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Future Meeting Dates 2019-20**Prescribing Leads Meeting:**

- **Wednesday 23rd October 2019** (in place of 26th September which is cancelled 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 Forums:

- Thursday 19th September 2019
- 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

BREXIT: Supply of Medicines & Vaccines

The Department of Health has published the EU Exit Operational Readiness Guidance for the health and care system which details the steps health care providers should take to prepare for, and manage, the risks of a no-deal Brexit.

The Department of Health, NHS England and NHS Improvement are developing arrangements to allow local and regional monitoring of stock levels of medicines. Stock piling is being monitored and any incidences involving health care providers over ordering medicines will be investigated.

Practices are advised:

- To encourage all staff to reassure patients that they should not store additional medicines at home as the Government is working with industry to ensure a continued supply of medicines after the UK leaves the EU.
- Not to stockpile additional medicines beyond your business as usual stock levels.
- Not to write NHS prescriptions for longer intervals.
- Not to contact suppliers of medicines directly.

Current Medicines Optimisation Team Projects**Medication Optimisation Clinical reviews including:**

- High Cost Drugs.
- Care Home patient medication reviews by Care Home Pharmacist.

Other projects include:

- Repatriation of specialist drugs of where prescribing should remain with the consultant.
- Highlight prescribing of Perindopril 'Arginine' and 'Dosulepin' which are drugs not advised by NHS England to be routinely prescribed in Primary Care.
- Review of Emollient prescribing to support current local guidance.
- Appropriate use of NSAIDs (focusing initially on Coxib's and Diclofenac).
- Review of appropriate Melatonin prescribing, following update of shared care policy.
- Reviewing cost effective prescribing of Vitamin B12 supplements.

Stock Update – In Stock Items

The following medicines are now back in stock:

- Stexerol D3 25,000iu Tabs
- Stexerol D3 1,000iu Tabs

Stock Update – Out of Stock**Sayana Press (Medroxyprogesterone acetate) Injection**

- Sayana Press will be out of stock until at least the end of 2019.
- Depo-Provera (Medroxyprogesterone Acetate 150mg) is currently available and able to support the market during this time, should clinicians deem a switch appropriate.

Hormone Replacement Therapy (HRT)

- Prescribing information regarding HRT equivalence to support local decision making is available through various sources such as the BNF, SPC, MIMS etc. Clinicians are advised to work closely with community pharmacies to understand local availability of HRT products.
- <https://www.mims.co.uk/drug-shortages-live-tracker/article/1581516>
- DHSC will continue to provide updates on HRT availability in the monthly supply report, which is uploaded to the Specialist Pharmacist Services website:
<https://www.sps.nhs.uk/articles/department-of-health-and-pharmaceutical-market-strategy-group-pmsg-supply-updates/>

Freestyle Libre – Eligibility Criteria – REMINDER

Patients who meet the set criteria for Freestyle Libre will be initiated by a consultant diabetologist in secondary care for the first 2 weeks; subsequent prescriptions will be through the patient's GP. Patients will be followed up in secondary care to determine if they continue to meet the criteria for continuation. GPs will be notified at six months whether patients should continue treatment with Freestyle Libre or to stop if treatment criteria are not being fulfilled.

- People with Type 1 diabetes **OR** with any form of diabetes on haemodialysis and on insulin treatment who, in either of the above, are clinically indicated as requiring intensive monitoring more than 8 times a day, as demonstrated on a meter download/review over the past 3 months **OR** with diabetes associated with cystic fibrosis on insulin treatment.
- Pregnant women with Type 1 Diabetes - 12 months in total inclusive of post-delivery period.
- People with Type 1 diabetes unable to routinely self-monitor blood glucose due to disability who require carers to support glucose monitoring and insulin management.
- People with Type 1 diabetes for whom the specialist diabetes MDT determines have occupational (e.g. working in insufficiently hygienic conditions to safely facilitate finger-prick testing) or psychosocial circumstances that warrant a 6-month trial of Libre with appropriate adjunct support.
- Previous self-funders of Flash Glucose Monitors with Type 1 diabetes where those with clinical responsibility for their diabetes care are satisfied that their clinical history suggests that they would have satisfied one or more of these criteria prior to them commencing use of Flash Glucose Monitoring had these criteria been in place prior to April 2019 AND has shown improvement in HbA1c since self-funding.
- For those with Type 1 diabetes and recurrent severe hypoglycaemia or impaired awareness of hypoglycaemia, NICE suggests that Continuous Glucose Monitoring with an alarm is the standard. Other evidence-based alternatives with NICE guidance or NICE TA support are pump therapy, psychological support, structured education, islet transplantation and whole pancreas transplantation. However, if the person with diabetes and their clinician consider that a Flash Glucose Monitoring system would be more appropriate for the individual's specific situation, then this can be considered.

Prescribing Liquid Alternative – NEWT Guidelines

It may be appropriate to switch patients medicines from a tablet/capsule form to an oral liquid due to swallowing difficulties. However some liquid preparations can be unlicensed, hugely expensive or there could be a more appropriate alternative which can be used.

To support any administration queries the CCG have paid for access to a resource called The NEWT Guidelines.

These guidelines aim to provide prescribers, and other healthcare professionals, with a single point of reference. It draws together available information relating to medicines management in patients with enteral feeding tubes or swallowing difficulties, and presents it in a practical fashion.

Therefore to ensure value for money we encourage you to contact the team if you require any advice regarding liquid/alternative preparations. Below are examples of changes made to various patients liquid alternative medications, highlighting how prescribing costs vary.

Original Item Prescribed	Alternative Switch	Cost Saving (Per Month)
Cyclizine 50mg/5ml Oral Sol, 5ml tds x 420ml = £513.14	Changed to more cost effective preparation Metoclopramide 5mg/5ml x 280ml = £39.54	£473.60
Lansoprazole 15mg/5ml Oral Sol, 5ml od x 140ml = £54.82	Changed to more cost effective preparation, Lansoprazole 15mg Orodisp Tabs x 28 = £2.77.	£52.05
Nitrofurantoin 25mg/5ml SF Oral Susp, 20ml on x 560ml = £893.90	Changed to more cost effective preparation, Nitrofurantoin 100mg Caps, 1 od x 28 (split cap and add to water) = £10.24	£883.66
Solifenacin 10mg/5ml Oral Sol, 2.5ml od = £373.72	Changed to more cost effective preparation, Vesicare 1mg/ml Oral Susp, 5ml od x 140ml = £27.62	£346.10
Omeprazole 20mg/5ml Oral Susp, 5ml od x 300ml = £99.92	Changed to more cost effective preparation, Omeprazole 20mg Disp Tabs (Losec MUPS), 1 od x 28 = £13.92	£86.00

HRT – New Study Highlights Persistent Risk of Breast Cancer

Women who are current or past users of hormone replacement therapy (HRT) to treat symptoms of the menopause are reminded to be vigilant for signs of breast cancer, even after stopping HRT.

A new study, published by The Lancet, has confirmed that women who use HRT for longer than 1 year have a higher risk of breast cancer than women who never use HRT. This known risk of breast cancer gets lower once HRT is stopped, but the new study shows some increased risk remains for more than 10 years compared to women who have never used HRT. The increased risk of breast cancer is seen with all types of HRT, except for topical HRT applied directly onto or into the vagina.

There is no need for urgent action but women who use, or are planning to use, HRT should be aware of these new findings when considering their HRT use at their next routine appointment. Women who have previously used HRT should be vigilant for signs of breast cancer and see a doctor if they notice any changes in their breasts. It is also important for all women to go to breast screening when invited.

The MHRA advises that HRT should only be initiated for relief of menopausal symptoms that adversely affect quality of life.

https://www.gov.uk/government/news/hrt-users-to-discuss-its-risks-and-benefits-at-their-next-routine-appointment-as-new-study-highlights-persistent-risk-of-breast-cancer?utm_source=0dde55cb-3b08-4873-a025-2cec3f621094&utm_medium=email&utm_campaign=govuk-notifications&utm_content=immediate

Shortlisting Award Success

We have been shortlisted for a PrescQIPP National Award for our work in addressing problematic pharmacy through our Medicines Optimisation Review Programme (MORP). Only five entries have been shortlisted for each category so to be shortlisted is an achievement in itself!

We will be informed by the end of September if we are a successful winner, so watch this space!!

EPIC Update (Enhancing Patient Outcomes in COPD)

Following a successful funding bid our full EPIC programme commenced in June-19; meaning that every high-risk COPD patient within Swale will be eligible and invited for a specialist 30 minute COPD review at their GP Practice, provided by RespiCare.

These specialist reviews will ensure that:

- all prescribing is appropriate and in line with both national and local guidelines
- the patients inhaler technique and inspiratory flow are checked, ensuring their current device is suitable for them
- referrals to other services are made, such as Pulmonary Rehabilitation (PR).

Current Statistics

- 3 Practices have completed their EPIC clinics
- 6 Practices are actively holding clinics

From those completed reviews:

- ✓ 163 patients received a specialist COPD review
- ✓ 32% of patients have stopped their ICS use
- ✓ 71 patients have been referred for PR
- ✓ A current yearly cost savings (from reduced, stopped or changed medicines) over £25,000

Further Practices will be contact imminently to arrange their review clinics; our aim is to be completed by the end of 2019.

Pharmacy Ordering Guidance **KidNaps 1mg/1ml Oral Solution**

Please see information below, required when ordering liquid Melatonin.

- KidNaps Liquid can be ordered via Alliance.
- An unlicensed medicine form will need to be completed – no specific details are required.
- Reason for supply to be written as 'GP wants Kidnaps'

Saxenda Prescribing for Obesity

Please be aware that Saxenda is currently NOT listed within the Medway & Swale Formulary and therefore should not be prescribed.

The last NICE update was in 2017 stating that cost Vs benefits did not make it a better choice than Orlistat.

Updated Drug Prices for July 2019 – Due to Stock Shortages

Drug	Pack size	Concession Price	Previous Price	Price Increase	Possible alternative for top 10 items by cost
Riluzole 50mg tablets	56	£49.33	£17.76	£31.57	No alternative
Tolbutamide 500mg tablets	28	£17.25	£3.74	£13.51	No alternative
Cyclizine 50mg/1ml solution for injection ampoules	5	£15.24	£2.82	£12.42	No alternative
Risedronate sodium 35mg tablets	4	£11.68	£0.77	£10.91	No alternative
Ibandronic acid 150mg tablets	1	£9.95	£2.18	£7.77	No alternative
Topiramate 100mg tablets	60	£21.13	£14.83	£6.30	No alternative
Celecoxib 200mg capsules	30	£9.43	£2.46	£6.97	2x100mg (price per month £2.72)
Alverine 60mg capsules	100	£9.80	£3.09	£6.71	No alternative
Valsartan 160mg capsules	28	£14.99	£9.74	£5.25	No alternative
Valsartan 80mg capsules	28	£11.90	£6.95	£4.95	2x40mg (price per month £9.06)

Drug	Pack size	Concession Price	Previous Price	Price Increase
Betahistine 16mg tablets	84	£2.50	£1.64	£0.86
Betahistine 8mg tablets	84	£1.37	£1.16	£0.21
Bumetanide 1mg tablets	28	£1.65	£1.31	£0.34
Buspirone 10mg tablets	30	£3.47	£3.43	£0.04
Cefalexin 250mg/5ml oral suspension	100ml	£1.95	£1.40	£0.55
Co-amlofruse 5mg/40mg tablets	28	£5.76	£5.29	£0.47
Diamorphine 10mg ampoules	5	£16.56	£14.39	£2.17
Diamorphine 30mg ampoules	5	£16.52	£15.05	£1.47
Escitalopram 10mg tablets	28	£3.89	£1.13	£2.76
Escitalopram 20mg tablets	28	£5.54	£1.56	£3.98
Escitalopram 5mg tablets	28	£3.42	£1.14	£2.28
Finasteride 5mg tablets	28	£1.79	£1.29	£0.50
Hydroxychloroquine 200mg tablets	60	£5.99	£3.70	£2.29
Indapamide 2.5mg tablets	28	£2.89	£0.94	£1.95
Irbesartan 150mg tablets	28	£3.61	£2.18	£1.43
Irbesartan 300mg tablets	28	£4.44	£2.77	£1.67
Losartan 12.5mg tablets	28	£3.82	£3.09	£0.73
Metoprolol 100mg tablets	28	£4.00	£0.94	£3.06
Metoprolol 50mg tablets	28	£5.08	£0.90	£4.18
Mometasone 50micrograms/dose nasal spray	140	£3.46	£1.74	£1.72
Montelukast 10mg tablets	28	£4.45	£1.17	£3.28
Naproxen 250mg gastro-resistant tablets	56	£9.95	£7.23	£2.72
Nebivolol 5mg tablets	28	£5.00	£4.37	£0.63
Pantoprazole 20mg gastro-resistant tablets	28	£3.65	£0.90	£2.75
Pantoprazole 40mg gastro-resistant tablets	28	£3.85	£1.06	£2.79
Prednisolone 5mg tablets	28	£2.25	£0.93	£1.32
Prednisolone sodium phosphate 0.5% ear/eye drops	10ml	£2.49	£2.00	£0.49
Quetiapine 200mg tablets	60	£9.00	£5.68	£3.32
Quetiapine 25mg tablets	60	£3.25	£1.70	£1.55
Quinine sulfate 200mg tablets	28	£1.77	£1.61	£0.16
Quinine sulfate 300mg tablets	28	£5.52	£1.80	£3.72
Tamoxifen 20mg tablets	30	£3.40	£2.50	£0.90
Topiramate 50mg tablets	60	£11.49	£9.33	£2.16
Valsartan 160mg/Hydrochlorothiazide 12.5mg tablets	28	£8.90	£7.80	£1.10