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## Area Prescribing Committee

### FORMULARY AND GUIDELINES

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#### **AMBER INITIATED SACUBITRIL/VALSARTAN FILM-COATED TABLETS (ENTRESTO®▼)**

The Pan Mersey Area Prescribing Committee recommends the prescribing of SACUBITRIL/VALSARTAN film-coated tablets (Entresto® ▼) for treating symptomatic chronic heart failure following specialist initiation and in accordance with NICE TA388.

#### **AMBER INITIATED INSULIN LISPRO SANOFI (BIOSIMILAR VERSION)**

Addition to formulary. Potential cost saving compared to originator brand: 5 x 3ml pen £25.04 vs. £29.46

#### **AMBER RECOMMENDED DIGOXIN**

Change of RAG status from green to amber recommended. NICE NG106 Chronic Heart Failure guidance now recommends digoxin should be initiated on advice of specialist. Digoxin remains **GREEN** designation in atrial fibrillation.

#### **AMBER RECOMMENDED HYDRALAZINE**

Change of RAG status from green to amber recommended. NICE NG106 Chronic Heart Failure guidance now recommends hydralazine should be initiated on advice of specialist.

#### **GREEN / AMBER INITIATED VITAMIN D PREPARATIONS**

Removal of brand names in formulary and guidelines, now that a wider choice of licensed brands is available it is unnecessary to use brand name to avoid unintentional use of unlicensed preparations.

#### **GREEN EPLERENONE**

Change of RAG status from amber recommended to green. NICE NG106 Chronic Heart Failure guidance no longer recommends eplerenone should be initiated on advice of specialist.

### **GREEN FLUTICASONE + SALMETEROL METERED DOSE INHALER (COMBISAL® 50/25, 125/25, 250/25)**

Addition of cost-effective brand to formulary.

Potential cost saving compared to original brand: £13.50/ £17.59/ £29.89 per inhaler vs. £18.00/ £23.45 / £29.32

### **GREEN LEVOMENTHOL CREAM**

Removal of brand names in formulary.

Recommended cost-effective brands can be advised by inclusion of this information in local CCG prescribing systems.

### **GREY CANNABIS-BASED PRODUCTS**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of CANNABIS-BASED products for medicinal use.

### **GREY ERENUMAB PRE-FILLED SYRINGES (AIMOVIG®▼)**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of ERENUMAB pre-filled syringes (Aimovig®▼) for prophylaxis of migraine.

### **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.

### **GREY SEMAGLUTIDE SOLUTION FOR INJECTION (OZEMPIC®▼)**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of SEMAGLUTIDE solution for injection (Ozempic®▼) for Type 2 Diabetes Mellitus.

### **RED TOFACITINIB FILM-COATED TABLETS (XELJIANZ®▼)**

The Pan Mersey Area Prescribing Committee recommends the prescribing of TOFACITINIB film-coated tablets (Xeljanz®▼), by specialists only, for moderately to severely active Ulcerative Colitis in accordance with NICE TA547.

### **RED ELTROMBOPAG OLAMINE TABLETS (REVOLADE®)**

The Pan Mersey Area Prescribing Committee recommends the prescribing of ELTROMBOPAG OLAMINE tablets (Revolade®) by Haematologists only, for chronic ITP in accordance with NICE TA293.

### **RED ROMIPLOSTIM SC INJECTION (NPLATE®)**

The Pan Mersey Area Prescribing Committee recommends the prescribing of ROMIPLOSTIM SC injection (Nplate®), by Haematologists only, for chronic immune (idiopathic) thrombocytopenic purpura (ITP) in accordance with NICE TA221.

### **RED ULIPRISTAL ACETATE 5MG TABLETS (ESMYA)**

The Pan Mersey Area Prescribing Committee recommends the prescribing of ULIPRISTAL ACETATE tablets (Esmya®), by physicians experienced in the diagnosis and treatment of uterine fibroids, in line with the defined prescribing criteria.

## RED TERIPARATIDE

Use, as per criteria defined in NICE TA161, is commissioned and funded by CCGs as it is a PBR-excluded drug. The Pan Mersey Area Prescribing Committee recommends the addition of those patients who have multiple vertebral fractures and vertebrae collapse, with resulting invalid bone mineral density and T-score not qualifying for treatment despite severe osteoporosis, to local treatment criteria.

## STOPPING OVER-MEDICATION OF PEOPLE WITH LEARNING DISABILITY, AUTISM OR BOTH (STOMP)

Guideline supporting implementation of NHS England STOMP initiative. This also supports work that has already been carried out locally by Halton GP practices and the CCG Medicines Management Team.

## SAFETY

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### ADRENALINE AUTO-INJECTORS

#### Advice for healthcare professionals:

Ensure the patient or carer, or both, are trained and understand optimal use of their adrenaline auto injector device; advise the patient or carer, or both, to carry two adrenaline auto injectors at all times.

## Medicines Management Work Plan 2019/20

During April and May 2019 the NHS Halton CCG Medicines Management Team will be doing the following pieces of work:

- **Medication Reviews** – The CCG Medicines Management Pharmacists will be focussing on medication reviews for patients living with frailty and at risks of falls. The team are developing a risk stratification tool to support with prioritising patients most at risk.
- **Cow's Milk Protein Allergy Review** – Review of the prescribing of Extensively Hydrolysed Formula (EHF) and Amino Acid Formula (AAF) against the Pan Mersey Guidance and the EHF/AAF target ratio of 90:10.

[https://www.panmerseyapc.nhs.uk/media/1192/infantformula\\_201703\\_g16\\_v0200.pdf](https://www.panmerseyapc.nhs.uk/media/1192/infantformula_201703_g16_v0200.pdf)

- **Freestyle Libre Monitor Review** – a review of the prescribing of Freestyle Libre sensors against local guidance and documentation, for feedback at practice and CCG level and to agree actions with local diabetes teams.
- **Methylphenidate MR branding** – Review of methylphenidate MR preparations prescribed generically for switching to brand for safety purposes, as recommended in the BNF:  
'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.'

<https://bnf.nice.org.uk/drug/methylphenidate-hydrochloride.html#prescribingAndDispensingInformations>

The Medicines Management Team have purchased three online e-learning resources for Halton CCG clinicians, these will cover therapeutic areas that are very relevant to local priorities and high impact areas.

The first two topics available for clinicians in Halton GP practices are:

### **Polypharmacy and deprescribing e-learning (including concise version)**

The concept of deprescribing is still new to many clinicians and this course explains the principles as well as practical advice as to how it can be undertaken. It has been designed for clinical staff who are involved in the prescribing and review of medicines, including pharmacists and pharmacy technicians; nurses; non-medical prescribers and trainee GPs.

A concise version of the course is also available for more experienced healthcare professionals including GPs.

The course is split into nine bite sized modules to enable you to take the course at your own pace and speed and takes approximately three and a half hours in total. A CPD certified certificate is available upon on completion of the course.

MODULE 1 - Introduction

MODULE 2 - Definitions and principles.

MODULE 3 - Multimorbidity

MODULE 4 - Frailty and end of life care

MODULE 5 - Medicines optimisation and patient centred care

MODULE 6 - Shared decision making

MODULE 7 - Tools to support medication review

MODULE 8 - Case studies

MODULE 9 - Final assessment and feedback

### **Reducing opioid prescribing in chronic pain e-learning**

The reducing opioid prescribing in chronic pain e-learning course is CPD certified and is aimed at GPs, practice nurses, practice pharmacists and non-medical prescribers. There has been a marked and progressive rise in prescribing of opioid drugs in the UK over the past decade and the trend to increased prescribing continues. The increase in prescribing has been predominantly for the treatment of non-cancer pain. Opioids have demonstrable effectiveness in the treatment of acute pain and pain related to cancer but there is little evidence for the effectiveness of opioids for the treatment of chronic pain. This e-learning course will help equip healthcare professionals to tackle this growth in use and to improve care for patients with chronic pain and is comprised of eight modules:

MODULE 1 - Background to chronic pain

MODULE 2 - Opioid efficacy and trial of treatment

MODULE 3 - Choice of strong opioid

MODULE 4 - Adverse effects of opioids

MODULE 5 - Duration of opioid therapy and review

MODULE 6 - Tapering and stopping opioids

MODULE 7 - Prescription opioid dependence

MODULE 8 - Specialist services

The course includes contributions from Dr Ruth Bastable, a GP with experience of working in health care of patients who are homeless and at risk of homelessness and health care of patients in secure environments. She has an interest in substance misuse, and an interest in prescription drug misuse.

This course should take approximately 3 hours.

In order to access either of the above courses clinicians must be a member of a Halton GP practice. The Medicines Management Team will be sending out full details about how to access the above e-learning courses in the next couple of weeks.

The third course is currently being considered and full details will be sent to all GP practices once it is available.

## Controlled Drugs: Schedule 2 and 3 Controlled Drugs and EPS

The national roll out of controlled drugs in EPS continued with EMIS Web between 25 March and 8 April. It included all practices in England using the EMIS Web prescribing system.

EPS can now automatically be used for all eligible prescriptions and so it is important that practices are aware of the roll out. All prescriptions for Schedule 2 and 3 Controlled Drugs (excluding instalment FP10MDAs or oral liquid methadone) will automatically be processed electronically for patients who use EPS for their existing prescriptions

Local recommendations:

- Patients who already have a nomination should be advised that most of their items, including Schedule 2 or 3 CDs, can now be sent via EPS to their nominated pharmacy like their other medication. These patients will not receive a separate paper prescription for Schedule 2 or 3 CDs anymore, except for oral liquid methadone or instalment FP10MDA prescriptions.
- Patients who previously did not have a nomination because they received Schedule 2 or 3 CDs and did not want split prescriptions can be advised that they may now wish to consider setting a nomination.
- Practices should review their processes for safe management of CD prescriptions to include use of EPS for schedule 2 and 3 CDs
- Be mindful that initially not all patients will be aware of this change and will still attend the practice to collect their CD prescription only to find that there is no paper prescription to pick up – please make all relevant staff aware that this may mean the prescription has now gone EPS and is already with their nominated pharmacy; please ensure that they are aware of and able to use the EPS tracker as this will reduce delays for patients and will reduce the risk of duplicate prescriptions being generated without valid reason.

Further information about how the change affects GP practices and community pharmacies is available on the [NHS Digital website](#).

Processing prescriptions for Schedule 2 & 3 Controlled Drugs (CDs) electronically using EPS will make process safer and more secure. The roll out of CDs via EPS will improve accountability and traceability from prescriber to pharmacy and ultimately to the patient receiving the medication. The EPS tracker is available via <https://digital.nhs.uk/services/electronic-prescription-service> an NHS Smartcard with the appropriate permissions is required to access this.

### CARBIMAZOLE: INCREASED RISK OF CONGENITAL MALFORMATIONS; STRENGTHENED ADVICE ON CONTRACEPTION

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- Women of childbearing potential should use effective contraception during treatment with carbimazole due to increased risk of congenital malformations.
- Carbimazole is associated with an increased risk of congenital malformations when used during pregnancy, particularly in the first trimester of pregnancy and at high doses (15 mg or more of carbimazole daily).
- Carbimazole should only be considered in pregnancy after a thorough individual assessment of benefits and risks of treatment, and only at the lowest effective dose without additional administration of thyroid hormones; close maternal, foetal, and neonatal monitoring is recommended.

<https://www.gov.uk/drug-safety-update/carbimazole-increased-risk-of-congenital-malformations-strengthened-advice-on-contraception>

### CARBIMAZOLE: RISK OF ACUTE PANCREATITIS

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- Cases of acute pancreatitis have been reported very infrequently during treatment with carbimazole.
- If acute pancreatitis occurs, stop carbimazole treatment immediately.
- Do not use carbimazole in patients with a history of acute pancreatitis in association with previous treatment.
- Re-exposure may result in life-threatening acute pancreatitis with a decreased time to onset.

<https://www.gov.uk/drug-safety-update/carbimazole-risk-of-acute-pancreatitis>

### SGLT2 INHIBITORS: REPORTS OF FOURNIER'S GANGRENE (NECROTISING FASCIITIS OF THE GENITALIA OR PERINEUM)

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#### Advice for healthcare professionals:

- Post-marketing cases of Fournier's gangrene (necrotising fasciitis of the genitalia or perineum) have been associated with the use of sodium-glucose co-transporter 2 (SGLT2) inhibitors.
- Fournier's gangrene is a rare but serious and potentially life-threatening infection.
- If Fournier's gangrene is suspected, stop the SGLT2 inhibitor and urgently start treatment (including antibiotics and surgical debridement as required).
- Urogenital infection or perineal abscess may precede necrotising fasciitis.
- Advise patients to seek urgent medical attention if they experience severe pain, tenderness, erythema, or swelling in the genital or perineal area, accompanied by fever or malaise.

<https://www.gov.uk/drug-safety-update/sglt2-inhibitors-reports-of-fournier-s-gangrene-necrotising-fasciitis-of-the-genitalia-or-perineum>

### MEDICINES WITH TERATOGENIC POTENTIAL: WHAT IS EFFECTIVE CONTRACEPTION AND HOW OFTEN IS PREGNANCY TESTING NEEDED?

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MHRA has highlighted new guidance on contraceptive methods and frequency of pregnancy testing to reduce inadvertent exposures during pregnancy in a woman taking a medicine of teratogenic potential.

Please follow the link for more information:

<https://www.gov.uk/drug-safety-update/medicines-with-teratogenic-potential-what-is-effective-contraception-and-how-often-is-pregnancy-testing-needed>

## FLUOROQUINOLONE ANTIBIOTICS: NEW RESTRICTIONS AND PRECAUTIONS FOR USE DUE TO VERY RARE REPORTS OF DISABLING AND POTENTIALLY LONG-LASTING OR IRREVERSIBLE SIDE EFFECTS

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### Advice for healthcare professionals:

- Systemic fluoroquinolones can very rarely cause long-lasting, disabling, and potentially irreversible side effects, sometimes affecting multiple systems, organ classes, and senses.
- Advise patients to stop treatment at the first signs of a serious adverse reaction, such as tendinitis or tendon rupture, muscle pain, muscle weakness, joint pain, joint swelling, peripheral neuropathy, and central nervous system effects, and to contact their doctor immediately for further advice.
- Do not prescribe fluoroquinolones:
  - For non-severe or self-limiting infections, or non-bacterial conditions.
  - For some mild to moderate infections (such as in acute exacerbation of chronic bronchitis and chronic obstructive pulmonary disease) unless other antibiotics that are commonly recommended for these infections are considered inappropriate.
- Ciprofloxacin or levofloxacin should no longer be prescribed for uncomplicated cystitis unless other antibiotics that are commonly recommended are considered inappropriate.
- Avoid use in patients who have previously had serious adverse reactions with a quinolone or fluoroquinolone antibiotic.
- Prescribe with special caution for people older than 60 years and for those with renal impairment or solid-organ transplants because they are at a higher risk of tendon injury.
- Avoid use of a corticosteroid with a fluoroquinolone; co-administration could exacerbate fluoroquinolone-induced tendinitis and tendon rupture.

<https://www.gov.uk/drug-safety-update/fluoroquinolone-antibiotics-new-restrictions-and-precautions-for-use-due-to-very-rare-reports-of-disabling-and-potentially-long-lasting-or-irreversible-side-effects>

## Medicines Supply Issues Update

Below is a link to the latest 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.

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

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