



Area Prescribing Committee.....	1
Medicines Management Work Plan 2021/2022.....	3
Hot Topic - Merseyside and Region Stoma Service (MARSS) Mobilisation	3
Caution of Over-prescribing of Co-codamol.....	5
Safety	5
Antimicrobial Update: July 2021.....	7

Area Prescribing Committee

NEW MEDICINES

RED ERENUMAB injection (Aimovig® ▼) for prevention of migraine

Erenumab is the third CGRP antagonist to be recommended by NICE for preventing migraine. PBR excluded high cost drug, for specialist use only and at the 140 mg dose only. NICE does not expect implementing this guidance to have a significant impact on resources because this is a further treatment option, alongside fremanezumab and galcanezumab, and the overall cost of treatment will be similar once the PAS discounts are applied.

RED ANDEXANET ALFA infusion (Ondexxya® ▼) for reversing anticoagulation from apixaban or rivaroxaban

Andexanet alfa is recommended for anticoagulant reversal in adults taking apixaban or rivaroxaban and only for those experiencing life threatening or uncontrolled bleeding where the bleed is in the gastrointestinal tract.

AMBER RETAINED CARIPRAZINE hard capsules (Reagila® ▼) for the treatment of schizophrenia in adult patients

There is no significant new evidence and no significant changes have been made. Although this would meet criteria for Amber Initiated, the patient numbers are not enough to alleviate concerns raised at the previous APC meeting and this will be kept as Amber Retained, with a view to changing to Amber Initiated in a further 12 months following another review

GREEN BEMPEDOIC ACID tablets (Nilemdo® ▼) and BEMPEDOIC ACID-EZETIMIBE tablets (Nustendi® ▼) for primary hypercholesterolaemia or mixed dyslipidaemia: a multiple prescribing statement

Bempedoic acid is only recommended when given in combination with ezetimibe, either as separate tablets or a fixed-dose combination.

FORMULARY AND GUIDELINES

RED Romiplostim – eltrombopag in ITP, first line use in Covid-19 pandemic

NHS England has advised romiplostim and eltrombopag are to be considered first-line treatments for idiopathic thrombocytopenia purpura (ITP) rather than conventional treatments (steroids, immunoglobulin) for the duration of the Covid-19 pandemic.

RED Inflammatory Bowel Disease High Cost Drugs Treatment Pathway for Adults

Minor update to include the use of infliximab for acute exacerbations of ulcerative colitis. This is in the additional information box on page 3. Methotrexate and polymeric diets have been added to the top box in the Crohn's disease pathway.

AMBER INITIATED Direct Oral Anticoagulants(DOACs) for the treatment and prevention of Deep Vein thrombosis and/or pulmonary embolism

Full review of the existing statement which follows NICE [NG158](#) (Venous thromboembolic diseases: diagnosis, management and thrombophilia testing), published in March 2020. NICE say these new recommendations are expected to lead to increased use of DOACs, particularly apixaban and rivaroxaban, but this guidance will result in savings for the NHS.

AMBER RECOMMENDED AZITHROMYCIN tablets for prevention of exacerbations of COPD and bronchiectasis in selected high-risk patients

Routine review of the existing statement which is now based on the British Thoracic Society [Guideline](#) for Long Term Macrolide Use, published in April 2020. Some dosing and supporting evidence have been updated and a new [GP letter](#) was developed.

GREEN Overactive Bladder Syndrome (OAB) Management of Adults in Primary Care guideline

Update of existing guideline. Revisions to guideline and drug recommendations amended in response to changes in cost.

GREEN Guidelines for Managing Malnutrition in Adults in the Community

Update of existing guideline with updated list of preferred first line choices of oral nutritional supplements

GREEN Headache Pathway (Adults)

Update of current pathway. Includes CGRP antagonists (erenumab, fremanezumab, galcanezumab), migraine prevention drugs (hospital only) for information, and clarification on topiramate contraceptive advice.

GREEN Chronic obstructive pulmonary disease guideline

Minor amendment to existing guideline, clarifying soft mist inhaler is not a metered-dose inhaler.

SHARED CARE

AMBER RETAINED Amiodarone prescribing support information

Routine review of the existing prescribing support information and a new [GP letter](#). 6monthly U&E monitoring as recommended in the NICE CKS on atrial fibrillation was added.

AMBER RETAINED Hydroxychloroquine prescribing support information

Routine review of the existing prescribing support information incorporating additional guidance from the Royal College of Ophthalmology guidelines published in 2020. The [GP letter](#) has also been adapted to reflect the updated guidance.

CLOZAPINE: reducing the risk of harm

New document, originally in response to an MHRA update on the risk of constipation, broadened to accommodate prescribing advice issued to GPs from specialist mental health trusts. Advice is intended to support best practice to reduce the risk of or mitigate the harms from clozapine use.

Medicines Management Work Plan 2021/2022

During **July and August 2021** as well as continuing to support with the COVID Vaccination programme the MMT will be focussing on the following work plan projects:

- Lipid optimisation.
- Opioids in Chronic Pain.
- Oral nutritional supplements.
- Blood Glucose Meter formulary.
- Direct Oral Anticoagulants (DOACs) Review.
- Stoma Service (MARRS) launch.
- Low carbon inhalers.

Practice Medicine Co-ordinator (PMC) Reviews

The PMCs will be doing the following reviews during July & August:

Safety/Quality Reviews:

- Infant feeds – 6 monthly reviews of prescribing against Pan Mersey Guidance.
- Sunscreen review – annual review of appropriate prescribing of sunscreens.
- Support for bulk prescribing and proxy ordering in Care Homes.
- MHRA Citalopram/escitalopram in patients over 65 years – review of maximum recommended dose in patients more than 65 years old.
- Schedule 4 Controlled Drugs – review of quantities prescribed to ensure maximum of 28 days' supply.

Cost effective switches:

- Lorazepam Tablets – 500mcg tablet to half a 1mg tablet.
- Quarterly brand to generics - Q1 2021/22.
- Carbomer 980 to Clinitas® Carbomer eye Gel.
- Lumigan® to generic bimatoprost eye drops.

Hot Topic – Merseyside and Region Stoma Service (MARSS) Mobilisation

For the past 18 months 6 CCGs in Cheshire & Merseyside have worked together to jointly commission a new community stoma service to oversee all stoma patients' stoma prescribing and provide access to stoma-related support and advice. The service has been set up to enhance the care that people using stoma products receive and will be run by a team of specialist stoma care nurses and personal stoma advisors. Bullen Healthcare have been selected as the provider.

The service is called MARSS - the Merseyside and Region Stoma Service

MARSS will be responsible for prescribing stoma related products and providing stoma related care and support to Halton Stoma Patients. Patients will continue to receive their other regular medications from their GP. This NHS commissioned service will be run by a team of specialist stoma care nurses and experienced personal stoma advisors. The service is not about cutting costs, but about providing the best care and support to patients who are using stoma products.

Having all stoma prescriptions provided by a specialised service will mean that patients will be able to access the right clinical support when they need to. It will also mean that prescriptions will be issued by a team of specialist stoma nurses, who will be able to ensure that patients are ordering and using the best products for their particular needs.

Patients will still use the same dispenser or DAC (dispensing appliance contractor). The way products are dispensed WILL NOT change and will remain the patient's choice at all times.

The service will work alongside the specialist teams in our local NHS hospitals and if the patient is still receiving clinical care from the acute service (hospital) this will continue until the patient is transferred into MARSS for ongoing clinical care.

Will any changes be made to patients' current stoma products?

A formulary has been developed and agreed. There is a preferred list of cost-effective stoma related accessories to ensure best use of NHS funding. Patients will not have to move away from products they currently use and which meet their clinical needs. Any changes to current prescriptions will only be made following a review with a stoma nurse. Some products that are not clinically needed may be restricted (examples include deodorants and underwear). However, support garments will still be prescribed for those who need it. These restrictions will be decided by the MARSS specialist nurses and will be discussed with the patient.

What is the current situation?

The service has not yet gone live in Halton. GP practices should continue to prescribe stoma products until after the go-live date and patients should continue to order their prescription from their GP practice until the service goes live in our area. Practices will be notified as soon as we have confirmation of this go-live date.

Data Processing Agreements are in the process of being signed by our GP practices. The Medicines Management Team (MMT) will start to review all stoma patients to ensure they are coded correctly, and any templates are in place. Once the data transfer process has been agreed and all formal IG agreements have been signed and are in place, the MMT will give a final check to the data immediately prior to transfer in case of any changes.

Patients will be notified about the local go-live date as soon as this is confirmed. There will be a number of patient events in the coming weeks to let patients know of the launch date and to answer any further questions. Patients will receive a communication from the service prior to go-live and will then receive a welcome call to introduce them to the service and agree how they wish to communicate with the service, how to order their prescriptions and how to contact the specialist nurses in the case of any concerns or issues.

Caution Of Over-Prescribing Of Co-Codamol

Following recent incidents NHS England wish to remind all prescribers that it is important to remember that co-codamol is a Controlled Drug (schedule 5) and liable to misuse. It is easier for patients to over-order co-codamol products without it possibly being noticed as much as other controlled drugs, which in turn can lead to a build-up of stock for patients. It is also asked that community pharmacists be vigilant about the frequency of prescription and over the counter requests for co-codamol and to contact the prescriber to clarify any possible over-ordering that is noticed or suspected.

Safety

The Medicines Management Team would like to highlight some of the recent drug safety updates relevant to Primary Care:

LEVOTHYROXINE: NEW PRESCRIBING ADVICE FOR PATIENTS WHO EXPERIENCE SYMPTOMS ON SWITCHING BETWEEN DIFFERENT LEVOTHYROXINE PRODUCTS

Advice for healthcare professionals:

- Generic prescribing of levothyroxine remains appropriate for the majority of patients and the licensing of these generic products is supported by bioequivalence testing.
- A small proportion of patients treated with levothyroxine report symptoms, often consistent with thyroid dysfunction, when their levothyroxine tablets are changed to a different product – these cases are noted in [UK professional guidelines](#).
- If a patient reports symptoms after changing their levothyroxine product, consider testing thyroid function.
- If a patient is persistently symptomatic after switching levothyroxine products, whether they are biochemically euthyroid or have evidence of abnormal thyroid function, consider consistently prescribing a specific levothyroxine product known to be well tolerated by the patient.
- If symptoms or poor control of thyroid function persist despite adhering to a specific product, consider prescribing levothyroxine in an oral solution formulation.

[Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products - GOV.UK \(www.gov.uk\)](#)

CHLORAMPHENICOL EYE DROPS CONTAINING BORAX OR BORIC ACID BUFFERS: USE IN CHILDREN YOUNGER THAN 2 YEARS

Advice for healthcare professionals:

- Some licences for chloramphenicol eye drop products containing borax or boric acid buffers were recently updated to restrict use in children younger than 2 years of age to reflect warnings on maximum daily limits for boron exposure.
- We have **reviewed** the available evidence and sought independent expert advice to understand whether there is a risk for children aged 0 to 2 years when using these products within the licensed indication, for what is likely to be a short period of time.
- Our review has concluded that the benefits of chloramphenicol eye drops containing borax or boric acid outweigh the potential risks for children, including those aged 0 to 2 years.

- A typical regimen of one drop, applied typically 3 to 4 times a day, to both eyes, would result in a daily exposure well below the safety limit for children aged 0 to 2 years.
- Advise parents and caregivers that chloramphenicol eye drops remain an important medicine for children when antibiotic eye treatment is indicated and that they have been used safely for many years.
- The product information for affected chloramphenicol products is being updated to reflect the revised advice and remove restrictions for use in infants – in the meantime we ask healthcare professionals to reassure parents and carers that these products can be safely given to children aged 0 to 2 years as prescribed.

[Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

HERBAL AND HOMEOPATHIC MEDICINES: REMINDER TO BE VIGILANT FOR SUSPECTED ADVERSE REACTIONS AND TO REPORT THEM TO THE YELLOW CARD SCHEME

If an adverse drug reaction is suspected, ask patients if they are taking any herbal or homeopathic medicines and report any suspicions to the Yellow Card scheme. Remind patients to check that an herbal or homeopathic medicine is licensed and to follow the advice included in the patient information.

In addition to the general advice around herbal medicines, MHRA have highlighted specific safety concerns relating to Butterbur (*Petasites hybridus*).

Butterbur is an herbal product which may be promoted for treatment of hayfever, or to treat migraines, asthma, chronic coughs, and gastric ulcers. Butterbur contains pyrrolizidine alkaloids, which can cause serious adverse effects such as liver damage and organ failure. The MHRA has previously published [a safety alert](#) advising consumers not to take unlicensed Butterbur herbal remedies. This advice remains unchanged.

Patients taking herbal products containing Butterbur should be advised to stop using them immediately and seek advice from their GP or Pharmacist if they have any concerns.

[Herbal and homeopathic medicines: reminder to be vigilant for suspected adverse reactions and to report them to the Yellow Card scheme - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

ORAL RETINOIDS

MHRA have published guidance about the use of remote consultations for pregnancy prevention in women of childbearing potential and monitoring for signs of psychiatric reactions (especially depression) and other safety risks in all patients taking oral retinoid medicines during the COVID-19 pandemic.

[Oral retinoid medicines \(isotretinoin ▼, alitretinoin ▼, and acitretin ▼\): temporary monitoring advice during coronavirus \(COVID-19\) pandemic - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

COVID VACCINE UPDATES

[COVID-19 vaccines: updates for June 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

[COVID-19 vaccines: updates for July 2021 - GOV.UK \(www.gov.uk\)](https://www.gov.uk)

TARGET TOOLKIT

TARGET toolkit update:

The TARGET team have announced some exciting activities as part of a Royal College of General Practitioners (RCGP) and TARGET summer UTI campaign. The campaign started on 8th July and is well underway, running for a total of 8 weeks:

1. NEW: Launch of HTML versions of the UTI leaflets

- Send direct, accessible links to patients via email or text.
- [TYI-UTI.](#)
- [TYI-UTI older adults.](#)
- [TYI-UTI combined for adults.](#)
- Also available on the [TARGET UTI Resource Suite.](#)

2. UTI blog article

- Published [here](#) on RCGP website w/c 26th July.
- Features an insightful blog post from a GP in Rotherham who used resources and recommendations from the toolkit to successfully change policies and processes surrounding diagnosis and management of UTIs at her GP practice.

3. Engage with the campaign on social media.

- Twitter: @rcgp and @TARGETabx.
- Instagram: @royalcollegeofgps - make sure to engage with polls!

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