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## Pan Mersey Area Prescribing Committee

### RECOMMENDATIONS

#### **RED GUSELKUMAB solution for injection (Tremfya®▼) for Plaque Psoriasis**

The Pan Mersey Area Prescribing Committee recommends the prescribing of GUSELKUMAB solution for injection (Tremfya®▼) in specialist settings only, for treating plaque psoriasis in accordance with NICE TA521.

#### **AMBER INITIATED TAPENTADOL prolonged release tablets (Palexia® SR)**

The Pan Mersey Area Prescribing Committee recommends TAPENTADOL prolonged release tablets (Palexia® SR) for severe chronic pain in adults only when initiated by chronic pain specialists or palliative care specialists.

#### **AMBER RECOMMENDED Elasticated Viscose Stockinette ('Viscose') Garments (CliniFast®, Comfast Easywrap®, Skinnies Viscose®, Tubifast 2-way stretch®)**

The Pan Mersey Area Prescribing Committee recommends the prescribing of Elasticated Viscose Stockinette ('Viscose') Garments following specialist recommendation for skin conditions.

#### **GREY EVOLOCUMAB solution for injection (Repatha®▼) for the reduction of cardiovascular risk in patients with established atherosclerotic cardiovascular disease**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing EVOLOCUMAB solution for injection (Repatha®▼) for the reduction of cardiovascular risk in patients with established atherosclerotic cardiovascular disease.

#### **GREY FERRIC MALTOL hard capsules (Feraccru®▼) for iron deficiency in adults**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of FERRIC MALTOL hard capsules (Feraccru®▼) for the treatment of iron deficiency in adults. Please see separate Pan Mersey statement for the use of ferric maltol for the treatment of [iron deficiency anaemia in adults with inflammatory bowel disease](#).

#### **GREY LOXAPINE inhalation powder (Adasuve®▼)**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of LOXAPINE inhalation powder (Adasuve®▼) for mild-to-moderate agitation in adult patients with schizophrenia or bipolar disorder.

## GREY OSPEMIFENE film-coated tablets (Senshio®▼)

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of OSPEMIFENE film-coated tablets (Senshio®▼) for the treatment of vulvar and vaginal atrophy in post-menopausal women.

## GUIDELINES

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### Sequential use of biological agents in the management of Psoriasis in adults

<http://www.panmerseyapc.nhs.uk/guidelines/documents/G30.pdf>

## ANTIMICROBIALS

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### Ear, Nose and Throat infections

<http://formulary.panmerseyapc.nhs.uk/chaptersSubDetails.asp?FormularySectionID=27&SubSectionRef=27.07&SubSectionID=A100>

### Eye infections

<http://formulary.panmerseyapc.nhs.uk/chaptersSubDetails.asp?FormularySectionID=27&SubSectionRef=27.06&SubSectionID=A100>

## SAFETY

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### Methotrexate, Safe Prescribing and Dispensing

The Pan Mersey Area Prescribing Committee recommends:

- All specialities, including haematology, should prescribe the methotrexate dose in multiples of 2.5mg tablets and the total dose in milligrams must also be included. For example, “Three 2.5mg tablets (7.5 milligrams)”
- Methotrexate 10mg tablets MUST NOT be prescribed or supplied.
- Both the prescription and the dispensing label must clearly show the dose in milligram, the number of tablets to be taken and the frequency as “ONCE a week on the same day each week”.
- Prescribing of methotrexate with co-trimoxazole or trimethoprim is an ABSOLUTE CONTRAINDICATION and MUST NOT occur under any circumstances. This contraindication applies to people that have recently taken methotrexate.

## Medicines Management Work Plan 2018/19

During **August** and **September** 2018 the NHS Halton CCG Medicines Management Team will be doing the following pieces of work:

- **Quetiapine MR Review** - Review of patients prescribed modified release (MR) quetiapine for potential switch to immediate release (IR) quetiapine, the preferred Pan Mersey formulation (<https://www.panmerseyapc.nhs.uk/recommendations/documents/PS86.pdf?UNLID=1447932042018813155137>). For patients identified as not suitable for switch to the IR formulation a branded generic formulation will be considered.
- **Omega-3-Acid Ethyl Esters capsules Review** – Review of patients currently prescribed Omega-3-Acid Ethyl Esters capsules e.g. Omacor for any indication, for discontinuation in line with Pan Mersey Black RAG status and NHS England guidance ‘Items which should not routinely be prescribed in primary care’ <https://www.england.nhs.uk/wp-content/uploads/2017/07/Items-not-routinely-prescribed-in-primary-care.pdf>

- **Generic MR Methylphenidate Review** - Review of patients prescribed modified release (MR) methylphenidate generically for switch to branded prescribing for safety purposes. All the modified-release methylphenidate preparations include an immediate-release component as well as an extended-release component. The biphasic release profiles of these products are not all equivalent and contain different proportions of the immediate-release and modified-release component. The BNF states that “different versions of modified-release preparations may not have the same clinical effect. To avoid confusion between these different formulations of methylphenidate prescribers should specify the brand to be dispensed”.
- **Stoma Review** – Review of stoma appliances quantities and where appropriate, change in quantities in line with local stoma nurse recommendations or referral of patient to stoma nurse for review.

## Hot Topic – NHS Halton CCG Chronic Obstructive Pulmonary Disease (COPD) Inhaler Guidance

Halton have developed a local COPD inhaler guidance which is based on GOLD ABCD 2017. The remit of the guidance is to give first line options for inhaled therapies for COPD but other Pan Mersey formulary inhalers are still available as treatment options. The guidance was developed to help reduce confusion due to the large number of inhalers available on Pan Mersey for each treatment option. The CCG Respiratory Lead and Medicines Management Team have worked together to develop this guidance. The CCG Respiratory Lead has developed the clinical review section.

‘Triple inhalers’ containing an Inhaled Corticosteroid (ICS), a Long Acting Beta Agonist (LABA) and a Long Acting Muscarinic Antagonist (LAMA) in one device, are now available as treatment options in the management of COPD. Both the Dry Powder inhaler, Trelegy® and the Metered Dose inhaler, Trimbow® are licensed for ‘maintenance treatment in adult patients with moderate to severe COPD who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting beta-agonist’. Please be aware of the licensed indication when considering prescribing of a ‘Triple inhaler’ and refer to the Summary of Product Characteristics for more information.

The CCG Medicines Management Team are in the process of highlighting COPD patients currently prescribed Seretide® inhalers with a LAMA for review. Seretide 250 Evohaler® is unlicensed for the treatment of COPD and Seretide 500 Accuhaler® is third choice option on Pan Mersey formulary and is considerably more expensive than other treatment options. Following clinical review with a practice clinician, a ‘Triple inhaler’ may be deemed a more appropriate treatment option for some patients with a continued need for triple therapy. Use of a ‘Triple inhaler’ may improve compliance due to a simplified dosing regimen and are more cost effective than prescribing multiple inhaler devices.

NHS Halton CCG Inhaler guidance is available under the members section of the NHS Halton CCG website. Additional support materials such as inhaler identification guide, inhaler technique videos and patient information leaflets for those inhalers on the Halton COPD guidance are also available on the CCG website. These are useful tools to aid with teaching correct inhaler technique during consultations.

<http://www.haltonccg.nhs.uk/members-practices/medicines-management/hccg-copd-inhaler-guidance-and-support-materials>

### PRESSURISED METERED DOSE INHALERS (PMDI): RISK OF AIRWAY OBSTRUCTION FROM ASPIRATION OF LOOSE OBJECTS

MHRA have received reports of patients who have inhaled objects into the back of the throat, resulting in coughing. In some cases, objects were aspirated, causing airway obstruction.

Advice for Health Professionals:

- Train patients in the correct use of their inhaler; instructions for patients are provided in the patient information leaflet.
- Tell patients to remove the mouthpiece cover fully, shake the inhaler to remove loose objects that may not be visible, and check the inside and outside of the mouthpiece are clear before inhaling a dose.
- To prevent objects entering the mouthpiece during storage, remind patients to replace the cover immediately after use, ensuring it clicks into place.
- Pharmacists dispensing a pMDI should emphasise to patients the need to clean the device regularly by following the instructions in the patient leaflet and to inspect the device for signs of damage; devices that are damaged should be replaced immediately.

<https://www.gov.uk/drug-safety-update/pressurised-metered-dose-inhalers-pmdi-risk-of-airway-obstruction-from-aspiration-of-loose-objects>

### ESMYA (ULIPRISTAL ACETATE) FOR SYMPTOMS OF UTERINE FIBROIDS: RESTRICTIONS TO USE AND REQUIREMENT TO CHECK LIVER FUNCTION BEFORE, DURING AND AFTER TREATMENT

Temporary safety measures and restrictions for use of Esmya for the symptoms of uterine fibroids were issued in February 2018 following reports of serious liver injury. Following an EU review, the guidance relating to Esmya has now been updated and the following information now replaces any previous advice. In summary:

#### **Esmya should not be used unless:**

- The new restricted indication is met, and the patient does not have an underlying liver disorder; more than one treatment course is now authorised only in women who are not eligible for surgery.
- Liver function monitoring is performed before, during and after treatment courses.
- The rare risk of liver damage and need for liver function monitoring have been discussed and the patient knows the signs and symptoms of liver injury and what to do if they occur.

#### **Esmya is now indicated for:**

- The intermittent treatment of moderate to severe symptoms of uterine fibroids in women of reproductive age who are not eligible for surgery.
- One course of pre-operative treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age.

**Please note:** more than one treatment course of Esmya is now only authorised in women who are not eligible for surgery.

Esmya is contraindicated in women with underlying liver disorders.

Esmya treatment is to be initiated and supervised by a physician experienced in the diagnosis and treatment of uterine fibroids.

### **Liver function monitoring is to be carried out in all women treated with Esmya:**

- Before initiation of each treatment course: perform liver function tests; do not initiate Esmya in women with baseline alanine transaminase (ALT) or aspartate aminotransferase (AST) more than 2-times the upper limit of normal [ULN].
- During the first 2 treatment courses: perform liver function tests every month.
- For further treatment courses: perform liver function tests once before each new course and when clinically indicated.
- At the end of each treatment course: perform liver function tests after 2–4 weeks.
- Stop Esmya treatment and closely monitor women with ALT or AST more than 3-times ULN; consider the need for specialist hepatology referral.

Patients treated with Esmya should be informed of the rare risk of liver damage, the need for liver function tests, be aware of signs and symptoms of liver injury and what to do if they occur.

Pharmacists should provide the new patient card to women when dispensing Esmya; copies of this card were included in the letter sent by post from Gedeon Richter on 1 August 2018 and are available online by searching [medicines.org.uk/emc](https://www.medicines.org.uk/emc) for Esmya and selecting Risk Materials; this will only be required until packs with the pre-inserted patient card reach the market.

The emergency contraceptive ellaOne also contains ulipristal acetate (single-dose, 30mg). No cases of serious liver injury have been reported with ellaOne and there are no concerns with this medicine at this time.

<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102706>

**Please note - Pan Mersey currently has a Black RAG status for Esmya but this will be reviewed in line with this updated guidance.**

## **PATIENT SAFETY ALERT: RESOURCES TO SUPPORT SAFE AND TIMELY MANAGEMENT OF HYPERKALAEMIA**

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Over a recent three-year period, the National Reporting and Learning System (NRLS) received 35 reports of patients suffering cardiac arrest while hyperkalaemic. These suggest that some healthcare professionals may not appreciate that clinical assessment, treatment and ongoing monitoring of hyperkalaemia is time critical. The alert signposts to resources on the NHS Improvement website that can help organisations ensure their clinical staff have easily accessible information to guide prompt investigation, treatment and monitoring options.

General Practice will not need hyperkalaemia treatment protocols or equipment but they will need to ensure they implement all actions that will support the right response to any blood test results they receive indicating hyperkalaemia.

<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102787>

## **INTERFACE FORM**

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The Pan Mersey Interface form (link below) should be used to highlight interface issues. It is important to ensure the incident has also been highlighted with the relevant organisation and any appropriate action required to maintain

safe ongoing patient treatment has been addressed. The interface form should be used to log interface issues after the event has been dealt with.

NHS Halton CCG Medicines Management Team will review all halton reports on a monthly basis and will escalate relevant themes and trends within the CCG and at relevant provider meetings.

[https://www.panmerseyapc.nhs.uk/safety/interface\\_form.php](https://www.panmerseyapc.nhs.uk/safety/interface_form.php)

## Medicines Supply Issues Update

Below is a link to the July issue of the 'Supply issues update for primary care'. This report has been produced by the Department of Health and Social Care (DHSC) Medicine Supply team and provides an update on current primary care medicine supplies issues. All future issues will be saved in the same place on the CCG website for future reference:

<http://www.haltonccg.nhs.uk/members-practices/medicines-management/medicines-supply-issues>

## Antimicrobial Stewardship Resources

[Antimicrobial Resistance \(AMR\) - GOV.UK](#)

Contains:

- Strategic publications
- Clinical or technical guidance and publications
- Resources for healthcare professionals
- Resources for livestock professionals
- Research
- News

[TARGET Antibiotic Toolkit](#)

An antimicrobial stewardship toolkit and resources for Primary Care in the UK. Produced by The Royal College of General Practitioners (RCGP).

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