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Prescribing Newsletter

Edition No. 64 - September 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)

The following changes have been made to the formulary following the September DTC meeting.

Edoxaban (Lixiana®) ▼

Edoxaban is a direct and reversible inhibitor of activated factor X (factor Xa), which prevents conversion of prothrombin to thrombin and prolongs clotting time, thereby reducing the risk of thrombus formation. The formulary status has changed from **RED** to **BLACK** which means it is available on the formulary for prescribing.

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 secondary care use only - **RED** drug for **prevention of opioid-induced constipation (unlicensed indication)** without an adequate response to laxative.

Ondansetron Orodispersible tablets

Ondansetron is a specific $5HT_3$-receptor antagonist which blocks $5HT_3$ receptors in the gastro-intestinal tract and in the central nervous system. Ondansetron **Orodispersible tablets** has been approved for secondary care use only - **RED** drug for prevention of post-operation nausea and vomiting as part of the enhanced recovery after surgery pathway.

Cinacalcet (Mimpara®)

Cinacalcet reduces parathyroid hormone which leads to a decrease in serum calcium concentrations. It has been approved for secondary care use only - **RED** drug for treatment of Primary hyperparathyroidism.

Plenvu®

Plenvu contains Macrogol 3350 with anhydrous sodium sulfate, ascorbic acid, potassium chloride, sodium ascorbate and sodium chloride. It has been approved for secondary care use only - **RED** drug for bowel cleansing before any procedure requiring a clean bowel.

Hyacyst ® 120mg/50ml pre-filled syringe bladder instillation

Hyacyst® (sodium hyaluronate) is a bladder instillation approved for secondary care use only - **RED** drug for the temporary replenishment of the GAG layer in the following bladder conditions; interstitial cystitis (IC), painful bladder syndrome (PBS), haemorrhagic cystitis, recurrent bacterial cystitis, radiation induced cystitis and chemotherapy induced cystitis.

Lidocaine Hydrochloride 5% mixed with Phenylephrine Hydrochloride 0.5%

This is a local anaesthesia approved for secondary care use only - **RED** drug for upper airway and vasoconstriction to reduce bleeding in upper airway to facilitate awake nasal endoscopy for airway assessment, for facilitation of awake fibreoptic intubation, for facilitation of awake video laryngoscopy.

Drug Safety Update

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

Hormone replacement therapy (HRT): further information on the known increased risk of breast cancer with HRT and its persistence after stopping therapy.

New data have confirmed that the risk of breast cancer is increased during use of all types of HRT, except vaginal estrogens, and have also shown that an excess risk of breast cancer persists for longer after stopping HRT than previously thought.

Action:

- Clinicians should discuss the risks and benefits with women who use or are considering starting HRT of the new information about breast cancer risk **at their next routine appointment** (see resources provided)
- Only prescribe HRT to relieve post-menopausal symptoms that are adversely affecting quality of life and regularly review patients using HRT to ensure it is used for the shortest time and at the lowest dose.
- Remind current and past HRT users to be vigilant for signs of breast cancer and encourage them to attend for breast screening when invited
- Patients should be encouraged to read the patient information leaflet (package leaflet) that accompanies their HRT for information on other side effects and instructions for use.
- The MHRA has produced an information sheet for women to assist healthcare professionals when providing counselling on the new information about risk of breast cancer with HRT (large-print version also provided). It is expected this sheet will be used by healthcare professionals alongside Table 1, which provides benefit and risk estimates for women for 5 years and 10 years use of HRT.

Further information is available here.

Montelukast (Singulair): reminder of the risk of neuropsychiatric reactions

Prescribers should be alert for neuropsychiatric reactions in patients taking montelukast and carefully consider the benefits and risks of continuing treatment if they occur.
In the UK, the most frequently reported suspected neuropsychiatric reactions associated with montelukast have been nightmares/night terrors, depression, insomnia, aggression, anxiety and abnormal behaviour or changes in behaviour. These events were reported in all age groups. However, nightmare/night terrors, aggression, and behaviour changes are more frequently reported in the paediatric population.

Advice for healthcare professionals:

• Be alert for neuropsychiatric reactions in patients taking montelukast; events have been reported in adults, adolescents, and children.
• Advise patients and their caregivers to read carefully the list of neuropsychiatric reactions in the patient information leaflet and seek medical advice immediately should they occur.
• Evaluate carefully the risks and benefits of continuing treatment if neuropsychiatric reactions occur.
• Be aware of newly recognised neuropsychiatric reactions of speech impairment (stuttering) and obsessive–compulsive symptoms.

Health professionals should continue to report suspected adverse drug reactions associated with medicines to the Yellow Card Scheme .
Patients, parents, and caregivers can report suspected adverse drug reactions to medicines via the Yellow Card Scheme.

Falsified Medicines Directive (FMD)

The EU Falsified Medicines Directive (FMD), applied in the UK from 9 February 2019. This introduces the need for healthcare institutions to 'verify and decommission' medicines supplied or administered directly to patients.
All GP practices ‘personally administer’ some medications (namely Vaccines/Immunisations) and so practices would need to scan a barcode when medication is administered in order to decommission it.

The CCG has confirmed with NHS Digital that there is no need for non-dispensing practices to do anything now although it is likely practices will need to start decommissioning medication by January 2020. We will keep you updated as we get a clearer picture in terms of what practices need to do, what equipment is needed and who will fund it.

For further information please see recently published toolkit by NHS Digital for practices here

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Prescribing Update

Method of recording Hospital issue only Drugs on EMIS / VISION

It is important to have a reliable and safe method for recording all the medications that patients are prescribed no matter which prescriber takes responsibility for its issue.

A significant number of patients receive treatments that are traditionally regarded as being, for example, hospital based and often these treatments remain the responsibility of the hospital or other specialist which includes the on-going prescribing of a medication(s) e.g. Clozapine and Red drugs. In these cases it is crucial that the patient's general practice is both aware of the status of the medication and is able to record its existence on the practice system, whilst at the same time avoiding any undue risk to the patient from inappropriate issues leading to significant interactions.

Method of recording Hospital Issue Only Drugs on EMIS Web

1. Add the drug in the usual way
2. In the directions box enter **'Hospital Only Drug. Do not issue or dispense'**.
3. For the quantity enter 0.1
4. Go to issue the prescription in the usual way. Click on 'change all' and select 'Hospital (No Print)'
5. The hospital prescribed medication will sit on the prescription screen under its own heading.
6. If the practice has their system set to delete medication if not issued after a fixed period of time the Hospital Issue Only Drug will go into past drugs.
7. A system should be in place to ensure that Hospital Issue Only Drugs are removed or amended on practice systems as and when notified by secondary care or other specialist prescriber

Method of recording Hospital Issue Only Drugs on VISION

1. Open 'Therapy' tab and add repeat item.
2. Go to the 'Source of Drug' field and click on the drop down menu and select 'By Hospital'
3. Enter the drug name and in the drug 'Dosage' field enter **'Hospital Only Drug. Do not issue or dispense'.**
4. A value must be entered in the 'Repeats' field to save the record. Enter '1' since a prescription cannot be issued when the 'By Hospital' option has been select.
5. You will notice that the prescriber box is now inactive. Click 'OK'
6. The entry is given bowtie icon and stored under the inactive repeats and cannot be printed.
7. The default setting is to filter inactive items not to show and so non-practice items will not be routinely shown on the 'Repeats' screen. The clinical system will still flag up potential interactions even though the item cannot be seen on this screen.
8. To see non-practice items, the filter will need to be switched off.
9. A system should be in place to ensure that Hospital Issue Only Drugs are removed or amended on practice systems as and when notified by secondary care or other specialist prescriber

Branded / Generic prescribing

It has been brought to our attention that practices are been asked by community pharmacies to change prescriptions written generically to a brand.

Generic medicines are overall, much less expensive to the NHS. Their appropriate use instead of branded medicines delivers considerable cost savings therefore prescribing medicines by generic rather than brand name can improve cost-effectiveness and is generally encouraged.

When a generic name is written on a prescription, a branded or generic version can be supplied, the pharmacist is reimbursed at the generic rate. If a generic prescription cannot be fulfilled by a pharmacy due to stock shortages the patients should be encouraged to obtain from other pharmacies.**Generic prescribing is preferable to branded prescribing as it allows any suitable generic (or equivalent branded product) to be dispensed**, reduces the number of items to be stocked in the pharmacy and can potentially reduce delays in supplying medicines to the patient (e.g. when a particular brand is not stocked).

Action: Do not prescribe by brand unless there is a clinical indication or advised by the CCG.

Medicines Supply Continuity – Updated information on No Deal EU Exit Contingency Plans

The information for patients and clinicians on the NHS England website on the continuity of medicines supply if there is a No-deal EU exit has been updated. These updates explain the government's multi-layered approach to ensure medicines continue to be available if there is a no-deal EU exit. **Please share this information with front line staff so they can pass this information on to patients.**

The updated information **for patients** around continuity of medicines supply if there is a no-deal EU exit is available here.
The updated **frequently asked questions for clinicians** is available here

Supply disruption

Please see attached information regarding supply issue affecting fluoxetine 10mg, 30mg and 40mg capsules due to manufacturing issues and below a summary of other stock shortages.

Medicine	Out of stock until	Alternatives (NB FP10 prescriptions must indicate that a special is required/prescribed by the GP)	Clinical advice and further information (see attachments)
Mianserin 10mg and 30mg tablets	End of December 2019	Unlicensed imports available	Advice for prescribing for patients for whom unlicensed imports are not appropriate see attachment.
Tiagabine 5mg, 10mg and 15mg tablets	End of October 2019	Some 10mg tablets available (see attachment) Unlicensed imports available	Patients for whom unlicensed imports are not appropriate should be referred to secondary care. For more information see attachment.
Capsaicin (Axsain) 0.075% Cream and Capsaicin (Zacin) 0.025% cream.	At least November 2019	Unlicensed imports available	Advice for prescribing for patients for whom unlicensed imports are not appropriate is available at: https://www.sps.nhs.uk/articles/shortage-of-capsaicin-cream-zacin-and-axsain/ For more information see attachment.
Adrenaline 1 in 1000, 1ml ampoules	Limited supplies currently available with additional good volumes of stock arriving later this week and early next.	**Adrenaline for anaphylaxis kits** Some healthcare professionals may be holding Emerade, or other Adrenaline Auto-Injectors (AAIs), in preference to adrenaline ampoules, to treat anaphylactic reactions; this should not be necessary. All healthcare professionals providing services where anaphylaxis treatment may be required, including but not exclusive to flu vaccination services, should have the competency to draw up and administer intramuscular adrenaline from ampoules with a normal syringe and needle. Due to the current shortage of Emerade devices, we ask that, when renewing the adrenaline in your anaphylaxis kits, all staff are alerted to please stock ampoules (ensuring you also include dosing charts, needles and syringes) and not AAIs. The Green Book and Resuscitation Council guidance provides additional advice to healthcare professionals on the use of adrenaline in response to anaphylaxis. Pharmacists providing vaccination services may also wish to refer to PSNC FAQs. There is an expectation that healthcare professionals should use adrenaline ampoules in preference to Emerade or similar devices.	

Please note that these resources cannot be shared on public websites.

Incentive Scheme Update

Section A – Practice Engagement (Compulsory element of the incentive scheme)

Admin training day
Date: Monday 14th of October 2019
Location: Village Hotel Maidstone (Inspiration Room)
Target Audience: Admin staff / Practice Managers
Due to capacity of the venue unfortunately we can't accept all attendee requests, however if you have other candidates that you feel would benefit from attending please do include their names and we can add to a reserve list and let you know closer to the date if there are any available spaces.

Pain Management Study Day
Date: Monday 15th of November 2019
Location: Village Hotel Maidstone
Target Audience: Clinicians
At least one clinician from each practice is required to attend who in turn will share the learning and information with the rest of the practice.

Please can you confirm via email to mccg.medwaymedman@nhs.net the name of the practice, name of attendee most suitable to attend and their email address by 30th September 2019.