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Prescribing Newsletter

Edition No. 68 - March 2020

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**
- **Prescribing Update**
- **Incentive Scheme**
- **MHRA Safety Update**

Central Alerting System (CAS) Register here for safety alerts.

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.

Lost/stolen prescriptions Please click here for full guidance and notification process for lost / stolen prescriptions.

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

Formulary Website

Medway Policies and Guidelines are available online here. Previous Prescribing Newsletters and Care Homes Newsletters are also available on this site.

Local Update

Joint Drugs and Therapeutics Group (DTG)

The following changes have been made to the formulary following the January DTG meeting.

Naltrexone Hydrochloride

Naltrexone is an opioid-receptor antagonist indicated for use in:

- Adjunct to prevent relapse in formerly opioid-dependent patients (who have remained opioid-free for at least 7–10 days) (initiated under specialist supervision)
- Adjunct to prevent relapse in formerly alcohol-dependent patients (initiated under specialist supervision)

It has been approved for addition to the formulary as a **RED** medicine for secondary care use only.

Midodrine Hydrochloride

Midodrine hydrochloride is a pro-drug of desglymidodrine. Desglymidodrine is a sympathomimetic agent, which acts on peripheral alpha-adrenergic receptors to increase arterial resistance, resulting in an increase in blood pressure.
It is indicated for severe orthostatic hypotension due to autonomic dysfunction when corrective factors have been ruled out and other forms of treatment are inadequate.

Midodrine has been approved for addition to the formulary as an **AMBER** medicine. It is to be initiated and stabilised by a specialist over a period of three months before prescribing can be transferred to primary care.

Levofloxacin

Levofloxacin is a quinolone antibiotic used to treat a variety of bacterial infections. It has been approved for addition to the formulary as a **RED** medicine for secondary care use ONLY following Microbiologist recommendation.

The following clinical guidelines have been approved.

Management of Type 2 Diabetes in Adults

Management of Type 2 Diabetes in Adults guidelines have been updated and approved in line with the European Association for the Study of Diabetes. Metformin remains the first line therapy, with comprehensive lifestyle, weight management and physical activity changes. Second line treatment depends on whether a patient has established cardiovascular disease, Heart Failure or Chronic Kidney Disease or not.

Management of Constipation in Adults

NICE constipation guidelines have recently been updated and this guidance has been updated to reflect the changes. It is important to continue to encourage self-care by eating a healthy, balanced diet and drinking sufficient fluid as first line treatment / prevention.

Prescribing Update

Screening recommendations for hydroxychloroquine

Hydroxychloroquine is a medicine that is effective in treating various long-term inflammatory disorders of the joints and skin. In general, it is a safe and cost-effective medication, particularly when compared to newer anti-inflammatory medicines which can have more significant adverse effects on the body. However, some patients taking hydroxychloroquine, or a similar medication called chloroquine, can suffer permanent loss of vision due to the harmful long-term effect of hydroxychloroquine on the retina.

Hydroxychloroquine retinopathy occurs when hydroxychloroquine affect the retina and vision. It is rarely seen within the first five years of treatment, but becomes more common with a longer duration of use.

Screening for retinopathy and recommendations:

A review group convened by the Royal College of Ophthalmologists updated guidelines on screening for chloroquine and hydroxychloroquine retinopathy '*Hydroxychloroquine and Chloroquine Retinopathy: Recommendations on Screening 2018*' as data have highlighted that hydroxychloroquine retinopathy is more common than previously reported. The monitoring guidelines and recommendations have recently been updated.

- All patients planning to be on long-term treatment should receive a baseline examination (including fundus photography and spectral domain optical coherence tomography) within 6–12 months of treatment initiation.
- Annual screening is recommended in all patients who have taken hydroxychloroquine for greater than 5 years.
- Annual screening may be commenced before 5 years of treatment if additional risk factors for retinal toxicity exist, such as concomitant tamoxifen therapy, impaired renal function (eGFR less than 60 mL/minute/1.73 m^2) or high-dose therapy (greater than 5 mg/kg/day of hydroxychloroquine sulphate).

Action: 595 patients in Medway are currently receiving regular prescriptions for Hydroxychloroquine. Various options are being considered by Kent & Medway for providing optical screening for these patients. In the meantime, primary care providers are encouraged to identify suitable patients, classify according to risk and document if screening has already taken place.

The five-year Community Pharmacy Contractual Framework settlement

In July 2019, The Pharmaceutical Services Negotiating Committee (PSNC) (representing Community Pharmacies), NHS England & NHS Improvement (NHS E&I) and the Department of Health and Social Care (DHSC) agreed to a five-year deal for community pharmacies. As part of the deal community pharmacies have been commissioned to provide two new services:

1. The Community Pharmacist Consultation Service (CPCS).

- This service will relieve pressure on the wider NHS by connecting patients with community pharmacies as a first port of call for minor illness or for the urgent supply of medicines.
- The service will take referrals from NHS 111 (rather than those patients being directed to GPs or A&E).
- The service is being developed to include referrals from other settings following pilots with each provider group, such as GP practices and NHS 111 online, in future years. Currently 97.5% (322) of community pharmacies in Kent and Medway are signed up to deliver this service.
- **It is important for General practices to note that a post-event notification via the CPCS IT platform will be sent to practices where an approved NHS mail address has been provided by the surgery. Where this has not been provided, surgeries will receive these notifications on paper.**

2. Community Pharmacies will also choose to take part in the Pharmacy Quality Scheme (PQS). This may involve:

- Carrying out audits on prescribing safety around lithium, on pregnancy prevention for women taking valproate, and on the use of non-steroidal anti-inflammatory drugs (NSAIDs).
- Checking with patients with diabetes whether they have had annual foot and eye checks.
- **General Practice may receive referrals or recommendations from Community Pharmacies following the audits on NSAIDs, Diabetes and High risk medicines (Lithium or Methotrexate).**

For further information please click here for the CPCF summary.

Supply disruption

Convulex (valproic acid) 150 mg, 300 mg and 500 mg capsules

A supply alert has been issued for Convulex (valproic acid) 150 mg, 300 mg and 500 mg capsules, which are likely to be out of stock until April 2020. The alert provides advice on alternatives, such as sodium valproate products (no dose adjustment is required) or use of unlicensed valproic acid tablets.

Phenytoin Sodium NRIM 100mg capsules

Accord will be out of stock of phenytoin sodium 100mg capsules from 4th January 2020 until early May 2020. Phenytoin is classified by the Medicines and Healthcare products Regulatory Agency (MHRA) as a Category 1 anti-epileptic drug; for these drugs, prescribers are advised to ensure that their patient is maintained on a specific manufacturer's product.

An alternative phenytoin sodium 100mg capsules manufactured by Flynn Pharma is available, however switching to an alternative formulation requires monitoring and may also require specialist support, advice or referral.

Action: Please click alert for actions required to be taken by Health Professionals.

Incentive Scheme Update

As part of the Medicines Optimisation incentive scheme 2019-20 we ran a clinical study day focusing on the management of Asthma in children.
We would like to thank all the clinicians who attended and hope you all found the sessions useful. Please click here for the presentation slides from the day.

Action:

- **Initiate a Patient Asthma Action Plan (PAAP) for all your paediatric patients with a diagnosis of Asthma**
- **For patients that already have a PAAP, update the action as necessary and code it.**
- **To code, please search for 'Asthma Reviews'**

Children with Coughs (CHICO) Cluster Randomised Control Trial

Medway CCG has signed up to participating in the 'Children with Coughs (CHICO) Cluster Randomised Control Trial' carried out by the University of Bristol. The research trial is looking at the effectiveness of embedding a tool into the EMIS Web system to help with respiratory tract infection consultations in children. Antimicrobial resistance is one of the biggest health threats we face, and this study aligns with our local and national antimicrobial stewardship strategies and ***we would encourage all practices to sign up.***

Practice Payment

- Baseline and Follow up Questionnaire: **£21.98**
- Intervention usage data: **£291.76**
- Intervention Importing: Up to **£314.58**
- Optional Qualitative Interviews: **£46.40** per interview conducted

Action: Practices should contact chico-study@bristol.ac.uk to express interest in taking part in the trial. Deadline to register is the 30th of March 2020.

Drug / MHRA Safety Update

The MHRA has published Drug Safety Update for January and February 2020 (Drug Safety update).
Items relevant to primary care include:

Ingenol mebutate gel (Picato▼): suspension of the licence due to risk of skin malignancy

The licence of ingenol mebutate (Picato) has been suspended as a precautionary measure while the European Medicines Agency (EMA) continues to investigate concerns about a possible increased risk of skin malignancy.

Advice for healthcare professionals:

- Stop prescribing ingenol mebutate gel (Picato) and consider other treatment options for actinic keratosis as appropriate.
- Existing unexpired stock of ingenol mebutate gel is being recalled from UK pharmacies and wholesalers (see Class 2 Medicines Recall).
- Advise patients who have been treated with ingenol mebutate gel to continue to be vigilant for new skin lesions within the treatment area and to seek medical advice immediately should any occur.
- Report any suspected adverse drug reactions associated with medicines containing ingenol mebutate to the Yellow Card Scheme; **reports can still be received for suspended medicines.**
- Ingenol mebutate gel (Picato) is no longer recommended or prescribed by the local dermatologists at DMC.

Drug / MHRA Safety Update Continued

E-cigarette use or vaping: reporting suspected adverse reactions, including lung injury

Be vigilant for any suspected adverse reactions associated with use of e-cigarettes or vaping (including lung injury) and report them to the MHRA via the Yellow Card Scheme.

Information for healthcare professionals:

- The US Centers for Disease Control and Prevention (CDC) and its public health partners are investigating cases of lung injury associated with the use of e-cigarette or vaping products. At the time of publication, more than 2600 US cases have been identified (60 fatal cases), but the outbreak seems to be in decline
- The CDC has identified vitamin E acetate as a chemical of concern, although evidence is not yet sufficient to exclude other substances of concern and it may be that there is more than one cause
- As of January 2020, MHRA is aware of two potential cases of e-cigarette or vaping associated lung injury in the UK (one reported as a Yellow Card), both of which were reported as having a fatal outcome

Actions needed from healthcare professionals:

- Have a high index of suspicion in patients presenting with respiratory symptoms where there is a history of e-cigarette use or vaping in the past 30 days
- Use the Yellow Card Scheme website to report any suspected side effects or safety concerns with e-cigarettes and the e-liquids used for vaping
- For all patients, ask about e-cigarette use or vaping routinely as you would do about cigarette smoking.

Patients asked to return Emerade 150 micrograms adrenaline pens

Patients, or carers of patients, who carry Emerade 150 microgram auto-injector pens have been asked to return all in-date Emerade 150 micrograms auto-injectors to their local pharmacy **once they have obtained a prescription for, and been supplied with, an alternative brand.**

- Recall action has been taken due to reports of difficulty in activating the Emerade 150 micrograms adrenaline pens.
- This defect also affects the 300 and 500 microgram strengths of Emerade adrenaline pens, which will be recalled when sufficient supplies of alternative brands (Epipen and Jext) are available.
- Patients who have in-date Emerade 300 and 500 microgram pens should keep these until the expiry date and should be reassured that available data shows the majority of the pens will still activate.
- Patients should be advised to only return Emerade 150 micrograms pens when they have received an alternative brand (EpiPen or Jext) from the pharmacy.
- Ensure patients have been shown how to use the replacement pen as each brand of pen is used in a different way.
- Please see the relevant links for videos on how to use EpiPen or Jext adrenaline pen.
- Patients are reminded to follow existing advice to carry two pens with them at all times.
- Exposure to high temperature may increase the risk of pen failure. Emerade pens should not be exposed to temperatures above 25°C, such as being placed near to a radiator or fire. If travelling to a hot climate, GPs should supply a prescription for an alternative brand of adrenaline pen.
- If an Emerade pen does need to be used, it should be pressed very firmly against the thigh. If this does not result in activation, the patient should immediately use their second pen. More detailed information for patients is available on the MHRA website.

Drug / MHRA Safety Update Continued

Novel Coronavirus Infection (COVID-19)

On 31 December 2019, World Health Organization (WHO) was informed of a cluster of cases of pneumonia of unknown cause detected in Wuhan, Hubei Province, China. A novel coronavirus (SARS coronavirus-2 (SARS-CoV-2)) was subsequently identified from patient samples.
The severity of the infections ranges from mild symptoms of upper respiratory tract infection such as cough (**with or without fever)** to severe pneumonia causing shortness of breath and breathing difficulties requiring hospitalisation and advanced respiratory support.

These collections of **published guidance** contains information for clinicians and the public on the epidemiology and virology of COVID-19, the infection caused by SARS-CoV-2.

Main principles

- Identify potential cases as soon as possible
- Prevent potential transmission of infection to other patients and staff
- Avoid direct physical contact, including physical examination, and exposures to respiratory secretions
- Isolate the patient, obtain specialist advice and determine if the patient is at risk of COVID-19 infection.

Advice for Healthcare professionals in primary care and community settings including pharmacy is as follows:

- If a member of the public has concerns that that they may have been exposed to or become infected with COVID-19 they should be instructed to visit NHS111 online service at https://www.nhs.uk/conditions/coronavirus-covid-19/ and NOT be referred to the hospital Emergency Department.
- It is essential that an accurate travel history is obtained from all patients with acute respiratory infections to help identify potential cases.
- Primary care practices are not expected to under-take any clinical assessment or sampling. Guidance for primary care can be found here.
- Inform the local Public Health England, Health Protection Team (PHE HPT) of suspected cases.

PHE in collaboration with the NHS have **published guidance** to support healthcare professionals and these should not be printed out as the information is constantly changing as the situation unfolds.

Action:

- **This is an evolving situation and the advice may change based on emerging information. Please keep checking for updates here for new information. Please monitor this link at least daily as advice will be updated frequently and ensure information is not printed as this will quickly become out of date.**

- **Please click here for the latest COVID-19 alert protocol and template for use on EMIS system.**

Domperidone in children younger than 12 years old

A drug safety alert has been published for Domperidone prescribing in children younger than 12. Domperidone is no longer licensed for use in children younger than 12 years old, or those weighing less than 35 kg. Results from a placebo-controlled study in children younger than 12 years with acute gastroenteritis did not show any difference in efficacy at relieving nausea and vomiting compared with placebo.

Action: Please identify these patients for review

Ondansetron: small increased risk of oral clefts following use in the first 12 weeks of pregnancy

The MHRA has advised that recent observational studies suggest exposure to ondansetron ondansetron during the first trimester of pregnancy is associated with a small increased risk of a baby having a cleft lip and/or cleft palate. Ondansetron may be used as a second-line treatment for treating hyperemesis gravidarum in pregnancy that is severe and hasn't responded to other treatments. If a decision has been made to offer ondansetron, women should be counselled on the potential benefits and risks of use, both to her and to her unborn baby, and the **final** decision should be made jointly between a woman and her physician.