Email swccg.medicines@nhs.net

Medicines Optimisation Newsletter

October 2019

Telephone 03000 425103

For any Medway hospital medicine queries

Email medwayft.medsqueries@nhs.net

NHS Swale Clinical Commissioning Group

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Future Meeting Dates 2019-20

Prescribing Leads Meeting:

- Wednesday 23rd October 2019 (NEW DATE: due to clash with PLT)
- Wednesday 11th Dec 2019
- Thursday 26th Mar 2020

*Designed for attendance by prescribing professionals ONLY, e.g. GPs, Nurse, Pharmacist

Practice Admin Forum:

- Thursday 7th November 2019
- Thursday 23rd Jan 2020
- Thursday 19th Mar 2020

*Designed for attendance by Practice administrative staff who deal with prescription processes, e.g. Prescription Clerks, Receptionists, General Admin

Online Prescription Ordering and Smart Phone Apps

We have had some questions raised about online medication ordering and smart phone apps. Therefore the Medicines Optimisation Committee has made the following descision.

So long as the patient has made the medication selection, then the request/email can come via the app.

If you have any prescription queries regarding individual requests then please contact the patient directly to resolve these.

If you then have evidence of a pharmacy ordering medication that was not requested by the patient, please get in touch with the Medicines Optimisation Team

Current Medicines Optimisation Team Projects

Medication Optimisation Clinical reviews:

- · High Cost Drugs.
- Patient medication reviews in Care Homes.
- Reviewing medication for MS patients.

Other projects include:

- Repatriation of specialist drugs of where prescribing should remain with a specialist.
- Emollient prescribing review, to support current local quidance.
- Appropriate use of Coxib's and Diclofenac.
- Review of appropriate Melatonin prescribing.
- Cost effective prescribing reviews for Vitamin B12 supplements.
- Identify high-risk medication on eRD.

Drug Safety Updates

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. For full information click here

Picato® (inhenol mebutate) – Use with caution in patients with a history of skin cancer

- Cases of squamous cell carcinoma have been reported in patients using ingenol mebutate and some clinical studies show an increased incidence of skin cancer.
- Health care professionals should advise patients to be vigilant for any skin lesions developing and to seek medical advice immediately should any occur.
- Ingenol mebutate should therefore be used with caution in patients with a history of skin cancer.

Nefopam - Not to be prescribed in Priamry Care

Swale CCG does not support the prescribing of nefopam 30mg tablets in primary care.

- Don't initiate nefopam for acute or chronic pain.
- Don't continue nefopam post discharge following secondary care acute initiation.
- only continue nefopam in line with the recommendations of the specialist pain service.
- review existing patients assess benefits versus adverse effects and consider stopping; withdraw slowly over 1-2 weeks following chronic use.

For full information on this please see documents sent out with this newsletter

Vitamin B12 Guidance

Cyanocobalamin Tablets are generally not effective at treating true B12 deficiency. If a patient has borderline B12 deficiency and is not symptomatic, they should be advised to buy B12 tablets OTC. If they have true deficiency confirmed by symptoms and blood levels, they should be treated with IM hydroxocobalamin.

Dependence on Prescription Medicines Linked to Deprivation

Public Health England (PHE) has published the first-ever evidence review of dependence and withdrawal problems associated with five commonly prescribed classes of medicines in England.

The Prescribed medicines review assesses the scale and distribution of prescribed medicines – and makes recommendations for better monitoring, treatment and support for patients.

A total of five classes of medicines were included in the review:

Benzodiazepines Z-drugs Gabapentinoids Opioids pain medications Antidepressants

The main findings include:

- 1 in 4 adults had been prescribed at least one of these classes of medicines in the year ending March 2018.
- In March 2018 half of those receiving a prescription (of these classes of medicine) had been continuously prescribed for at least the previous 12 months. Between 22% and 32% (depending on the medicine class) had received a prescription for at least the previous 3 years.
- Long-term prescribing of opioid pain medicines and benzodiazepines is falling but still occurs frequently which is not in line with the guidelines or evidence on effectiveness.

Links to deprivation include:

- Prescribing rates and duration of prescription are higher in some of the most deprived areas of England.
- A similar pattern is also seen for the number of medicines co-prescribed (for example, at least 2 of the drugs)
- For opioids and gabapentinoids, the prescribing rate in the most deprived quintile was 1.6 times the rate in the least deprived quintile
- The co-prescribing rate in the most deprived quintile was 1.4 times higher than in the least deprived quintile (30% compared to 21%)

Click here to view the full report

Stock Issues

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		
Mianserin 10mg and 30mg tablets	End Dec 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 Oct 2019	Some 10mg tablets available, 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.	November 19	Unl <mark>icens</mark> ed 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/		
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.			

<u>Updated Drug Prices for September 2019 – Due to Stock Shortages</u>

Drug		Concession	Previous	Price	Possible alternative for top 5	
		Price	Price	Increase	items by cost	
Cyclizine 50mg/1ml solution for injection ampoules	5	£14.00	£2.82	£11.18	Metoclopramide 10mg/2ml injection for new patients only, please reffer to bnf for dossage	
Tolbutamide 500mg tablets		£14.76	£3.97	£10.79	No alternative	
Risedronate sodium 35mg tablets		£11.15	£0.77	£10.38	No alternative	
Co-careldopa 12.5mg/50mg tablets		£10.73	£2.82	£7.91	No alternative	
Memantine 20mg tablets		£8.88	£1.85	£7.03	2x10mg (£2.92 per month)	
Pizotifen 1.5mg tablets		£8.37	£1.55	£6.82	3x500mcg (£3.66 per month)	
Alverine 60mg capsules		£9.38	£3.47	£5.91	No alternative	
Tizanidine 2mg tablets		£11.40	£5.78	£5.62	No alternative	
Quinine sulfate 300mg tablets		£6.91	£1.80	£5.11	No alternative	
lbandronic acid 150mg tablets		£6.81	£2.18	£4.63	No alternative	

Drug		Concession	Previous	Price
		Price	Price	Increase
Betahistine 16mg tablets		£2.99	£1.64	£1.35
Betahistine 8mg tablets		£1.65	£1.16	£0.49
Escitalopram 10mg tablets	28	£3.19	£1.13	£2.06
Escitalopram 20mg tablets	28	£3.72	£1.76	£1.96
Escitalopram 5mg tablets	28	£2.70	£1.33	£1.37
Hydroxychloroquine 200mg tablets	60	£5.25	£4.55	£0.70
Indapamide 2 <mark>.5mg tab</mark> lets	28	£2.89	£1.08	£1.81
Irbesartan 150mg tablets		£5.79	£3.54	£2.25
Irbesartan 300mg tablets		£6.93	£2.77	£4.16
Levetiracetam 1g tablets		£9.99	£7.78	£2.21
Levetiracetam 500mg tablets		£8.13	£7.78	£0.35
Metoprolol 100mg tablets		£3.12	£1.07	£2.05
Metoprolol 50mg tablets		£4.00	£1.03	£2.97
Mirtazapine 15mg tablets		£2.02	£1.38	£0.64
Mirtazapine 30mg tablets		£1.74	£1.24	£0.50
Mirtazapine 45mg tablets		£2.24	£1.50	£0.74
Mometasone 50mcg nasal spray		£4.30	£1.97	£2.33
Montelukast 10mg tablets	28	£3.95	£1.43	£2.52
Oxytetracycline 250mg tablets		£2.50	£0.95	£1.55
Pantoprazole 20mg GR tablets	28	£1.95	£0.90	£1.05
Pantoprazole 40mg GR tablets	28	£2.70	£1.06	£1.64
Prednisolone 5mg tablets		£1.47	£0.93	£0.54
Quinine bisulfate 300mg tablets		£3.50	£2.37	£1.13
Tamoxifen 20mg tablets		£3.36	£2.50	£0.86
Topiramate 50mg tablets		£12.14	£10.82	£1.32
Valsartan 160mg capsules		£13.31	£10.92	£2.39
Valsartan 80mg capsules		£9.45	£6.95	£2.50