



Area Prescribing Committee.....	1
Medicines Management Work Plan 2021/2022.....	3
Hot Topic – Merseyside and Region Stoma Service (MARSS) Mobilisation	3
Insulin: Safe Prescribing considerations	4
Safety	5
Self Care in Halton – National Self Care Week 2021.....	6
Antimicrobial Update: October 2021	7

Area Prescribing Committee

NEW MEDICINES

RED Budesonide orodispersible tablets (Jorveza® ▼) for inducing remission of eosinophilic oesophagitis in adults

Red statement in line with NICE TA708 that recommends budesonide orodispersible tables for up to 12 weeks for inducing remission of eosinophilic oesophagitis only. NICE did not consider maintenance treatment. All prescribing and monitoring should be retained by the specialist. NICE do not expect a significant resource impact. Cost of 12-week course is £602 at NHS list price.

RED GUSELKUMAB injection (Tremfya® ▼) for psoriatic arthritis

Red statement in line with NICE TA711 that recommends guselkumab, with or without methotrexate, as an option for treating active psoriatic arthritis in adults who have not responded well enough to, or cannot tolerate, DMARDs provided specific criteria are met and it is provided at the PAS discount. NICE does not expect this guidance to have a significant impact on resources. This is because guselkumab is a further treatment option available at a similar price to the current treatment options.

RED Adalimumab, etanercept, infliximab and abatacept for moderate rheumatoid arthritis

Red statement in line with NICE TA715 that recommends adalimumab, etanercept and infliximab, for use by specialists only, in the treatment of moderate rheumatoid arthritis (RA) after conventional DMARDs have failed. Abatacept is not recommended for moderate RA. NICE estimates the additional resource impact of implementing this guidance for this new cohort of patients as £28,000 per 100,000 population in 2021/22, rising to £67,000 per 100,000 in 2023/24, when steady state is assumed to have been reached.

RED SODIUM ZIRCONIUM CYCLOSILICATE powder for oral suspension (Lokelma® ▼) for emergency treatment of hyperkalaemia

Red RAG status now only applies to use of sodium zirconium cyclosilicate for the emergency treatment of hyperkalaemia (previously also included use in persistent hyperkalaemia).

AMBER INITIATED SODIUM ZIRCONIUM CYCLOSILICATE powder for oral suspension (Lokelma® ▼) for persistent hyperkalaemia

Prescribing and monitoring of sodium zirconium cyclosilicate must be retained by the specialist for at least one

month after the patient is stabilised on the optimum RAAS inhibitor therapy /sodium zirconium cyclosilicate combination, with stable urea and electrolytes.

AMBER INITIATED TAPENTADOL prolonged release tablets (Palexia® SR) for chronic pain

Routine review at expiry, to be added to the static list due to no new evidence or significant changes within the document.

FORMULARY AND GUIDELINES

GREEN Dulaglutide in type 2 diabetes

Addition of dulaglutide injection (pre-filled pen) 3 mg and 4.5 mg to formulary, alongside current 0.75 mg and 1.5 mg. Higher doses offer greater glucose lowering and weight loss efficacy and cost is identical to lower dose.

Lactose Intolerance And Cows' Milk Protein Allergy – Prescribing Guidelines for Specialist Infant Formula Feeds

Update of the current Pan Mersey guideline. Numerous detail changes made. Re-written referral pathways and local access to feeding clinic and specialist dieticians to reflect variation across the Pan Mersey region.

RED Botulinum Toxin Type A injection for achalasia, gastric motility disorder and gastroparesis

New red statement developed to support existing secondary care use for achalasia, gastric motility disorder and gastroparesis. It is estimated that there will be 50-60 patients per year across the Cheshire & Mersey Network. This is the number being treated currently and no change in patient numbers is expected, therefore no significant cost impact.

RED Buprenorphine prolonged-release injection (Buvidal®) for treatment of opioid dependence

Prescribed by Substance Misuse Services.

RED Rheumatoid arthritis high-cost drugs pathway

Pathway updated to include upadacitinib and filgotinib use in line with recent NICE technology appraisals previously presented to APC (upadacitinib TA665, filgotinib TA676).

AMBER INITIATED Freestyle Libre® 2 flash glucose monitor – updated statement, background information, and template GP letter.

Background information document to provide sufficient information for primary care prescribers to switch existing Freestyle Libre® users to Freestyle Libre® 2. Flash glucose monitoring statement updated to state switching may take place in primary care. Template GP letter for use by specialist if they suggest switching to Freestyle Libre® 2.

AMBER INITIATED Pizotifen – migraine prophylaxis in paediatrics

Change in designation from Black to Amber initiated for paediatrics only (remains designated Black for adults). Minimal cost impact.

GREEN Sumatriptan pen injection 3mg – migraine, cluster headache

Additional strength, less expensive than 6mg strength already included in formulary.

SHARED CARE

New prescribing support information to support prescribing for patients attending the Cheshire and Merseyside

Gender Identity Collaborative (CMAGIC). It will also support GPs who are already prescribing treatment for gender incongruence.

AMBER INITIATED Oestradiol for patients attending CMAGIC

AMBER INITIATED Testosterone for patients attending CMAGIC

AMBER INITIATED Gonadorelin analogues for patients attending CMAGIC

AMBER INITIATED Low molecular weight heparin (LMWH) for adults

Routine review of the existing prescribing support information and a new **GP letter**. There is a new section on page 3 detailing the responsibilities for the specialist initiating treatment. Monitoring now sits with the prescriber with the exception of anti-factor Xa.

Medicines Management Work Plan 2021/2022

During **October 2021**, as well as continuing to support with the COVID Vaccination programme, the Medicines Management Team (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.

The Practice Medicines Co-ordinators (PMCs) will be doing the following reviews during September and October:

Safety/Quality Reviews:

- Hydroxocobalamin injection quantity Review.
- High Risk Drug Monitoring – Amiodarone.
- High Risk Drug Monitoring - ADHD Drugs.
- Metformin Liquid Supply Issues.
- Patient Led Ordering Refresh.
- Stoma product housekeeping following MARSS launch.

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

The Merseyside and Region Stoma Service (MARSS) launched for Halton CCG patients on 27th September 2021.

Halton CCG (along with Warrington, St Helens, Wirral, Knowsley, and Liverpool CCGs) have commissioned a new community stoma service (MARSS) to oversee all stoma appliance prescribing and provide access to stoma-related support, advice and clinical review. The aim of this new service is to improve the long-term care that patients with a stoma receive.

The new service means that GP practices in Halton will no longer issue prescriptions for stoma products such as stoma bags, base plates, adhesive remover – this will be done by the MARSS service. The way that patient's stoma products are dispensed and delivered will not change. Initially only adult patients have transferred to the new service, prescribing for paediatric patients will transfer in the coming weeks following further engagement.

Patients will have received a letter from the MARSS service welcoming them and explaining the next steps as well as a patient information leaflet. All patients will receive a welcome call to explain the service, agree how they would like to be contacted and to confirm their usual dispenser.

Information for patients on the service is available on the MARSS website.

[Merseyside and Region Stoma Service – Website](#)

Information is also available on the CCG Website.

[Merseyside & Region Stoma Service \(MARSS\) - Halton \(haltonwarringtonccg.nhs.uk\)](#)

Insulin: Safe Prescribing considerations

Insulin prescribing, dispensing and administration is often associated with errors and clinical safety incidents. Pan Mersey have developed a safety statement which encompasses guidance and recommendations to reduce errors, [INSULIN: reducing errors in prescribing and administration](#)

Locally, incident reporting systems indicate insulin errors are a common theme. Examples of local incidents include:

- Incorrect selection of insulin at the point of prescribing, for example, patient prescribed Humalog Kwikpen instead of Humalog Kwikpen 25
- Patients using a needle and syringe to withdraw insulin from pre-filled pen cartridges due to a lack of education and incorrect needles prescribed.

An example of the above issue occurred in Halton following a change in insulin treatment from a 100 units/ml insulin vial to 300 units/ml insulin pre-filled pen. Although the correct pre-filled pen was prescribed, the accompanying needles were not, and the patient had not received any education to make them aware of how to use the new device. As a result, the patient assumed that they needed to use a U100 insulin syringes to draw up their insulin dose from the cartridge. This resulted in an insulin overdose, the patient suffered a hypoglycaemia episode and was found unconscious. They have since fully recovered.

- A near miss incident whereby a patient was prescribed Toujeo DoubleStar pre-filled pen instead of Toujeo SoloStar pre-filled pen, which may have resulted in a significant dosing error.
- Continuing requests from secondary care specialists asking GPs to initiate prescribing of insulin.

When prescribing, dispensing, or administering Insulin, remember the following:

1. Insulin is AMBER Initiated on Pan Mersey formulary. The formulary makes the following safety recommendations:

Transfer of insulin prescribing to primary care prescriber:

Before requesting that Primary Care take over prescribing of newly initiated insulin (including change of insulin or device) the specialist team must be assured that the patient is willing, competent, and trained to:

- Administer the insulin (or District Nurse arranged).
- If and when required, amend the dose of the insulin, either with the support of their diabetes HCP or independently.

During this time prior to requesting Primary Care take over prescribing, the specialist team must maintain clinical responsibility, review the patient (either face to face or by telephone) and prescribe the insulin and administration devices for:

- A minimum of 4 weeks supply.

OR

- A supply length that allows enough time for the patient to be reviewed by the specialist team, whichever of the above is the longer.

A copy of the final review must be sent to the primary care prescriber with the request for transfer of prescribing.

2. Always prescribe insulin using the brand name, the strength and form of delivery.
3. If specified, the dose must include a frequency and be expressed as a number of units followed by the word "units" spelled out in lower case.
4. Always carefully check the product selected in electronic prescribing and dispensing systems.
5. Ensure patients have received appropriate training on the correct use of insulin, have been given information about awareness and management of hypoglycaemia, and have all of the required equipment e.g. insulin pen, sharps bin etc.
6. Challenge any requests for transfer of insulin prescribing that do not appear to be in line with Pan Mersey guidance. If unsure, liaise with specialist diabetes clinic for advice and support.

Safety

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

CLEXANE[®] (ENOXAPARIN SODIUM) DEVICE – IMPORTANT INFORMATION REGARDING DIFFERENCES BETWEEN PREVENTIS AND ERIS NEEDLE GUARD SAFETY SYSTEMS

Advice for healthcare professionals:

- From August 2021, Clexane pre-filled syringes with both ERIS and PREVENTIS safety systems will be in the supply chain simultaneously, so please be vigilant and talk to the patient to ensure that they are familiar with the system being dispensed to them.
- Patients and Healthcare professionals who administer or dispense prescriptions for Clexane, should be aware that the operation of the needle guard safety system in the PREVENTIS device is different to that of the ERIS device.
- Please follow the link below for more information on this issue
<https://www.medicines.org.uk/emc/rmm/2263/Document>

TOPICAL CORTICOSTEROIDS: INFORMATION ON THE RISK OF TOPICAL STEROID WITHDRAWAL REACTIONS

Rarely, severe adverse effects can occur on stopping treatment with topical corticosteroids, often after long-term continuous or inappropriate use of moderate to high potency products. To reduce the risks of these events, prescribe the topical corticosteroid of lowest potency needed and ensure patients know how to use it safely and effectively.

Topical steroid withdrawal reactions have been reported in some long-term users of topical corticosteroids after they stop use. This is a mixed group of symptoms or conditions, often also referred to by patients as 'red skin syndrome' or 'topical steroid addiction'.

For more information and advice for Health care professionals, including a Patient Information Leaflet developed by MHRA, please follow the link below:

https://www.gov.uk/drug-safety-update/topical-corticosteroids-information-on-the-risk-of-topical-steroid-withdrawal-reactions?utm_source=e-shot&utm_medium=email&utm_campaign=DSU_September2021Main1

ADDITIONAL USEFUL SAFETY INFORMATION

[Letter to women and girls taking sodium valproate](#)

15 June 2021

This letter has been sent to women and girls aged 12-55 who are currently prescribed sodium valproate and contains important reminders of safety considerations, including around contraception, pregnancy and regular prescribing reviews.

[Public Assessment Report: safety of macrolide antibiotics in pregnancy: a review of the epidemiological evidence](#)

28 June 2021

The overarching findings of this review are that the available evidence is insufficient to confirm with certainty the presence or absence of a small increased risk of malformations or miscarriage when macrolides are taken in early pregnancy.

[Maxtrex \(methotrexate\)](#)

06 August 2021

The healthcare professionals guide contains information on how to minimise risk of overdose from patients incorrectly taking methotrexate daily instead of weekly for autoimmune diseases. Patients should be advised to write treatment day on the accompanying Patient Reminder Card.

[Safety of medicines in porphyria](#)

09 August 2021

This series of articles describes the different types of porphyria. Some medicines can precipitate a painful acute attack and this resource aims to help clinicians making safer medicine choices for individuals with this condition.

[Potent Synthetic Opioids Implicated In Increase In Drug Overdoses](#)

18 August 2021

In past 2 weeks there have been unprecedented number of overdoses (some deaths) in drug users, primarily of heroin, in some parts of the country. Testing in 3 cases indicate adulteration with isotonitazene, a potent synthetic opioid. Alert contains urgent actions for providers.

Self Care in Halton – National Self Care Week 2021

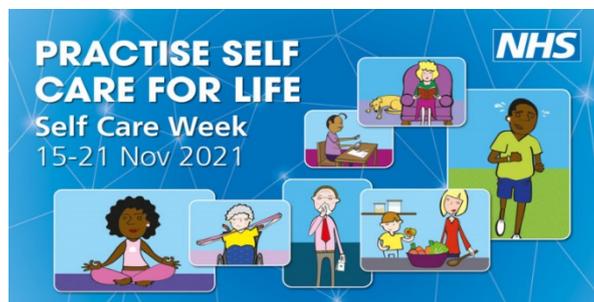
November 15th to 21st 2021 is National Self Care week.

Effective Self Care can empower people with the confidence and information to look after themselves when they can which support and ensures the long-term sustainability of the NHS.

NHS Halton CCG Medicines Management Team have developed a number of resources to support with Self Care messages throughout the year.

These resources are available from the CCG website see the link below.

<https://www.haltonwarringtonccg.nhs.uk/halton-services-and-information/nhs-halton-ccg-medicines-management/self-care-in-halton>



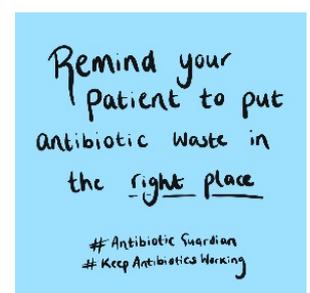
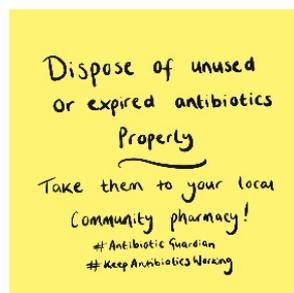
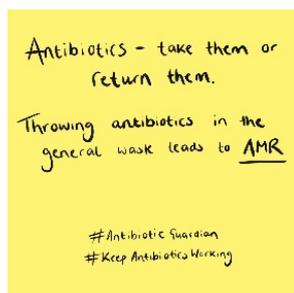


ANTIMICROBIAL AWARENESS DAY (WAAW/EAAD) 2021

WAAW/EAAD will run from 18th – 24th November 2021

To find out how you can sign up to become a #AntibioticGuardian, or for more information about what you can do to support the campaign within your own organisation, please click [here](#).

This year, consider incorporating an environmental focus to your campaigns by using sticky notes to promote appropriate disposal of antibiotics in the community:



ANTIMICROBIAL PRESCRIBING NEWS FOR PRIMARY CARE:

Primary research

[Antibiotics for lower respiratory tract infection in children presenting in primary care in England \(ARTIC PC\): a double-blind, randomised, placebo-controlled trial](#)

RCT (n=432) found that amoxicillin for uncomplicated chest infections in children is unlikely to be clinically effective vs placebo, with similar median durations of moderately bad or worse symptoms between the groups (5 vs 6 days, respectively, HR 1.13; 95% CI 0.90–1.42).

[Effect of C reactive protein point-of-care testing on antibiotic prescribing for lower respiratory tract infections in nursing home residents: cluster randomised controlled trial](#)

RCT (n=241 & 84 physicians, Netherlands) found CRP point-of-care safely reduced antibiotic prescribing vs. usual care in nursing home residents (prescribed in 53.5% vs.82.3%). Odds of full recovery at 3 weeks, and of mortality & hospital admission did not significantly differ.

AMR Contact - Jessica Mellor, NHS Halton CCG Medicines Management Pharmacist (Jessica.mellor@nhs.net).

Becky Birchall Medicines Management Senior Pharmacist becky.birchall@nhs.net	Lucy Reid Head of Medicines Management lucy.reid2@nhs.net	Editor: Nathan O'Brien Medicines Management Pharmacist nathan.obrien@nhs.net
-----------------------------------------------------------------------------------------------------------------------------------	---------------------------------------------------------------------------------------------------------	----------------------------------------------------------------------------------------------------------------------------------