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

Prescribing Newsletter

Edition No. 65 - October 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
- 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

Joint Drugs and Therapeutics Committee (DTC) Medicine Optimisation Group

Update on use of Naloxegol following the information provided in September 2019 Newsletter.

Naloxegol (Moventig®)▼

Naloxegol is a peripherally acting opioid receptor antagonist. It decreases the constipating effects of opioids without altering their central analgesic effects. Naloxegol currently has a **BLACK status** on the formulary **for treatment** of opioid induced constipation in adults whose constipation has not adequately responded to laxatives.

It has been approved for prescribing in secondary care only - **RED** drug for **prevention of opioid-induced constipation as part of the Enhanced Recovery Protocol only (unlicensed indication)** without an adequate response to laxative.

Drug Safety Update

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

Prescribing medicines in renal impairment: using the appropriate estimate of renal function to avoid the risk of adverse drug reactions

Estimated glomerular filtration rate (eGFR) and creatinine clearance (CrCl) are two estimates of renal function available to prescribers. MHRA has received reports and queries concerning suspected adverse drug reactions related to the use of eGFR rather than calculated CrCl when prescribing in patients with renal impairment.

Clinical laboratories routinely report renal function in adults based on eGFR normalised to a body surface area of 1.73m^2. For most patients and most medicines, eGFR is an appropriate measure of renal function for determining dosage adjustments in renal impairment. However, eGFR can overestimate renal function compared with CrCL in some patient groups or clinical situations. This overestimation can result in patients receiving higher than recommended doses of their medicine in relation to their renal function. In these circumstances, the Cockcroft-Gault formula should be used to calculate creatinine clearance (CrCl).

Calculation of creatinine clearance

It is normal to calculate CrCl based on the Cockcroft-Gault formula rather than measuring it via 24-hour urine collection. Applications such as MDCalc provide the ability to use adjusted body weight, ideal body weight, or actual bodyweight as appropriate when calculating the Cockcroft-Gault CrCl value.

Advice for healthcare professionals:

- For most drugs and for most adult patients of average build and height, estimated Glomerular Filtration Rate (eGFR) should be used to determine dosage adjustments
- Creatinine clearance (CrCl) should be calculated using the Cockcroft-Gault formula to determine dosage adjustments for:
  - Direct-acting oral anticoagulants (DOACs)
  - Patients taking nephrotoxic drugs (examples include vancomycin and amphotericin B)

Drug Safety Update Continued

  - Elderly patients (aged 75 years and older)
  - Patients at extremes of muscle mass (BMI <18 kg/m2 or >40 kg/m2)
  - Patients taking medicines that are largely renally excreted and have a narrow therapeutic index, such as digoxin and sotalol
- When dose adjustment based on CrCl is important and no advice is provided in the relevant BNF monograph, consult the Summary of Product Characteristics
- Reassess renal function and drug dosing in situations where eGFR and/or CrCl change rapidly, such as in patients with acute kidney injury (AKI)

Auto-adrenaline injectors (AAIs)

Emerade – activation failure

- Some Emerade pens have failed to activate, which could lead to an injection of adrenaline not being administered in cases of anaphylaxis (see Class 4 Medicines Defect Information – 3 October 2019 for details). This issue makes it particularly important that users **carry two pens at all times**

Action

➢ Contact patients (and their caregivers if necessary) in possession of Emerade adrenaline auto-injectors to advise them:

- when an Emerade pen is used, it should be pressed very firmly against the thigh
- if administration does not result in activation (see pictures of an activated vs in-activated pen in letter for patients), a second pen should be immediately used
- If there is no improvement in a patient's condition and a further dose of adrenaline is needed, additional attempts should be made to administer a pen that has failed to activate, while awaiting the arrival of the emergency services.

EpiPen and Jext – extended use beyond labelled expiry date

- To support adequate supply of adrenaline auto-injectors in the UK, an extension by 4 months of the use-by dates has been approved for:
  - specific lots of Jext 150 and 300 microgram adrenaline auto-injectors (see letter from September 2019 for list of batches)
  - specific lots of EpiPen 300 microgram adrenaline auto-injectors (see letter from September 2019 for list of batches)
- If patients are in possession of a device with an extended use-by date, advise them or their caregivers that it will continue to work safely within this extended period, but that a new auto-injector will need to be obtained at the end of the period stated
- Advise patients to continue to check periodically the viewing window in the label of their device to ensure the liquid inside is clear and colourless; it should not be used if the liquid is discoloured

All adrenaline auto-injectors

- **Patients should continue to follow existing advice to carry 2 in-date pens with them at all times**
- Different brands of adrenaline auto-injector are not used in exactly the same way so specific training and advice for patients and carers is required before using each of the devices
- Show patients and caregivers where to find the lot numbers on their device (on the end-flap of the box and if necessary, on the device label itself) and encourage them to sign up for the Expiry Alert Service of their specific adrenaline auto-injector on the manufacturer's website.
- Any suspected defective adrenaline auto-injectors should be retained for investigation
- Continue to report suspected adverse drug reactions or product quality defects via the Yellow Card Scheme.
- Patients, parents, and caregivers can report suspected adverse drug reactions and product quality defects via this Yellow Card Scheme.

Drug Safety Update Continued

Overview of the current supply situation with all brands of adrenaline auto-injectors below

Adrenaline auto-injector brand	Strength	MA Holder	Stock Availability
EpiPen Junior	150 micrograms	Mylan UK	Available under prescription validation**
EpiPen*	300 micrograms	Mylan UK	Available under prescription validation**
Jext	150 micrograms	ALK-Abello	Available
Jext	300 micrograms	ALK-Abello	Available from w/c 14th October
Emerade	150 micrograms	Bausch & Lomb	Available
Emerade	300 micrograms	Bausch & Lomb	Available from w/c 14th October
Emerade	500 micrograms	Bausch & Lomb	Available from 18th October***

***** Sufficient supplies available to meet normal patient demand of 300 microgram and 500 microgram adrenaline auto-injectors during this time

****** Primary care: Pharmacies can place an order for up to a maximum of two devices per prescription. Anonymised prescriptions should be sent to Alliance Healthcare's prescription validation service, either by fax (**0330 332 8126**) or email (scriptvalidation@alliance-healthcare.co.uk) and include the Alliance Healthcare account number.
Secondary care: Hospitals should request EpiPen's from the Mylan customer services team (mguk_customer.services@mylan.co.uk) including the number of the auto-injectors required, the reason for need and the Alliance Healthcare account number.

******* Please refer to the Central Alerting System (CAS) alert issued 1st August 2019 for advice on clinical management during this time: https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102885

Prescribing Update

Winter flu

PHE has circulated information outlining this year's winter flu campaign. The winter flu leaflet "Who should have it this winter and why" can be found here – it has been translated into various languages.

Medway Community Healthcare (MCH) no longer provides flu jabs for housebound patients

MCH will no longer be providing flu vaccines for housebound patients. Practices are advised to work within Primary Care Networks (PCN) localities and with community pharmacies to ensure provision of flu vaccination for this cohort of patients.

Updated forms for Lost/stolen prescriptions

Attached to this newsletter are the updated forms for lost/stolen prescriptions which have been amended to reflect updated contact details. Please use these forms to report missing prescriptions.

Medicines-related Electronic Discharge Notification (EDN) queries

Medway NHS Foundation Trust has set up an email address for primary care colleagues (including care homes) to report medicines-related EDN issues - medwayft.medsqueries@nhs.net. Individual patient issues (such as missing/incorrect information, incomplete EDNs) can be reported via this email address. The hospital pharmacy department will continue to monitor this inbox and work with relevant departments within the hospital to resolve reported issues.

Non Medical Prescribers (NMP) Survey

Health Education England (HEE) has extended their survey around the Non-Medical Prescribers. This information is key to support and develop workforce. The return rate for the Kent, Surrey & Sussex region has been very low with only 9 surveys completed. We would urge you to complete this survey as the information gathered will shape and inform future investment and priorities for Independent Prescribing across the region.

Please see link below for the survey which should take no more than 15 minutes to complete
https://healtheducationyh.onlinesurveys.ac.uk/prescribing-survey-for-employers-2
Deadline has been extended to **11th November 2019.**

Should you have further questions please contact your local HEE Kent Surrey and Sussex Advanced Clinical Practitioner lead Sarah.Goodhew@hee.nhs.uk M: 07824 406062.

Supply disruption

Ranitidine oral formulations

- There are currently supply issues affecting several manufacturers of ranitidine tablets, effervescent tablets and oral solutions.
- This is due to a regulatory investigation into possible contamination of the active substance with N-nitrosodimethylamine (NDMA), a probable carcinogen.
- As a result of this issue all oral formulations of Ranitidine are anticipated to be out of stock, with no date for resupply until further notice.

Action

All healthcare professionals who prescribe or dispense ranitidine should for:

- **Licensed use for gastrointestinal conditions**
  - Identify current patients prescribed ranitidine tablets, effervescent tablets and oral solutions, and:
    - ✓ Review to establish if ongoing treatment is still required.
    - ✓ If ongoing treatment is still required, then consider switching to an alternative treatment (see table in the document attached to this newsletter).

Please note:

1) It is recommended that omeprazole is the first-choice proton pump inhibitor (PPI) where clinically appropriate, as there are currently sufficient supplies to manage an increase in demand.
2) It is recommended that patients are not switched to alternative H2-receptor antagonists in the first instance as this may exacerbate a shortage of these products. Sufficient supplies will continue to be available to meet current demand.

- **Specialist indications**
  - ✓ Consult specialist clinicians who use ranitidine to identify circumstances when ranitidine cannot be substituted with clinical alternatives.
  - ✓ Reserve any remaining supplies of oral ranitidine for circumstances where specialists consider there are no clinically appropriate alternatives.
- Prescribers should also use this as an opportunity to review patients on Ranitidine where the prescribing of Ranitidine can be stopped.
- Prescribers should work in close collaboration with their local community pharmacies to understand which clinical alternatives are available.
- Please refer to the Central Alerting System (CAS) alert issued 15th October 2019 for further information: Ranitidine - CAS alert

Detrusitol XL (tolterodine) 4mg capsules

- Pfizer, the sole supplier of Detrusitol XL 4mg capsules, are out of stock until w/c 11th November 2019.
- Alternative brands of tolterodine 4mg prolonged-release capsules are available. **Local formulary choice is Neditol.**
- UKMi have advised there is no difference in the bioequivalence of all brand of tolterodine 4mg prolonged-release capsules.

Incentive Scheme Update

We would like to thank all the practice staff that attended the admin training day on the 14th of October. We hope you all found the information provided useful. As part of the training there were activities/homework set out on the day that are required to be completed as part of this years' incentive scheme. Please see below a reminder of the set activities.

Part 1 – Repeat prescribing risk assessment audit to be completed by **Friday 29th November**.

Part 2 - 30 x interventions based upon the learning from the day. This could be appropriate stopping of a 7 day prescription, highlighting out of date monitoring of a drug e.g. Anticoagulant or Methotrexate, switching to eRD or EPS, challenging patient request (ordering too early), switching to cost effective brand or generic, stopping OTC medication for acute conditions, stopping a special/unlicensed medication. To be submitted by **Friday 28th February 2020.**

Part 3 – Practice to submit 10 different EDNs from MFT with issues with details of what the issue was, how long this took to resolve and role of who was involved e.g. GP, pharmacist, community pharmacist etc. and remove all patient identifiable details. To be submitted by Friday **28th February 2020** (all 10 EDNs to be sent in one email to avoid confusion or missed emails)

Medicines Optimisation Team Update

We would like to welcome **Lauren Barden** to our team as a **Medicines Optimisation – Project support.**