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## Area Prescribing Committee

### RECOMMENDATIONS, FORMULARY AND GUIDELINES

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#### **GREY FLUOCINOLONE intravitreal implant (Iluvien®)**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of FLUOCINOLONE intravitreal implant (Iluvien®) for non-infectious uveitis.

#### **GREY MELATONIN prolonged-release tablets (Slenyto®) for the treatment of insomnia in children**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of MELATONIN prolonged-release tablets (Slenyto®) for the treatment of insomnia in children with neurodevelopmental conditions.

#### **GREY DEOXYCHOLIC ACID injection (Belkya® ▼)**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of DEOXYCHOLIC ACID injection (Belkya® ▼) for submental (under chin) fat.

#### **GREY TILDRAKIZUMAB solution for injection (Ilumetri® ▼)**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of TILDRAKIZUMAB solution for injection (Ilumetri® ▼) for the treatment of plaque psoriasis.

#### **BLACK Ascorbic acid tablets**

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of ASCORBIC ACID for any indication, other than scurvy.

#### **BLACK Lactase enzyme drops 50,000 units/g (Colief®)**

The Pan-Mersey Area Prescribing Committee recommends that Lactase Enzyme Drops 50,000 units/g (Colief®) are not prescribed on the NHS. Patients are advised to purchase Colief® if they wish.

#### **BLACK Vitamin B Compound Strong**

Change of designation from green to black except 10 days therapy for re-feeding syndrome.

#### **BLACK DOSULEPIN capsules and tablets**

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of DOSULEPIN capsules and tablets.

### **BLACK TRIMIPRAMINE capsules and tablets (Surmontil®)**

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of TRIMIPRAMINE capsules and tablets.

### **GREEN Gliptin (DPP-4 inhibitor) statement**

The Pan Mersey Area Prescribing Committee recommends the prescribing of DPP-4 inhibitors in accordance with NG28-Type 2 diabetes in adults: management.

### **ERTUGLIFLOZIN film-coated tablets (Steglatro® ▼)**

#### **GREEN as monotherapy or with metformin for treating type 2 diabetes**

The Pan Mersey Area Prescribing Committee recommends the prescribing of ERTUGLIFLOZIN film-coated tablets (Steglatro® ▼) as monotherapy or with metformin for treating type 2 diabetes in accordance with NICE TA572.

#### **GREY for use as part of a triple therapy regimen for the treatment of type 2 diabetes.**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of ERTUGLIFLOZIN film-coated tablets (Steglatro® ▼) for use as part of a triple therapy regimen for the treatment of type 2 diabetes.

### **GREEN Calcium carbonate 750 mg + colecalciferol 200 units' caplets**

Additional formulation for patients who cannot swallow/ chew higher dose formulations.

### **GREEN Ibuprofen and naproxen oral formulations**

The Pan Mersey Area Prescribing Committee recommends the prescribing of IBUPROFEN (low dose) and NAPROXEN (low dose) as the non-steroidal anti-inflammatory drugs (NSAIDs) of choice, if an NSAID is appropriate.

### **GREEN Preferred choice direct – acting oral anti-coagulant (DOAC)**

The Pan Mersey APC recommends, in the absence of a specific clinical reason to select a particular DOAC, that the least costly DOAC is used first line for patients with non-valvular AF. Currently this is **edoxaban**.

### **AMBER RETAINED DAPOXETINE tablets (Priligy®)**

The Pan Mersey Area Prescribing Committee recommends the prescribing of DAPOXETINE tablets (Priligy®) for the treatment of premature ejaculation when recommended by a psychosexual service or a specialist clinician with experience of treating psychosexual disorders. Treatment is restricted to three doses per month.

### **AMBER INITIATED Aviptadil 25micrograms + phentolamine 2mg intracavernosal injection (Invicorp®)**

Additional option to alprostadil in treatment of erectile dysfunction where oral therapy unsuitable.

### **AMBER INITIATED Hydrocortisone granules 0.5mg, 1mg, 2mg and 5mg (Alkindi®)**

Licensed formulation for use instead of unlicensed "special". The unlicensed "special" to be retained for children requiring dose increments of less than 0.5mg.

### **AMBER INITIATED Insulin glargine (Semglee®)**

Additional biosimilar brand.

### **RED Drugs used in medically assisted reproduction**

Clarification that use of any drug in medically assisted reproduction is designated red, even where the drug has an alternative designation for other indications.

### **RED PITOLISANT Tablets (Wakix® ▼)**

The Pan Mersey Area Prescribing Committee recommends the prescribing of PITOLISANT tablets (Wakix® ▼), by specialists working in a regional and national tertiary commissioned sleep service only, for the treatment of Narcolepsy with or without cataplexy in those who are contraindicated or have not tolerated other standard

treatments.

### **RED SODIUM OXYBATE Oral Solution (Xyrem®)**

The Pan Mersey Area Prescribing Committee recommends SODIUM OXYBATE oral solution (Xyrem®) as a treatment option for Narcolepsy with cataplexy in adult patients only when recommended by a consultant in a specialist commissioned sleep service.

### **Chapter 3 Respiratory system**

Routine update of chapter - <http://formulary.panmerseyapc.nhs.uk/chaptersSub.asp?FormularySectionID=3>

### **Chapter 12 Ear, nose and oropharynx**

Routine update of chapter - <http://formulary.panmerseyapc.nhs.uk/chaptersSub.asp?FormularySectionID=12>

**Skin infections** - <https://www.panmerseyapc.nhs.uk/media/2198/skin.pdf>

## **GUIDELINES**

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### **Off-label use – formulary wording**

Off-label use drugs are included in the formulary for their licensed indications – where inclusion of off-label use is considered to be included in the formulary this is specifically stated in the entry for the drug.

Paediatrics: Drugs are included in the formulary for paediatric use for their BNF for Children recommended indications (indicated by **U** symbol) which may be off-label, unless otherwise stated.

### **AMBER INITIATED Insulin – criteria for transfer of prescribing to primary care**

Before requesting that Primary Care take over prescribing of newly initiated insulin 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.

### **OVERACTIVE BLADDER in children over 5 years prescribing algorithm**

[https://www.panmerseyapc.nhs.uk/media/2197/oab\\_paed.pdf](https://www.panmerseyapc.nhs.uk/media/2197/oab_paed.pdf)

### **Asthma guideline in primary care – adults**

Updated guideline based on current BTS/SIGN British Asthma guideline in preference to NICE guideline.

### **Paediatric chronic pain guideline**

Incorporation of previously agreed restrictions on use of lidocaine plaster into the paediatric chronic pain guideline.

### **Definitions and Criteria for the Categorisation of Medicines in Pan Mersey**

Updated to reflect that specialists may be located in specifically commissioned services in community settings, as well as hospitals.

## PRESCRIBING SUPPORT

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### Hydroxychloroquine

Minor amendments to documentation to decrease in recommended maximum daily dose and emphasise that specialist is responsible for arranging and managing eye monitoring.

[https://www.panmerseyapc.nhs.uk/media/2181/hydroxychloroquine\\_prescribing.pdf](https://www.panmerseyapc.nhs.uk/media/2181/hydroxychloroquine_prescribing.pdf)

## SAFETY

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### PARAFFIN-BASED EMOLLIENTS: fire risk

The Pan Mersey Area Prescribing Committee recommends that the risk of fire should be considered when issuing paraffin-based emollient preparations.

[https://www.panmerseyapc.nhs.uk/media/2170/emollient\\_firerisk.pdf](https://www.panmerseyapc.nhs.uk/media/2170/emollient_firerisk.pdf)

## Medicines Management Work Plan 2019/20

During June and July 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, prioritising patients most at risk.
- **Medicines Shortages Guidance** – Medication shortages have become increasingly common over the last few years. Stock shortages can have a substantial negative impact on patients, community pharmacy, general practice, medicines management teams and the NHS as a whole. With this in mind the CCG medicines management team have produced a guidance document for pharmacies and practice staff to utilise to provide a patient centred approach to tackling this issue. Medicines management pharmacists will be visiting local pharmacies to launch the guidance during June and July. The guidance will also be launched to practices via the Practice Medicines Co-ordinators who are being updated at their June meetings. The Medicines Shortages Guidance is stored on the LPC website <https://psnc.org.uk/halton-st-helens-and-knowsley-lpc/wp-content/uploads/sites/45/2019/05/Medicines-shortages-Guidance-v1.pdf> and the CCG website. <http://www.haltonccg.nhs.uk/members-practices/medicines-management/medicines-supply-issues>
- **Practice Medicine Co-ordinator (PMC) Reviews** – The PMCs will be doing the following reviews:
  - Gluten Free prescribing – Review of prescribed quantities against national guidance.
  - Bricanyl® 500mcg/dose Turbohaler® - Astra Zeneca, the only manufacturer of terbutaline 500mcg inhalers, has recently changed the number of doses in the Bricanyl® Turbohaler® device from 100 doses to 120 doses. This has resulted in EPS not allowing for existing prescriptions to be sent electronically. The PMCs will be amending prescribing to rectify this.
  - Combined Oral Contraceptives – Due to Cilest® being discontinued in July 2019 and imminent long term supply issues with Microgynon® 30 and Ovranette® the PMCs will be carrying out switches to the formulary choice equivalents of Lizinna® and Levest®.
  - High Risk Drug Monitoring - the PMCs will be auditing patients prescribed hydroxychloroquine and vigabatrin to check that the following recommended monitoring has been completed and feeding back to prescribers where necessary:
    - Hydroxychloroquine - Annual retinopathy screening for patients who have taken hydroxychloroquine for greater than 5 years.
    - Vigabatrin – 6 monthly visual field testing.

NHS Halton CCG Medicines Management Team has developed a set of frequently asked questions (FAQs) for prescribers and dispensers to support appropriate use of multi-compartment compliance aids (MCAs) locally.

The Royal Pharmaceutical Society (RPS) recommends the use of original packs of medicines, supported by appropriate pharmaceutical care, as the preferred intervention for the supply of medicines in the absence of a specific need for a multi-compartment compliance aid (MCA)<sup>1</sup>. In general there is insufficient evidence to support the benefits of MCAs in improving medicines adherence in patients and the available evidence does not support the use of MCAs as a panacea in health or social care policy, including in care home settings<sup>2</sup>.

Care should be provided in a way that supports patient independence and re-ablement; MCAs can inadvertently perpetuate dependence and disempowerment. There is some evidence to indicate that a MCA may be of value for a small number of patients who have been assessed as having practical problems in managing their medicines. Each patient's needs must be assessed on an individual basis and any intervention must be tailored to the patient's specific requirements.

NICE Guidance on managing medicines for adults receiving social care in the community guidance recommends<sup>3</sup>:

- Consider using a monitored dosage system only when an assessment by a health professional (for example, a pharmacist) has been carried out, in line with the Equality Act 2010, and a specific need has been identified to support medicines adherence.
- Take account of the person's needs and preferences, and involve the person and/or their family members or carers and the social care provider in decision-making.

The FAQs provide advice and guidance regarding:

- Who decides when to use an MCA;
- Who MCAs are for;
- Use of 7 day prescriptions;
- Medicines that shouldn't be included in MCAs and how these should be managed;
- Changes to medication for patients using MCAs;
- Identification of medication within an MCA;

The FAQ document also includes patient assessment criteria to support decision making with regards to individual patient circumstances and how support can be tailored to meet these.

The FAQ document is available via the following link on the Medicines Management pages of the Members section of the CCG website:

<http://www.haltonccg.nhs.uk/members-practices/Prescribing%20Guidance/Multi-Compartment%20Compliance%20Aids%20FAQs%20for%20prescribers.pdf>

1. Royal Pharmaceutical Society. Improving patient outcomes: The better use of multi-compartment compliance aids July 2013

<https://www.rpharms.com/resources/toolkits/improving-patient-outcomes-through-mca>

2. Royal Pharmaceutical Society (Scotland): Improving Pharmaceutical Care in Care Homes Dec 2012

<https://www.rpharms.com/resources/reports/improving-pharmaceutical-care-in-care-homes>

3. National Institute for Health and Clinical Excellence (NICE). Managing medicines for adults receiving social care in the community guidance. NICE Guideline 67, March 2017. <https://www.nice.org.uk/guidance/ng67>

## Guidance for registered pharmacies providing pharmacy services at a distance, including on the internet

The GPhC has published guidance which sets out the key areas that need to be considered by registered pharmacies that provide services at a distance. All pharmacies that provide services such as the electronic prescription service, a collection and delivery service, a hub and spoke pharmacy service or an internet pharmacy service will be expected to follow the guidance.

**For more information please see:**

[https://www.pharmacyregulation.org/sites/default/files/document/guidance\\_for\\_registered\\_pharmacies\\_providing\\_pharmacy\\_services\\_at\\_a\\_distance\\_including\\_on\\_the\\_internet\\_april\\_2019.pdf](https://www.pharmacyregulation.org/sites/default/files/document/guidance_for_registered_pharmacies_providing_pharmacy_services_at_a_distance_including_on_the_internet_april_2019.pdf)

## Safety

### VALPROATE MEDICINES AND SERIOUS HARMS IN PREGNANCY: NEW ANNUAL RISK ACKNOWLEDGEMENT FORM AND CLINICAL GUIDANCE FROM PROFESSIONAL BODIES TO SUPPORT COMPLIANCE WITH THE PREGNANCY PREVENTION PROGRAMME

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The [Annual Risk Acknowledgement Form](#) has been updated following feedback from healthcare professionals and stakeholders and should be used for all future reviews of female patients on valproate.

**Advice for healthcare professionals:**

- Specialists should use the revised Annual Risk Acknowledgement Form (version dated March 2019) at initiation and annual review of all girls and women of childbearing potential on valproate medicines (irrespective of indication).
- Specialists should comply with guidance on the form if they consider there to be compelling reasons to indicate their patient is not at risk of pregnancy, including the need to document reasons for this and for the patient or responsible person to sign to confirm these are correct.
- If the absence of pregnancy risk may change (for example, the patient is pre-menarchal), the date for the next annual discussion of the risks must be documented and the patient or the patient's family or caregivers asked to contact the prescriber rapidly if the situation changes.
- There is no safe dose of valproate that can be used in pregnancy.

**To support healthcare professionals to understand their clinical responsibilities for valproate, NICE has produced a [summary of their guidance and safety advice](#).**

**Experts from 13 national healthcare bodies, including 7 Royal Colleges, have produced [clinical guidance to support healthcare professionals involved in the care of women on valproate](#).** The 'pan-College' guidance advises on the more challenging issues that clinicians across primary and specialist care might encounter in daily practice. These include transition from paediatric to adult services, competence to consent to treatment, and confidentiality.

The British Paediatric Neurology Association (BPNA) and the Royal College of Paediatrics and Child Health (RCPCH) have developed joint guidance to provide recommendations about the use of valproate in female patients under 18 years of age.

<https://www.gov.uk/drug-safety-update/valproate-medicines-and-serious-harms-in-pregnancy-new-annual-risk-acknowledgement-form-and-clinical-guidance-from-professional-bodies-to-support-compliance-with-the-pregnancy-prevention-programme>

Pan Mersey APC has also produced a safety statement relating to the safe prescribing and dispensing of Valproate. <https://www.panmerseyapc.nhs.uk/media/2162/valproate.pdf>

## PREGABALIN (LYRICA), GABAPENTIN (NEURONTIN) AND RISK OF ABUSE AND DEPENDENCE: NEW SCHEDULING REQUIREMENTS FROM 1 APRIL

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### Advice for healthcare professionals:

- To reflect growing concern about abuse, both pregabalin and gabapentin are now classified as Class C controlled substances (under the Misuse of Drugs Act 1971) and scheduled under the Misuse of Drugs Regulations 2001 (as amended) as Schedule 3, but are exempt from the safe custody requirements.
- Evaluate patients carefully for a history of drug abuse and dependence before prescribing pregabalin and gabapentin.
- Observe patients on pregabalin and gabapentin for possible signs of abuse and dependence, for example, drug-seeking behaviour, dose escalation, and development of tolerance.
- Ensure patients are aware of the risk of potentially fatal interactions with other medicines that cause CNS depression, particularly opioid medicines, and with alcohol.

<https://www.gov.uk/drug-safety-update/pregabalin-lyrica-gabapentin-neurontin-and-risk-of-abuse-and-dependence-new-scheduling-requirements-from-1-april>

### 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>

### MIMS Drug shortages - live tracker

Below is a link to MIMS' shortages tracker. Please note - from Friday 17th May you will need to register and log in to view the tracker. Registration is free for GPs and nurses. Practice-based pharmacists can also register for free by emailing [gponline.support@haymarket.com](mailto:gponline.support@haymarket.com). Other users may subscribe at [mims.co.uk/subscribe](http://mims.co.uk/subscribe).

The MIMS' shortages tracker is updated constantly, the table lists products currently reported to be out of stock in the UK. It is designed to help primary care professionals avoid writing prescriptions for products that are unavailable, saving them time issuing replacement prescriptions.

A second table lists supply issues reported to have been resolved. Click on any of the column headings in either table to sort the information as needed.

<https://www.mims.co.uk/drug-shortages-live-tracker/article/1581516>

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