drugs**' this means that they **SHOULD** be prescribed only in secondary care. Requests for the prescribing of retinoids in primary care by any provider **SHOULD BE REFUSED**.
- Advice about a possible risk of neuropsychiatric reactions has been made consistent for oral retinoid medicines (acitretin, alitretinoin, bexarotene, isotretinoin, and tretinoin)
- Monitor any patients treated with an oral retinoid for signs of depression or suicidal ideation and refer for appropriate treatment, if necessary; particular care needs to be taken in patients with history of depression
- Advise patients taking an oral retinoid that they may experience changes in their mood or behaviour and that they should speak to their doctor if their mood is affected; they should be encouraged to let family and friends know they are taking an oral retinoid so they can look out for any change in mood

ACTION: Please document evidence of registration on the pregnancy prevention programme in the patients' record and ensure relevant staff members are aware of the plan issued by the specialist.

Direct-acting oral anticoagulants usage in Antiphospholipid syndrome

The MHRA has issued a [safety update](#) regarding an increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome (APS) using direct-acting oral anticoagulants (DOACs [rivaroxaban; apixaban; edoxaban; dabigatran]) compared with use of a vitamin K antagonist. This follows a European Medicines Agency (EMA) [review](#) of safety data from a clinical trial that investigated rivaroxaban versus warfarin in patients with antiphospholipid syndrome and a history of thrombosis. The MHRA suggests other DOACs may be associated with a similarly increased risk.

Advice for healthcare professionals:

- Direct-acting oral anticoagulants (DOACs) are NOT recommended in patients with antiphospholipid syndrome, particularly high-risk patients (those who test positive for all 3 antiphospholipid tests — lupus anticoagulant, anticardiolipin antibodies, and anti-beta 2 glycoprotein I antibodies)

ACTION

- Review whether continued treatment with a DOAC is appropriate for patients diagnosed with antiphospholipid syndrome, particularly high-risk patients, and consider switching to a vitamin K antagonist such as warfarin
- Refer to MCH anticoagulant clinic/Haematologists for specialist input or support.
- Report suspected adverse drug reactions to DOACs on a [Yellow Card](#), including any thromboembolic events suspected to be due to lack of efficacy.

Rivaroxaban (Xarelto ▼)

MHRA has received a small number of reports of patients taking rivaroxaban 15 mg or 20 mg on an empty stomach who experienced a thromboembolic event, suggesting lack of efficacy.

- Remind patients to take rivaroxaban 15 mg or 20 mg tablets with food
- For patients who have difficulty swallowing, tablets can be crushed and mixed with water or apple puree immediately before taking; this mixture should be immediately followed by food
- Rivaroxaban 2.5 mg and 10 mg tablets can be taken with or without food

Febuxostat

Febuxostat is indicated for the treatment of chronic hyperuricaemia in gout only for people who are intolerant of allopurinol or for whom allopurinol is contraindicated.

Febuxostat should be avoided in patients with pre-existing major cardiovascular disease, due to an increase in risk observed in a clinical trial, unless no other therapy options are appropriate. The study ([CARES](#)) found a higher risk for cardiovascular-related death and for all-cause mortality in patients assigned to febuxostat than in those assigned to allopurinol.

ACTION: Avoid treatment with Febuxostat in patients with pre-existing major cardiovascular disease (for example, myocardial infarction, stroke, or unstable angina) unless no other therapy options are appropriate.

ACTION: Clinicians should be aware of this month's new drug safety guidance and implement any necessary changes to practice.

Prescribing Update

NHS England Primary Care Prescribing Guidance Update

Following a public consultation held between 28th November 2018 and 28th February 2019, the NHS England and NHS Improvement Boards have agreed to add a number of products to the list of items that should not be routinely prescribed in primary care. The guidance has been updated to include the following treatments:

- Aliskiren – used to treat blood pressure
- Amiodarone – used to treat abnormal heart rhythms
- Dronedarone – used to treat atrial fibrillation
- Minocycline – used to treat acne
- Needles for pre-filled and reusable insulin pens for diabetes which cost more than £5 per 100 needles
- Bath and shower emollient preparations
- Silk garments

Bath and shower preparations for dry and pruritic skin conditions

Some examples of products in this category are Dermol 600 Bath Emollient, Oilatum Junior Bath Additive and Balneum Plus Bath Oil, which are products that are added to bath water with the intention of leaving a “film” on the skin. The NHS England guidance notes that soap avoidance and “leave-on” emollient moisturisers can still be used, and that these emollients can also be used as a soap substitute. Patients should be counselled on the use of any emollients as soap substitutes and the risks explained (such as fire hazard risk for emollients, potential for accidental slipping, and skin reactions with aqueous cream).

Needles for Pre-Filled and Reusable Insulin Pens

The guidance states that prescribers in primary care should not initiate insulin pen needles costing over £5 per 100 needles for any diabetes patient and also highlights that a **4mm needle** is considered by the Forum for Injection Technique to be the safest pen needle. Use of longer needles increases the chance of injecting into the muscle. For patients who are using longer needles, it is advisable to recommend a shorter needle ($\leq 6\text{mm}$).

The preferred pen needle brand in Medway is **GlucoRx Carepoint 4mm** needles which cost less than £5 per 100 needles.

A copy of the updated guidance can be found [here](#).

Please note, guidance on the use of these low priority treatments does not remove the clinical discretion of the prescriber, in accordance with their professional duties.

Prescribing Update

Supply disruption

Diamorphine 5mg injection supply issue

It has been reported by Accord that they are experiencing ongoing manufacturing constraints with Diamorphine Injection which will not resolve until early October 2019. **Alternative Opioids include:**

- Morphine 10mg injection can be as an alternative opioid.
- **Hameln** have sufficient **morphine 10mg injection (preservative free)** to cover the diamorphine shortfall over this period. Martindale CANNOT support increased demand of morphine 10mg injection.

| Product | Suppliers | Comment |
|--|---|--|
| Morphine Sulphate 10mg (preservative free) injection | Hameln | Consider first line |
| Remifentanil injection | Aspen, Braun, Wockhardt | Only use following discussion with regional procurement lead |
| Alfentanil injection | Hameln | Only use following discussion with regional procurement lead |
| Oxycodone injection | Hameln, Kent, Chanelle, Qdem, Wockhardt | Only use following discussion with regional procurement lead |

Further information about alternatives to Diamorphine can be found [here](#)

Hormone replacement therapy (HRT) supply issues

Please see attached to this newsletter information which provides the latest update on the availability of all HRT products due to ongoing manufacturing issues that have affected the supply of some HRT products.

Phenelzine

Phenelzine is a monoamine oxidase inhibitor (MAOI) antidepressants. Kyowa Kirin the sole supplier of phenelzine tablets in the UK will be out of stock for a period of at least three months from the beginning of August 2019.

Phenelzine tends to only be used in difficult to treat patients and many of these patients have been stabilised on this treatment for a long time. Given the difficulties in withdrawing treatment and initiating new treatments in patients stabilised on phenelzine it would seem advisable to maintain them on this treatment using unlicensed imports should they run out of supply during this period. If there is potential for a patient maintained on phenelzine to run out of supply during this shortage, they should be urgently referred back to mental health services for advice on ongoing clinical management.

Trimovate (Clobetasone butyrate with Nystatin and Oxytetracycline)

The new manufacturers of Licensed Trimovate cream, Ennogen have confirmed that Trimovate cream are now back in stock. **Available alternatives to trimovate cream include Synalar C® for a potent steroid option and Timodine® for a mild steroid option that includes an antifungal and antimicrobial.**

ACTION: Please prescribe as 'Trimovate cream' do not prescribe the unlicensed generic special - Clobetasone butyrate, Oxytetracycline and Nystatin combination cream.

Generic prescribing of Sinemet formulations

Due to the ongoing supply disruption of Sinemet preparations, pharmacies have been unable to honour prescriptions for Sinemet brands including Half Sinemet and Sinemet CR 50/200MG. Generic Co-careldopa preparations can be used in place of Sinemet brands.

ACTION: Prescribe all Sinemet preparations generically.

Gabitril(Tiagabine)

Teva has advised that Gabitril (tiagabine) will be unavailable till the end of October 2019. The Teva customer service team can be reached on 0800 590502 for further information/ support.

Medicines Optimisation Team Update

We would like to welcome **Cathryn Driver** to our team as a Medicines Optimisation Pharmacy Technician.

Jessica Brooks is currently on maternity leave expecting her second child and will be returning to the team in June 2020. During this time, please send any queries to mccg.medwaymedman@nhs.net.