# Medicines Management newsletter

Issue 1 March 2017

Halton Clinical Commissioning Group



## Pan Mersey Area Prescribing Committee.

### RECOMMENDATIONS

**RED** **CERTOLIZUMAB injection (Cimzia®) in rheumatological conditions**

The Pan Mersey Area Prescribing Committee recommends the prescribing of certolizumab injection (Cimzia®) for rheumatoid arthritis, ankylosing spondylitis, non-radiographic axial spondyloarthritis and psoriatic arthritis, as well as in patients fitting other criteria commissioned by Pan Mersey CCGs.

**RED** **CERTOLIZUMAB PEGOL injection (Cimzia®) in rheumatoid arthritis**

The Pan Mersey Area Prescribing Committee recommends the prescribing of certolizumab pegol injection (Cimzia®) in rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor, in accordance with NICE TA 415.

**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.

**RED** **APREMILAST film coated tablets (Otezla®▼) for treating moderate to severe plaque psoriasis**

The Pan Mersey Area Prescribing Committee recommends the prescribing of APREMILAST film coated tablets (Otezla®▼) in specialist settings only, for treating chronic plaque psoriasis in accordance with NICE TA419.

**GREY** **USTEKINUMAB injection (Stelara®) for Crohn's disease**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of USTEKINUMAB injection (Stelara®) for the treatment of Crohn's disease.

**BLACK** **ASCORBIC ACID**

The Pan Mersey Area Prescribing Committee does not recommend concurrent prescribing of ASCORBIC ACID in patients taking iron for treatment of iron deficiency anaemia.

**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.

**AMBER** **TICAGRELOR tablets (Brilique®)**

The Pan Mersey Area Prescribing Committee recommends the prescribing of TICAGRELOR tablets (Brilique®), following specialist initiation, for the management of acute coronary syndromes in adults in accordance with NICE TA236 and for preventing atherothrombotic events after myocardial infarction in accordance with NICE TA420.

**GREEN** **COLECALCIFEROL products, LICENSED ORAL**

The Pan Mersey Area Prescribing Committee recommends that, where the prescribing of oral COLECALCIFEROL products is deemed appropriate, licensed medicines should be prescribed for both adults and children.

**GREEN** **DAPAGLIFLOZIN film coated tablets (Forxiga®▼) as triple therapy**

The Pan Mersey Area Prescribing Committee recommends the prescribing of DAPAGLIFLOZIN film coated tablets (Forxiga®▼) as triple therapy for the treatment of type 2 diabetes in accordance with NICE TA418.

**GREEN** **FENTANYL transdermal patch - brand choice**

The Pan Mersey Area Prescribing Committee recommends fentanyl transdermal patch is prescribed in primary care as one of the following brands: Fencino®, Matrifen®, Mezolar®, Mylafent® or Opiodur®.
**The first line brand choice within the Halton area is Fencino®.**

**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 a NSAID is appropriate.

## GUIDELINES

**Asthma treatment guideline for GPs and practice nurses - Children <5 years old**

Issued: January 2017 | Review: January 2020

**Asthma treatment guideline for GPs and practice nurses - Children 5 years old and over**

Issued: January 2017 | Review: January 2020

**Blood glucose and ketone meters and testing strips**

Issued: January 2017 | Review: May 2018

During April the Medicines Management Team will be launching a project to rationalise the strips used across the locality and to reduce the use of the premium high cost strips. This will involve promotion of two first choice strips for blood glucose testing and a recommended dual meter. This project is being done in conjunction with the Community Diabetes Team. This will be launched at the Members Forum on 26th April.

**DIABETES, Mersey adult guidelines**

Issued: January 2017 | Review: December 2020

These guidelines have not been developed by the APC but have been approved by the Cheshire & Merseyside Diabetes Network, Pan Mersey Area Prescribing Committee and St Helens & Knowsley Teaching Hospitals Clinical Effectiveness Council. They are hosted on the APC website to support access to them.

**Overactive Bladder Syndrome (OAB), Guidelines for Pharmacological Management of Adults in Primary Care**

Issued: January 2017 | Review: January 2020

**Overactive bladder in children over 5 years old, prescribing algorithm**

Issued: November 2016 | Review: November 2018

**Biological agents pathway for Psoriatic Arthritis and Peripheral Spondyloarthropathy**

Issued: January 2017 | Review: January 2020

## SAFETY

**Insulin Comparison and Identification Guide**
This insulin identification chart aims to reduce the risk of unintentional duplication of similar insulins.

## PRESCRIBING SUPPORT FOR AMBER DRUGS

**DENOSUMAB in osteoporosis**
Issued: January 2017 | Review: May 2020

## Hot Topic – Stopping Over-Medication of People with Learning Disabilities (STOMPLD)

In June 2016, NHS England launched new guidance to support healthcare professionals in reviewing inappropriate prescriptions for psychotropic medicines for people under their care who have a learning disability, autism or both. The guidance followed a letter in July 2015 by NHS England to healthcare professionals on the use of medicines in people who have a learning disability. In this letter the NHS England stated:

*"We have heard deep concerns about the over-use of antipsychotic and antidepressant medicines. Health professionals caring for people with learning disabilities should assess and keep under review the medicines requirements for each individual to determine the best course of action for that patient, taking into account the views of the person wherever possible and their family and/or carer(s). Services should have systems and policies in place for that patient to ensure that this is done safely and in a timely manner and should carry out regular audits of medication prescribing and management, involving pharmacists, doctors and nurses"*

The guidance suggests the following steps for GP Practices:
1. Have a meeting to discuss the issue and appoint a GP lead.
2. Organise for a practice team member to interrogate the practice prescribing system or work with the CCG Pharmacy team to obtain details of all people with a learning disability on psychotropic drugs.
3. Share the results with the practice team, the people with a learning disability specialist and teams and others who can help.
4. Together develop an agreement about a programme of reviews with their named individual GPs and ensure follow up. Make this part of your annual health checks.

**During April 2017 the NHS Halton CCG Medicines Management Team (MMT) will be identifying patients on practices' LD registers that are currently prescribed psychotropic drugs so that the details can be passed to prescribers for review. The MMT are also looking to meet with 5BP in order to explore what support is available to prescribers if needed following these reviews.**

https://www.england.nhs.uk/wp-content/uploads/2016/06/stopping-over-medication.pdf
https://www.england.nhs.uk/wp-content/uploads/2015/07/med-advice-ld-letter.pdf

## Morphine Sulfate 10mg/5ml Oral Solution – Patient Safety Incidents

Morphine sulfate 10mg/5mL oral solution is legally classed as a schedule 5 controlled drug (CD) unlike solid formulations of morphine e.g. Zomorph® and high strength oral solutions e.g. Oramorph concentrated 100mg/5ml

oral solution®, which are schedule 2. This may give the impression that there is less risk with the 10mg/5ml oral solution however a 300ml bottle contains the same amount of morphine as 60 morphine 10mg capsules.
A prescription for morphine sulphate 10mg/5ml oral solution, 5-10ml QDS, could be equivalent to 80mg of morphine daily; compared with tramadol 50mg 2 QDS being equivalent to 60mg morphine daily and co-codamol 30/500mg 2 QDS equivalent to 24mg morphine daily.

**Recommendations for Prescribers and Lessons Learned**

- Consider the potential risk of overdose, particularly in patients with other risk factors e.g. a history of self-harm. For an opioid naïve patient 100ml of morphine sulfate 10mg/5ml oral solution (200mg morphine) can be a fatal dose, especially if they are already taking other central nervous system (CNS) depressant medicines e.g. diazepam, zopiclone or a selective serotonin reuptake inhibitor
- Carefully counsel the patient on how often to take a dose. Consider prescribing directions that set out the dose frequency in hours and the maximum number of doses over a specified time period e.g. 10mg (5ml) to be taken every 4 hours as needed up to a maximum of FOUR doses in 24 hours. Do not use 'as directed'
- Reduce the risk of patients self-escalating their dose by having systems in place to manage the frequency that prescriptions are issued and limiting the volume prescribed. Consider prescribing morphine sulfate oral solution 10mg/5ml as an acute item and review prescriptions for large volumes e.g. over 300ml
- Consider the risks of prescribing opioids as an oral solution –patients may drink directly out of the bottle and unintentionally be taking a larger dose than prescribed. If opioids are needed for breakthrough/occasional pain consider if an alternative formulation would be a safer option, e.g. low dose morphine sulphate immediate release tablets.
- Consider the risks of respiratory depression when prescribing analgesia for patients with underlying risk factors e.g. COPD, heart failure, especially if they are already taking other CNS depressant medicines
- Morphine sulfate 10mg/5ml oral solution can be the target for people seeking prescription medicines for misuse or diversion. If you are suspicious of any prescription requests please inform the NHS England Controlled Drug Accountable Officer england.cmcd@nhs.net or contact the CCG Medicines Management Team for advice.

## Safety

**SGLT2 inhibitors: updated advice on increased risk of lower-limb amputation (mainly toes)**

Canagliflozin may increase the risk of lower-limb amputation (mainly toes) in patients with type 2 diabetes. Evidence does not show an increased risk for dapagliflozin and empagliflozin, but the risk may be a class effect. Preventive foot care is important for all patients with diabetes.
Advice for healthcare professionals:

- carefully monitor patients receiving canagliflozin who have risk factors for amputation, such as poor control of diabetes and problems with the heart and blood vessels
- consider stopping canagliflozin if patients develop foot complications such as infection, skin ulcers, osteomyelitis, or gangrene
- advise patients receiving any sodium-glucose co-transporter 2 (SGLT2) inhibitor about the importance of routine preventive foot care and adequate hydration
- continue to follow standard treatment guidelines for routine preventive foot care for people with diabetes

https://www.gov.uk/drug-safety-update/sglt2-inhibitors-updated-advice-on-increased-risk-of-lower-limb-amputation-mainly-toes

**Levetiracetam containing products 100 mg/mL oral solution presentations: Risk of medication errors associated with overdose**

Levetiracetam overdose can lead to serious adverse events, like depressed level of consciousness, respiratory depression and coma. Cases of an up to 10-fold accidental overdose with Keppra (levetiracetam) oral solution have been reported. The majority of cases occurred in children aged between 6 months and 11 years. The use of an inadequate dosing device (e.g. confusion between a 1mL and a 10mL syringe, resulting in a 10-fold overdose) was identified as an important cause.

The manufacturer of levetiracetam 100mg/ml solution advises:

- Physicians should always prescribe the dose in mg with ml equivalence, based on the correct age
- Pharmacists should ensure the appropriate presentation of levetiracetam oral solution is dispensed.
- Physicians and pharmacists should advise the patients and or carer how to measure the prescribed dose and only use the syringe delivered with the medication.

https://assets.publishing.service.gov.uk/media/587f5894e5274a130300016c/Levetiracetam.pdf

**Apremilast (otezla®▼ )): risk of suicidal thought and behaviour**

Apremilast is a phosphodiesterase-type-4 inhibitor for the treatment of moderate to severe chronic plaque psoriasis (rag rated RED on Pan Mersey) or active psoriatic arthritis in adults who have not responded to other systemic treatments (rag rated BLACK on Pan Mersey). Apremilast is associated with an increased risk of psychiatric symptoms including depression, suicidal thoughts and suicidal behaviours. Suicidal thoughts and behaviour, including complete suicide, have been reported in patients with or without a history of depression. Assess risks and benefits before starting treatment, stop treatment if patients experience new or worsening psychiatric symptoms and advise patients to report any changes in mood to their health care professional.

https://www.gov.uk/drug-safety-update/apremilast-otezla-risk-of-suicidal-thoughts-and-behaviour

Please see the Pan Mersey statement APREMILAST tablets (Otezla®▼) for active psoriatic arthritis

http://www.panmerseyapc.nhs.uk/recommendations/documents/PS167.pdf?UNLID=601022020201729153418

## Medicines Management Work plan 2017/18

**Braltus® Inhaler Switch**

The NHS Halton CCG Medicines Management Team will be switching Tiotropium Handihaler/Spiriva® Handihaler to Braltus® Inhaler in May 2017. Braltus® inhaler has been recommended by Pan Mersey APC and is now the preferred choice of anti- muscarinic dry powder bronchodilator in COPD

http://formulary.panmerseyapc.nhs.uk/chaptersSubDetails.asp?FormularySectionID=3&SubSectionRef=03.01.02&SubSectionID=A100#5204

Currently 93% of tiotropium inhalers are prescribed generically in Halton therefore this switch would ensure brand prescribing as recommended and in line with Pan Mersey guidelines. The Braltus ® inhaler costs approximately £8-£9 less per 30 days 'treatment compared with Spiriva Handihaler® and refills.

Please see the following supporting information regarding the switch:

- Following the expiry of tiotropium's UK patent Braltus® is the first lower cost 'equivalent' to Spiriva Handihaler®.
- Braltus® is available as a single strength dry powder inhaler: tiotropium 10 microgram per delivered dose inhalation powder, hard capsule
- Braltus® is named according to the dose 'delivered' (10mcg) whereas Spiriva Handihaler® is named according to the 'pre-metered' dose (18mcg) of tiotropium. Both brands provide the same 'delivered' dose of tiotropium and the dosing regimen is the same for both products i.e. inhalation of one capsule, once daily.

- The therapeutic indications for both inhalers are identical, with both licensed as maintenance bronchodilator treatment for COPD. Neither is licensed for use in asthma.
- The administration instructions in the patient information for both inhalers broadly correspond.
- There are some differences in the appearance of the two products, The Braltus® device is a different shape and colour. Also the Braltus® capsules are provided in a bottle with a safety ring whereas Spiriva® capsules are packaged in blister packs. These differences can be highlighted in the patient letter as well as emphasizing that the capsules are for inhalation only.
- Braltus® inhalation capsules are colourless and transparent unlike Spiriva® capsules that are green, this may assist patients with confirmation that a dose has been delivered.
- For Braltus® a new device is provided with each prescription whereas for Spiriva ® there is the option to prescribe a refill for use with an existing device. The existing Spiriva Handihaler® device should be cleaned each month and replaced after 12 months.
- Both brands contain the same excipient: lactose monohydrate, which contains milk protein. Each Braltus® capsule contains 18mg of lactose monohydrate whereas a Spiriva® capsule contains 5.5mg.
- For Braltus®, the shelf life of the unopened product is 2 years, the same as for Spiriva®.
- The MHRA assessment report for Braltus® demonstrated bioequivalence with Spiriva Handihaler® and that the peak inhalation flow rates through both devices were similar.

**Community pharmacies are advised to review their stock levels of Spiriva Handihaler in preparation for the switch that will take place in May 2017.**

## Antimicrobial Stewardship (AMS) and Resistance

The quality premium for 2017/18 and 2018/19 have been published and again include indicators to support AMS and to reduce antibiotic prescribing. The details are as follows:

- Reduction of inappropriate antibiotic prescribing for UTI in primary care.
  The required performance in 2017/18 must be:
  - A 10% reduction (or greater) in the Trimethoprim: Nitrofurantoin prescribing ratio based on CCG baseline data (June15-May16) for 2017/18. In 2018/19 reduction thresholds will be reviewed to ensure targets reflect latest activity and maximise appropriate reduction gains.
  - A 10% reduction (or greater) in the number of trimethoprim items prescribed to patients aged 70 years or greater on baseline data (June15-May16) for 2017/18. In 2018/19 reduction thresholds will be reviewed to ensure targets reflect latest activity and maximise appropriate reduction gains.
- Sustained reduction of inappropriate prescribing in primary care.
  - Items per STAR-PU must be equal to or below England 2013/14 mean performance value of 1.161 items per STAR-PU. This threshold will remain during 2018/19.

Work plans will be adapted to incorporate specific actions in relation to the above indicators and will be built into the 2017/18 Prescribing Quality Initiative

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