



Area Prescribing Committee.....	1
Medicines Management Work Plan 2020/2021	1
Local COVID-19 Medicines Guidance	2
Hot Topic - Electronic Repeat Dispensing (eRD)	2
Safety	3
Antimicrobial Update: June 2020	6

Area Prescribing Committee

COVID-19 AND PAN MERSEY APC RAG POSITIONS

Red, Amber and Shared Care Drugs

The Medicines Management Team have been made aware that, due to the COVID-19 situation, there have been requests or suggestions for prescribing of Red, Amber and shared care drugs outside of the agreed Pan Mersey APC positions. The Pan Mersey classifications have been agreed primarily to reflect safe practice and as such there are potential risks when making changes to this. The national steer has also been to continue with agreed RAG positions.

Any proposed changes to the existing RAG status for a specific drug or group of drugs need to be discussed with the CCG and Secondary Care medicines teams, and if a change is appropriate this will then be agreed through local governance arrangements; prescribers will be notified of these changes as soon as they are agreed.

If you receive any requests to prescribe outside of the current RAG status, then please seek advice from your Medicines Management Pharmacist or Technician.

Medicines Management Work Plan 2020/2021

During **June/July 2020** the NHS Halton CCG Medicines Management Team will continue to support with the following COVID-19 related work:

- Medicines support to care Homes
- Supply of end of life medication
- Warfarin to DOAC switches
- Electronic Repeat Dispensing (eRD)
- Medicines supply issues
- Medication support guidance

Practice Medicine Co-ordinator (PMC) Reviews – The PMCs will be doing the following reviews:

- Ramipril tablets to capsules switch - cost effective formulation switch
- Orlistat review - review of patients prescribed orlistat for potential discontinuation or review.

- Soluble Co-codamol & Paracetamol Review - review of patients for switch to more cost effective non-soluble equivalent to reduce patients' sodium intake.
- Simple Eye Ointment to Hylo® Night switch - switch of generic Simple Eye Ointment to cost effective brand Hylo® Night which has 6 months expiry.

Local COVID-19 Medication Support Guidance

The following COVID-19 medicines support guidance which has been developed locally, and circulated by the Medicine Management Team, is available on the NHS Halton CCG website:

<http://www.haltonccg.nhs.uk/members-practices/local-covid-19-guidance>

- HCCG COVID-19 FSRH Contraception Guidance
- HCCG COVID-19 Prescription Ordering Guidance
- HCCG COVID-19 Preventing Medication Over-ordering Guidance
- MLCSU COVID-19 Disease Modifying Drug (DMD) Monitoring Guidance
- NWB COVID-19 Managing Lithium Guidance
- HCCG COVID-19 Asthma & COPD Prescription Request Guidance

Hot Topic - Electronic Repeat Dispensing (eRD)

As part of the Primary Care response to COVID-19, NHS England has asked GP practices to increase the use of Electronic Repeat Dispensing (eRD) in suitable patients.

eRD enables patients on long-term, stable prescriptions to receive their medication at a pharmacy of their choice for up to 12 months using the Electronic Prescription Service (EPS). This removes the need for prescribers to sign or authorise multiple monthly prescriptions.

Two-thirds of prescriptions issued in primary care are repeat prescriptions. It's estimated that up to 80% of all repeat prescriptions could eventually be replaced with eRD nationally and this could save 2.7 million hours of GP and practice time.

The use of eRD has the following benefits for GP practices:

- Reduction in footfall to the GP practice which supports with social distancing.
- Reduction in workload for prescribers.
- Reduction in the number of requests/queries coming into the practice.
- Reduction in medicines waste.

The use of eRD has the following benefits for Community Pharmacy:

- Improved stock control.
- Increased efficiency.
- Effective time management.
- Reduction in managed repeat workload.
- Fewer trips to collect prescriptions from GP practice.

The NHSBSA can provide individual practice lists of NHS numbers for patients, identified from their dispensing information, to be suitable for eRD. This allows GP practices to identify patients who have received the same medication in the last 12 months of dispensing; this will initially include patients receiving one, two or three medications.

The NHS Halton CCG Medicines Management Team (MMT) has developed an eRD support programme and is currently helping 3 pilot practices to implement eRD.

The MMT support pack for practices includes guidance on:

- Identifying patients suitable for eRD, including a data collection sheet.
- Gaining patient consent.
- Amending the prescription type and cancelling prescriptions.
- Best practice communication.

The MMT are in the process of contacting local pharmacies to advise them of an increase in eRD, providing information on the eRD process and signposting to available online training. We are also obtaining up to date secure NHS email addresses to send patient lists to.

Further information and support is available from the MMT.

Please contact Natalie Marron, NHS Halton CCG Medicines Management Technician, (natalie.marron@nhs.net)

Safety

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

BENZODIAZEPINES AND OPIOIDS: REMINDER OF RISK OF POTENTIALLY FATAL RESPIRATORY DEPRESSION

Advice for healthcare professionals:

- benzodiazepines (and benzodiazepine-like drugs) and opioid medicines (opioids) can both cause respiratory depression; when used together, additive effects on the central nervous system increase the risks of sedation, respiratory depression, coma, and death
- only prescribe benzodiazepines (or benzodiazepine-like drugs) and opioids together if there is no alternative
- if a decision is made to co-prescribe, use the lowest doses possible for the shortest duration of time and carefully monitor patients for signs of respiratory depression
- if there is any change in prescribing such as new interactions or dose adjustments, re-introduce close monitoring of the patient
- If co-prescribing methadone with a benzodiazepine or benzodiazepine-like drug, closely monitor for respiratory depression for at least 2 weeks following initiation or changes to prescribing because the respiratory depression effect of methadone may be delayed
- Advise patients of the symptoms of respiratory depression and sedation and the need to seek immediate medical attention if these occur

Advice to supply to patients:

Advise patients to always read the leaflet for the medicines that they have been supplied. For benzodiazepines or related drugs and opioids, the patient information leaflet advises that these medicines increase the risk of drowsiness, difficulties in breathing (respiratory depression), and coma, and that these effects may be life-threatening. Therefore, patients should seek medical advice if these symptoms occur.

Patients are advised to inform their prescribers about any opioids or sedative medicines they are taking, and to follow any dose recommendation closely. The leaflet advises them that it may be helpful to inform friends or relatives of the signs and symptoms of respiratory depression and sedation and be aware of the need to seek medical attention if they occur.

<https://www.gov.uk/drug-safety-update/benzodiazepines-and-opioids-reminder-of-risk-of-potentially-fatal-respiratory-depression>

SGLT2 INHIBITORS: MONITOR KETONES IN BLOOD DURING TREATMENT INTERRUPTION FOR SURGICAL PROCEDURES OR ACUTE SERIOUS MEDICAL ILLNESS

Advice for healthcare professionals:

- Interrupt sodium-glucose co-transporter 2 (SGLT2) inhibitor treatment in patients who are hospitalised for major surgical procedures or acute serious medical illnesses.
- Monitor ketones during this period – measurement of blood ketone levels is preferred to urine.
- Restart treatment with the SGLT2 inhibitor once ketone values are normal and the patient's condition has stabilised.

<https://www.gov.uk/drug-safety-update/sglt2-inhibitors-monitor-ketones-in-blood-during-treatment-interruption-for-surgical-procedures-or-acute-serious-medical-illness>

ESMYA (ULIPRISTAL ACETATE): SUSPENSION OF THE LICENCE DUE TO RISK OF SERIOUS LIVER INJURY

Advice for healthcare professionals:

- Contact patients currently being treated with Esmya as soon as possible and stop their treatment; discuss alternative treatment options for uterine fibroids as appropriate.
- Do not start any new patients on Esmya.
- Advise recent users to seek immediate medical attention if they develop signs and symptoms of liver injury (nausea, vomiting, malaise, right hypochondrial pain, anorexia, asthenia or jaundice).
- Perform liver function tests 2–4 weeks after stopping Esmya as recommended in the product information.
- Report suspected adverse drug reactions without delay to the Yellow Card Scheme.
- There are no concerns with emergency contraceptive EllaOne (ulipristal acetate 30mg single dose) at this time.

<https://www.gov.uk/drug-safety-update/esmya-ulipristal-acetate-suspension-of-the-licence-due-to-risk-of-serious-liver-injury>

At the time of release, this alert was highlighted for action via Practice Medicines Co-ordinators and Practices should have also received this information via the CAS alerting system.

VALPROATE PREGNANCY PREVENTION PROGRAMME: TEMPORARY ADVICE FOR MANAGEMENT DURING CORONAVIRUS (COVID-19)

Guidance has been published to support initiation of valproate in female patients and for annual review and pregnancy testing during the coronavirus pandemic:

<https://www.gov.uk/drug-safety-update/valproate-pregnancy-prevention-programme-temporary-advice-for-management-during-coronavirus-covid-19>

Please note there may be local variation in how this is completed.

CORONAVIRUS (COVID-19): NEW DEDICATED YELLOW CARD REPORTING SITE FOR MEDICINES AND MEDICAL DEVICES

Actions for healthcare professionals:

- Be vigilant for any potential safety issues associated with medicines and medical devices used in COVID-19 treatment.
- Use the [new dedicated COVID-19 Yellow Card reporting site](#) to report:
 - All suspected side effects associated with any medicine used in patients with confirmed or suspected COVID-19, including medicines to manage long-term or pre-existing conditions, and unlicensed medicines or medicines used off-label.
 - Medical devices incidents related to COVID-19.
- Reporting of incidents in clinical trials should follow the trial protocol.
- For non-COVID related side effects from medicines please continue to report through the standard [Yellow Card website](#), which can also be used for defective or falsified medicines and medical devices (including fake COVID-19 testing kits).

<https://www.gov.uk/drug-safety-update/coronavirus-covid-19-new-dedicated-yellow-card-reporting-site-for-medicines-and-medical-devices>

CLENIL 100MCG INHALER BATCH VARIATION

To support the increase in demand of Clenil 100mcg, additional batches are to be released into the UK supply chain following authorisation by the Medicines and Healthcare products Regulatory Agency (MHRA) for a batch-specific variation. The additional batches contain the same medication in the same device but do vary in appearance, namely:

- The colour of the actuator is beige instead of brown.
- The colour of the protective cap is yellow instead of beige.
- The beige actuator is not embossed.
- There is no dose indicator.

https://www.chiesi.uk.com/supply-of-chiesi-products?_cldee=ZGF2aWQuZXJza2luZUBnc3R0Lm5ocy51aw%3d%3d&recipientid=contact-041a05a26578e61180f45065f38b9531-95491ce53855400ea11d607782af60cf&utm_source=ClickDimensions&utm_medium=email&utm_campaign=2020%20-%20Chiesi%20Respiratory&esid=92874a2f-728f-ea11-a811-000d3a228591#

EMERADE 500MCG RECALL

A patient level recall for all unexpired Emerade 500mcg pens has been issued due to an error in one component of the auto-injector believed to cause some pens to fail to activate and deliver adrenaline.

<https://www.gov.uk/drug-device-alerts/class-2-medicines-recall-emerade-500-micrograms-solution-for-injection-in-pre-filled-syringe-pl-33616-0015-el-20-a-23>

LETTER SENT TO HEALTHCARE PROFESSIONALS: RESTRICTIONS IN USE OF CYPROTERONE ACETATE DUE TO RISK OF MENINGIOMA

Please follow the link for further information:

https://assets.publishing.service.gov.uk/media/5ec4f317d3bf7f5d43765d63/CPA-DHPC-UK_FINAL_14Apr2020.pdf

Please note Cyproterone acetate has a rag status of Amber Initiated or Red on Pan Mersey formulary depending on indication. As highlighted in the alert, the use of cyproterone acetate in the management of patients with prostate cancer remains unchanged.

REQUIP (ROPINOROLE HYDROCHLORIDE) 0.25MG, 1MG, 2MG AND 5MG TABLETS: CHANGES TO THE COLOUR OF CARTON AND BLISTER PACKS

As a result of changes in the manufacturing process, and to standardise and harmonise the colours of the various strengths of Requip across different markets, there will be changes to the colour of the ink on both the cartons and blister packs of Requip.

<https://assets.publishing.service.gov.uk/media/5ec4f306e90e071e2d2aca7a/Requip-DHPC.pdf>

Antimicrobial Update: June 2020

ANTIBIOTIC PRESCRIBING IN THE CONTEXT OF COVID-19 PANDEMIC

For management of suspected or confirmed pneumonia in adults in the community, refer to [NICE COVID-19 rapid guidance NG165](#):

- Do not offer an antibiotic for treatment or prevention of pneumonia if COVID-19 is likely to be the cause and symptoms are mild.
- Offer an oral antibiotic for treatment of pneumonia in people who can or wish to be treated in the community if
 - the likely cause is bacterial
Or,
 - it is unclear whether the cause is bacterial or viral and symptoms are more concerning
Or,
 - They are at high risk of complications.
- **1st line:** Doxycycline 200 mg on the first day, then 100 mg once a day for 4 days (5-day course in total); doxycycline should not be used in pregnancy
- Alternative: amoxicillin 500 mg 3 times a day for 5 days.

N.B. Doxycycline is preferred because it has a broader spectrum of cover than amoxicillin, particularly against *Mycoplasma pneumoniae* and *Staphylococcus aureus*, which are more likely to be secondary bacterial causes of pneumonia during the COVID-19 pandemic

- For all other suspected bacterial infections, continue to prescribe empirical treatment as per the [Pan Mersey formulary](#), for the shortest duration possible.

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

<p>Becky Birchall Medicines Management Senior Pharmacist 01928 593010 becky.birchall@nhs.net</p>	<p>Lucy Reid Head of Medicines Management 01928 593452 lucy.reid2@nhs.net</p>	<p>Nathan O'Brien Medicines Management Pharmacist 01928 593010 nathan.obrien@nhs.net</p>
---	--	--