Email: mccg.medwaymedman@nhs.net
Telephone: 01634 335 090

Prescribing Newsletter

Edition No. 62 - June 2019

NHS Medway Clinical Commissioning Group

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
- National Update
- Prescribing Update
- Drug / MHRA Safety 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

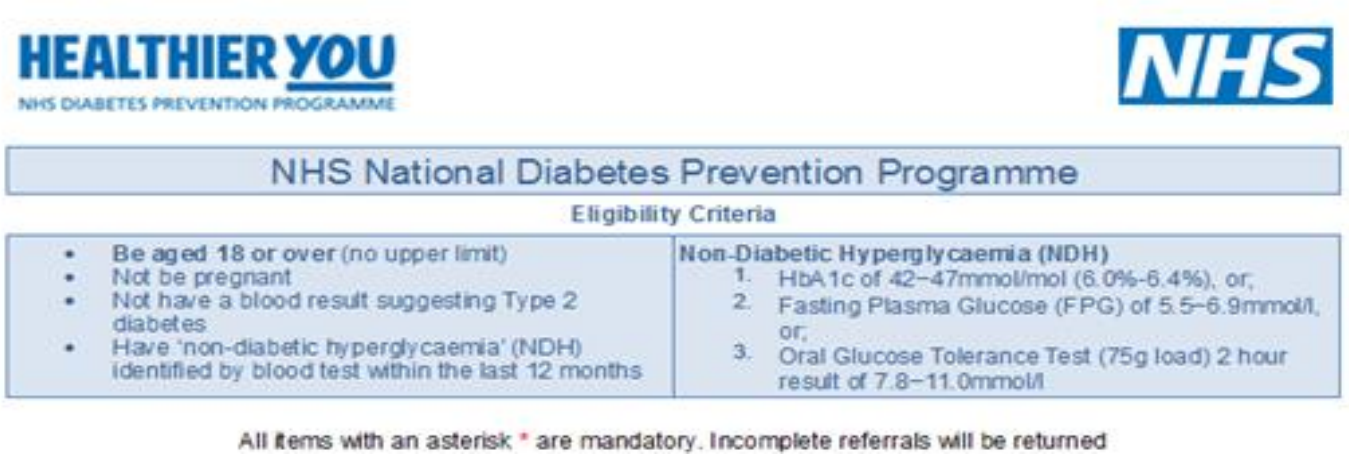
Local Update

NHS National Diabetes Prevention Programme: Healthier You

This is a national programme to help people who are at high risk of developing Type 2 diabetes. The programme gives participants personalised support to help them achieve a healthy weight, improve their diet and become more physically active, which have been shown to reduce the risk of developing Type 2 diabetes.

Patients that are at high risk of developing Type 2 diabetes can be referred to the Healthier You programme. The referral form for this service can be found on DXS. Once on DXS, search for National Diabetes Prevention Programme or Healthier You and you will be presented with the referral form pictured below.

Action: Please refer eligible patients as listed on the form to the programme.



HEALTHIER YOU
NHS DIABETES PREVENTION PROGRAMME

NHS

NHS National Diabetes Prevention Programme

Eligibility Criteria

- Be aged 18 or over (no upper limit)
- Not be pregnant
- Not have a blood result suggesting Type 2 diabetes
- Have 'non-diabetic hyperglycaemia' (NDH) identified by blood test within the last 12 months

Non-Diabetic Hyperglycaemia (NDH)

1. HbA1c of 42–47mmol/mol (6.0%-6.4%), or;
2. Fasting Plasma Glucose (FPG) of 5.5–6.9mmol/l, or;
3. Oral Glucose Tolerance Test (75g load) 2 hour result of 7.8–11.0mmol/l

All items with an asterisk * are mandatory. Incomplete referrals will be returned

X-PERT Diabetes Programme: For anyone with Type 2 diabetes

Following reports from practices about patients requesting blood glucose test strips as a result of the information given to them from the X-PERT diabetes programme delivered by the Medway Community Healthcare (MCH). It has been agreed that patients attending the course **WILL NOT** be provided with blood glucose meters. Practices are responsible for providing glucose meters to their patient who may require testing such as in patients on Insulin, Sulphonylureas or for educational purposes.

National Update

Measles outbreaks

In the first quarter of 2019, there were 231 confirmed cases of measles in UK. This figure is slightly lower compared to the same quarter last year.

The recent measles cases are primarily occurring in under-vaccinated communities, particularly those with links to other countries with ongoing measles outbreaks. There has also been some spread into the wider population, such as those who may have missed out on the Measles Mumps and Rubella (MMR) vaccine when they were younger.

Public Health England has recently repeated the call for people who are eligible for the MMR vaccine to get vaccinated. Outside of the routine vaccination schedule for babies and children, the vaccine is also available to all adults and children who are not up to date with their 2 doses.

Action:

- GPs are encouraged to remind parents to take up the offer of MMR vaccination for their children.
- Offer the vaccine to all adults and children who are not up to date with their 2 doses.
- Refer to the PHE advice on vaccine catch up if there is uncertainty about a patient's vaccination history.
- Encourage your patients travelling to Europe to check NaTHNaC travel health advice in view of the reports of measles outbreaks across Europe.
- Posters and leaflets for use in GP practices and Pharmacies to raise the awareness of measles are available here.

Prescribing Update

Discontinuation of Creon 40,000 Enteric Coated Capsules

Mylan, the marketing authorisation holder for Creon, has decided to voluntarily discontinue the manufacture and distribution of Creon 40,000 from June 2019.

Compared to all other doses, producing Creon 40,000 requires a different concentration of active enzymes which have been decreasing over the last few years and because of this Creon 40,000 has experienced frequent supply constraints.

It is important to note that, Creon Micro, Creon 10,000 and Creon 25,000 will still be available in the UK with increased volumes to compensate for the discontinuation of Creon 40,000.

Creon capsules are interchangeable and patients can achieve the higher dose by taking more of the lower strength capsules. Patients should not be concerned about the efficacy when switching to a lower strength capsule.

Prescribing Update

Supply disruption - Disopyramide 100 and 150mg capsules

Disopyramide is licensed for the treatment of cardiac arrhythmias and is often employed as a last line antiarrhythmic agent. There is a short-term supply issue affecting disopyramide capsules due to a manufacturing delay of UK licensed stock. Sanofi and Mylan are the only licensed UK suppliers of disopyramide 100mg capsules and Mylan are the sole UK supplier of disopyramide 150mg capsules.

Disopyramide 100mg capsules manufactured by Sanofi and Mylan will be out of stock from approximately mid-June 2019 to late-July 2019. Mylan disopyramide 150mg capsules will be out of stock from approximately mid-August 2019 till mid-September 2019.

The department of Health and Social Care states that supplies are available from specialist importers on an '**unlicensed' basis**'.

Action:

- Prescribers and pharmacists should identify all patients currently prescribed disopyramide 100mg/150mg capsules.
- Early contact should be made with the patient or patient's carer to determine if they have enough disopyramide capsules to last for the duration of the shortage.
- If the patient has sufficient supplies to last through the affected period, then no further action is required.
- **If a patient does not have sufficient supplies, the following advice should be considered:**
  - ✓ Switch patients to an unlicensed import.
  - ✓ If unlicensed imports are not considered suitable then patients should be referred to secondary care specialists for further management.
  - ✓ Prescribers should liaise with local pharmacist to clarify local availability of these products.
  - ✓ If prescribers have any concerns about switching a patients' medication, they should consult the patient's secondary care specialist prescriber to seek support.

When prescribing and dispensing unlicensed preparations, prescribers and pharmacists should always ensure the following:

- ➢ Clear patient consent has been sought for use of an unlicensed preparation.
- ➢ Patients are supplied sufficient quantity of a specific unlicensed preparation to cover until licensed disopyramide returns to stock.
- ➢ Any decision to prescribe an unlicensed medicine must take into account the relevant GMC guidance available here

Patients should be prescribed a licensed product if available, therefore if patients are switched to an unlicensed preparation they should be switched back to a licensed product when supplies are back in stock.

For more information on current medicines supply issues, please see attached document.

MHRA Safety Update

Yellow Card: decline in reporting of suspected adverse drug reactions (ADRs)

There was a fall in 2018 in the reporting of suspected ADRs to the Yellow Card Scheme from key reporter groups, including GPs and pharmacists. To help reverse the decline in reporting of suspected ADRs, practices and pharmacies can download animations and add it to the screens in your patients' waiting areas. To avoid under-reporting, please complete a yellow card even if you think someone else may have reported one as the yellow card system can detect duplicate reports.

Public / Patients can report:

- Adverse reactions directly to the yellow card system using this link: https://yellowcard.mhra.gov.uk/_assets/files/Member-of-Public-Yellow-Card-Reporting-form.pdf

Survey: Prescribing and dispensing practices of nephrotoxic drugs in Medway

Dr Rahuldeb Sarkar is a consultant physician in respiratory medicine and intensive care at Medway Foundation Trust. He is currently undertaking a survey to identify if patients on nephrotoxic drugs are given appropriate information to seek medical advice and/or stop nephrotoxic during an episode of diarrhoea and/or vomiting and at risk of dehydration.

The survey aims to gather information from primary care practitioners and pharmacists on the prescribing and dispensing practices of nephrotoxic drugs in Medway.
The aim is to start a discussion about the pitfalls and benefits of this issue in the Medway community and examine how it could be prevented or manged better to avoid acute admissions (or severe deterioration of renal function leading renal replacement therapy.
The survey takes approximately 2 minutes to complete and **the deadline to complete the survey is the 30th of July 2019.** Please click here to access the survey.

Public Consultation: Adding folic acid to flour

The UK government and devolved administrations are seeking views on the proposal to introduce mandatory fortification of flour with folic acid. This is to help reduce neural tube defects in foetuses by raising the folate levels of women who could become pregnant.

Roughly half of all pregnancies in UK are unplanned and evidence suggests even for planned pregnancies, many women do not follow health advice to take folic acid supplements before pregnancy. Mandatory fortification of flour with folic acid should help raise people's levels of folate.

The 12-week public consultation will explore what kinds of products should be included. To have your say please click here. **This consultation closes at 11:59pm on 9 September 2019**

Glyceryl Trinitrate (GTN) Spray 400 micrograms/metered dose, sublingual spray

It has been brought to our attention that GTN sprays are inappropriately prescribed on repeat to patients every month that may already have a couple of bottles at home. GTN spray is indicated for the treatment of acute angina pectoris and prevention of inducible angina.

GTN sprays are used when required:

1. At the onsets of an angina attack: one or two metered doses (400 to 800 micrograms glyceryl trinitrate) to be sprayed under the tongue for the relief of angina pain while the breath is held. No more than three doses are recommended at any one time.
2. For the prevention of inducible angina (e.g. physical effort, emotional stress, exposure to cold) one or two 400 microgram metered doses sprayed under the tongue within 2-3 minutes of the event starting.

GTN spray has a long shelf life of 3 years from date of manufacture and should be stored above 25°C. Most patients should only need to use their spray 1 to 2 times a day per week. If used more frequently, consider reviewing these patients to optimise their medicines.

Action: Please ensure the prescribing of GTN spray is appropriate and if requested on a monthly basis, the patient should be called in for a review. Patients should not need to keep more than one bottle of the GTN spray with them at a time.

Advice to patients: If the patient does not need to use GTN spray very often, the spray should be checked regularly to see that it still works properly.