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Prescribing Newsletter

Edition No. 66 - November 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
- 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.

Brexit Medicines: For Healthcare professional information click here. Signpost patients here

Local Update

Oral retinoid medicines (RED drugs – For Specialist prescribing only)

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.

New educational materials are available in electronic format at https://www.medicines.org.uk/emc

Advice for healthcare professionals:

- 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.
- Locally these medicines are **'RED drugs'** this means that they **SHOULD ONLY be prescribed by dermatology specialists or in secondary care.**
- **Requests for the prescribing of retinoid medicines in primary care by any provider SHOULD BE REFUSED.**

ACTION:

- ✓ Please document evidence of registration on the pregnancy prevention programme in the patients' record.
- ✓ Repatriate any patients currently prescribed retinoids in primary care back to DMC dermatology clinic or the initiating specialist.

National Update

Preparing for EU Exit

DHSC has produced EU Exit Operational Guidance which outlines the actions that providers should take to prepare for, and manage, the risks of a no-deal exit scenario.

Further information regarding the following is also available here

- ➢ Medicines
- ➢ Medical Devices and Clinical Consumables (MDCC)
- ➢ Workforce

Drug / MHRA Safety Update

Registration for safety alerts - Central Alerting System (CAS)

The Medicines and Healthcare products Regulatory Agency (MHRA) is urging GP practices to register for safety alerts on its portal. Since 1 October 2019, MHRA started sending safety alerts directly to practices from its central alerting system (CAS), which replaces the local email alerting arrangements.
CAS will be one of the main channels used to communicate information during EU exit.

ACTION: Register for safety alerts here.

Drug Safety Update

The MHRA has published Drug Safety Update for November 2019 (Drug Safety update). Items relevant to primary care include:

Yellow fever vaccine: Stronger precautions in people with weakened immunity and in those aged 60 years or older

The Commission on Human Medicines has issued a series of recommendations to strengthen measures to minimise risk with the yellow fever vaccine (Stamaril) following very rare fatal reactions.

Key recommendations include new and updated contraindications and strengthened precautions to protect those with a weakened immune systems (including for people aged 60 years or older) and standardised risk-benefit evaluation procedures across UK yellow fever vaccination centres to ensure that people only receive the vaccine after a thorough risk assessment.

Advice for healthcare professionals:

- A letter from MHRA, Public Health England, National Travel Health Network and Centre (NaTHNaC), and Health Protection Scotland has been sent to UK yellow fever vaccination centres to inform them of the recommendations and that changes will be made to the product information and standardised pre-vaccination screening tools.
- Only healthcare professionals specifically trained in benefit-risk evaluation of yellow fever vaccine should administer the vaccine, following their individualised assessment of a person's travel itinerary and suitability to receive the vaccine.
- Every vaccinee should be advised to seek emergency medical attention if they develop signs or symptoms of very rare neurotropic disease (YEL-AND) or viscerotropic disease (YEL-AVD) and should receive the manufacturer's patient information leaflet as part of the travel consultation.
- For further information please click here

The Department of Health and Social Care (DHSC) has provided an update on the Serious Shortage Protocols (SSPs) for Fluoxetine capsules.

SSP & Product	Current expiry date	Notes
SSP01: Fluoxetine 10mg capsules	This SSP **expired** 25th October 2019	
SSP02: Fluoxetine 30mg capsules	This SSP has been varied – the revised **end date is now 18th December 2019**	**New directions state the pharmacist must now supply Fluoxetine 10mg capsules plus Fluoxetine 20mg capsules** (This SSP previously stated that Fluoxetine 10mg tablets plus Fluoxetine 20mg capsules must be provided.)
SSP03: Fluoxetine 40mg capsules	This SSP **expired** 20th November 2019	

NICE Update

NICE has issued new antimicrobial prescribing guidance for cellulitis and erysipelas. This includes advice on assessment, when to refer and choice of antibiotic regimens. A 3-page visual summary of the guidance is also available.

The antimicrobial prescribing recommendations in the NICE guideline on diabetic foot problems have been reviewed and includes updated tables on antibiotic courses for mild, moderate or severe infections. The previous recommendations regarding starting antibiotics for suspected diabetic foot infections as soon as possible and obtaining samples for microbiological testing have been retained.

Prescribing Update

Stoma guidance and accessories formulary

We have received number queries from stoma patients and Nurses stating that stoma accessories available on the formulary are not being prescribed to patients.
Please see below a link to the stoma guidance and accessories formulary: http://www.medwayswaleformulary.co.uk/therapeutic-sections/appliances/

This guidance outlines useful points to consider when producing prescriptions for stoma appliances and the stoma accessories formulary gives more information on the additional stoma products that can be prescribed in primary care. If you require specialist advice/support please email the stoma nurses at Medwayft.stomanurses@nhs.net.

Prescribing Cost - Over the Counter Medicines (OTC)

Some products are considerably cheaper when purchased OTC as opposed to being prescribed on the NHS?
It **costs the NHS £34** including dispensing and GP consultation fees **to prescribe a box of 32 paracetamol?**
OTC medicines can be bought cheaper in pharmacies/supermarkets.

ACTION: Please use the OTC pads '**No prescription required form'** provided to signpost appropriate patients to obtain OTC medicines for acute conditions from their local pharmacies.

Supply disruption

Glibenclamide

Glibenclamide is a long acting sulfonlyurea licensed for the treatment of non-insulin dependent diabetes in patients who respond inadequately to dietary measures alone. **Wockhardt have discontinued glibenclamide tablets and there are no other manufacturers in the market.** It is very unlikely to be available in the future so all patients currently on glibenclamide will need to be switched. The table below advises on switching to other sulfonylureas.

Sulfonylurea	Daily dose	Dose equivalence to 5mg glibenclamide
Glibenclamide	2.5 - 15mg	
Gliclazide	40 to 320mg	80mg
Glimepiride	1 - 6mg	No data available

Synphase (ethinylestradiol and norethisterone) tablets

- Pfizer are out of stock until 20 December 2019.
- Alternative brands of phasic oral contraceptive tablets with a different dosing schedule and containing a different progestogen remain available.
- Please see attached document for further information.

Minims phenylephrine 2.5% and 10% w/v eye drops

- Minims phenylephrine 2.5% eye drops will be out of stock from the end of Nov. 2019 until early January 2020.
- Minims phenylephrine 10% eye drops will be out of stock until early January 2020.
- For further information please click here.

Incentive Scheme Update

Pain Study day

We would like to thank all the clinicians that attended the Pain Study day on the 15th of November 2019. We hope you all found the information provided useful. Notable useful information from the study day includes:

Transdermal fentanyl patches: life-threatening and fatal opioid toxicity from accidental exposure MHRA 2018 Alert.

The MHRA issued an alert in 2018 to warn patients and healthcare professionals about the risks of overdose due to unintended opioid toxicity associated with fentanyl transdermal patches. When heat is applied to the area of skin surrounding a fentanyl patch, patients may receive increased doses of opioids, sometimes causing fatal doses to be absorbed. The following advice for safe application of opioid transdermal patches (including Buprenorphine patches) is recommended:

- Bathe or shower (with care) whilst wearing a patch but the water should not be too hot.
- Heat (e.g. hot baths, electric blankets, hot water bottles) should NEVER be applied over the top of the patch as it may enhance the absorption of the drug.
- An increased temperature / fever may also increase absorption
- Patches should never be cut.
- Ensure that patients and caregivers are aware of the signs and symptoms of opioid overdose and advise them to seek medical attention immediately.

Pain diary

Pain diaries can be a very useful tool for patients to use to document their pain before they are seen in clinic. The patient can use the diary to document what type of pain they experience, when it is worse and what makes it better.

Please see attached to the newsletter a sample pain diary from NHS Scotland. This can be adapted for use in your practice.

Dose equivalence and switching between opioids
Key Messages

- When converting from one opioid to another, the initial dose depends on the relative potency of the two drugs and route of administration.
- An individualised approach is necessary.
- Conversion factors are an approximate guide only because comprehensive data are lacking and there is significant inter-individual variation.
- In most cases, when switching between different opioids, the calculated dose-equivalent must be reduced to ensure safety. The starting point for dose reduction from the calculated equi-analgesic dose is around 25-50%.
- The half-life and time to onset of action of the two drugs needs to be considered when converting so that the patient does not experience breakthrough pain or receive too much opioid during the conversion period.
- Not all pain is opioid responsive and patients reporting 'no effect' from one opioid should be advised that the drugs are not working and alternative management methods and strategies should be sought
- For further information on opioid equivalence table please click here
- Additional information is also available in the BNF here

Coming Soon

Paediatric Asthma Study day 5th of February 2020. Further information regarding registration will be shared in the next few weeks.