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## Pan Mersey Area Prescribing Committee.

### RECOMMENDATIONS

#### **RED APREMILAST film coated tablets (Otezla®▼) for treating psoriatic arthritis**

The Pan Mersey Area Prescribing Committee recommends the prescribing of APREMILAST film coated tablets (Otezla®▼) in specialist settings only, for treating active psoriatic arthritis in accordance with NICE TA433. Click [here](#) for further details.

#### **GREY BARICITINIB film-coated tablets (Olumiant®▼)**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of BARICITINIB film-coated tablets (Olumiant®▼) for the treatment of rheumatoid arthritis. Click [here](#) for further details.

#### **GREY LIRAGLUTIDE 6 mg/mL solution for injection (Saxenda®▼) for weight management.**

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of LIRAGLUTIDE 6 mg/mL solution for injection (Saxenda®▼) for weight management. Click [here](#) for further details.

#### **GREEN IVERMECTIN 10mg/g cream (Soolantra®▼)**

The Pan Mersey Area Prescribing Committee recommends the prescribing of IVERMECTIN 10mg/g cream (Soolantra®▼) for second line topical treatment of moderate to severe papulopustular rosacea in adult patients. Click [here](#) for further details.

### GUIDELINES

#### **Avoidance of Clostridium difficile infection**

Clostridium difficile infection (CDI) is a leading cause of iatrogenic diarrhoea. Patients most at risk from CDI are the elderly, immunosuppressed and those with co-morbidities. Click [here](#) for the full guideline.

#### **Specialist Infant Formula Feeds in Lactose Intolerance and Cow's Milk Protein Allergy**

This guidance covers all infants; including those who breastfeed, who are formula-fed or a combination of both. Click [here](#) for the full guideline.

#### **SUNSCREENS - Prescribing on the NHS**

The Pan Mersey Area Prescribing Committee recommends that sunscreens must only be prescribed on the NHS for patients who fit the ACBS prescribing criteria. Click [here](#) for the full guideline.

## PRESCRIBING SUPPORT FOR AMBER DRUGS

### Degarelix (Firmagon®)

This medicine has been categorised as Amber Patient Retained by the Pan-Mersey Area Prescribing Committee. For full information about the prescribing support for degarelix click [here](#).

### Gonadorelin analogues

These medicines have been categorised as Amber Patient Retained for the indications in this document by the Pan-Mersey Area Prescribing Committee. They have been categorised as Red for infertility and hypersexuality. For full information about the prescribing support for Gonadorelin analogues click [here](#).

Please note that there are historic commissioning arrangements currently in place with Warrington and Halton Hospital (WHHFT) urologists with regards to the use of these drugs locally. It has routinely been the case that GPs initiate these medicines following recommendation and full communication from the WHHFT urologists; the specialist service retains the patient and reviews the on-going need. It has been agreed that this local arrangement should continue until it is reviewed by the CCG and the trust in the coming months.

Please note the RED status for infertility and hypersexuality still applies for Halton patients.

## Hot Topic - Covert Administration of Medicines

### Best Practice Guidance: Covert Administration of Medicines in Adult Health & Social Care Settings

Covert administration of medicines is a complex issue; it involves administering medication to a service user without their knowledge and/or consent, usually concealed within food or drink and following a mental capacity assessment. It is deemed unethical and unlawful for care staff to administer medicines to a service user without their knowledge if they have the capacity to make this decision.

The use of covert medication has always been controversial and historically has not always been well documented in care plans. The implementation of covert administration requires a complex multidisciplinary assessment, as such it should be a last resort limited only to incapacitated service users where treatment is necessary and in their best interests, or else authorised by mental health legislation or an appropriate court decision.

The CCG Care Home Medicines Management Team (MMT) have identified a number of significant issues surrounding the documentation and the implementation of covert administration locally and as a result have developed a best practice guidance document to help and support healthcare professionals and care support workers to manage the legal and ethical challenges surrounding this topic. This document also includes a number of standardised templates for services and healthcare professionals to use ensuring all legal requirements are met prior to initiation.

The best practice guidance has now been approved by NHS Halton CCG Quality Committee and will shortly be available on the CCG website. The CCG Care Home Medicines Management Team will be contacting care homes to launch the guidance and will also be happy to come along to GP practice meetings to go through the principles and the easy to follow GP quick reference guide. For further information please contact the Care Homes Pharmacist via the following email [Zoe.Mason@haltonccg.nhs.uk](mailto:Zoe.Mason@haltonccg.nhs.uk)

## Controlled Drugs – Reporting Incidents for Cheshire and Merseyside

In April 2017 the Controlled Drugs Accountable Officer for Cheshire and Merseyside sent a communication out to all organisations that prescribe, dispense, hold or administer controlled drugs in Cheshire and Merseyside regarding reporting of incidents.

From 1<sup>st</sup> May 2017 NHS England (Cheshire and Merseyside) have implemented a web-based system to help make the reporting of concerns /incidents relating to Controlled Drugs much simpler and standardised and will comply with the “Shipman Inquiry recommendations”. NHS and private organisations will now record incidents via the website and these are immediately received by the Controlled Drugs Accountable Officer (CDAO).

All reporters of controlled drug concerns /incidents will need to register on the website [www.cdreporting.co.uk](http://www.cdreporting.co.uk). There are easy to follow videos on the website to show you how to register and report incidents, occurrences and declarations. Please note that registration requires a professional registration number.

If you have any problems please contact the CDAO for Cheshire and Merseyside via [england.cmcd@nhs.net](mailto:england.cmcd@nhs.net)

## Safety

### **Valproate and developmental disorders: new alert asking for patient review and further consideration of risk minimisation measures**

A National Patient Safety Alert was issued 6th April 2017 relating to resources to support the safety of girls and women who are being treated with valproate.

This alert details previous communications to prescribers regarding valproate prescribing, namely; 22nd January 2015- MHRA alert: Medicines related to valproate: risk of abnormal pregnancy outcomes <https://www.gov.uk/drug-safety-update/medicines-related-to-valproate-risk-of-abnormal-pregnancy-outcomes>

February 2016- MHRA Alert: Valproate and risk of abnormal pregnancy outcomes: new communication materials <https://www.gov.uk/drug-safety-update/valproate-and-of-risk-of-abnormal-pregnancy-outcomes-new-communication-materials>

Despite both of these previous alerts, there is still evidence that some women taking valproate are not aware of the risk. Evidence suggests as many as 1 in 5 women taking valproate are not aware of any of its risks in pregnancy. The alert requires all organisations to undertake systematic identification of women and girls taking valproate.

The following actions are now required by 6th October 2017:

- Identify how the resources signposted in this alert can be used to support fully informed decisions on the use of valproate by girls and women of childbearing age.
- Develop an action plan to ensure all girls and women of or nearing childbearing age taking valproate are systematically identified so that all relevant resources can be used to plan their care.
- Ensure relevant resources are embedded in clinical practice for current and future patients by revising local training, procedures and protocols

It is recommended to review all patients currently prescribed sodium valproate/valproic acid to ensure they have received, agreed and understood the implications of this advice regarding risks of taking valproate and it is clearly documented in the patient’s medical notes. Please contact the medicines management team if you have any queries regarding implementation of this alert.

<https://www.gov.uk/drug-safety-update/valproate-and-developmental-disorders-new-alert-asking-for-patient-review-and-further-consideration-of-risk-minimisation-measures>

## Launch of pilot reporting scheme for harm associated with illicit drugs, particularly new psychoactive substances

The MHRA are launching a pilot scheme for healthcare professionals in the UK to report suspected adverse reactions to illicit drugs, particularly new psychoactive substances.

A pilot website, the Report Illicit Drug Reaction form (<https://report-illicit-drug-reaction.phe.gov.uk/>), will be available for one year for healthcare professionals across the UK who come into contact with patients experiencing harm associated with use of illicit drugs, particularly new psychoactive substances. The pilot aims to better collect data on harms from illicit drug use, to support provision of clinical guidance to professionals.

## Mucodyne Paediatric Syrup 250 mg/5 mL (Carbocisteine Oral Liquid): new double-strength presentation - check dose volume to ensure appropriate dose is given

Mucodyne Paediatric Syrup has been re-launched and now has **double** the concentration of the active ingredient carbocisteine per millilitre compared with the previous formulation (previous discontinued formulation contained carbocisteine 125mg/5ml).

To reduce the risk of accidental overdose, dose volumes must be checked to ensure the appropriate dose is administered, especially if the patient has taken Mucodyne Paediatric Syrup in the past.

[https://assets.publishing.service.gov.uk/media/58fa19a7ed915d06b00001a2/MucodynePaediatricReformulation\\_October\\_2016.pdf](https://assets.publishing.service.gov.uk/media/58fa19a7ed915d06b00001a2/MucodynePaediatricReformulation_October_2016.pdf)

## Finasteride: rare reports of depression and suicidal thoughts

Finasteride is indicated for treatment of male pattern hair loss at 1mg strength and for treatment and control of benign prostatic hyperplasia at 5mg strength. The following advice has been issued from MHRA regarding finasteride:

- Since finasteride has been marketed there have been a number of spontaneous adverse drug reaction reports suggesting a possible link to depression, and in rare cases, suicidal thoughts.
- Advise patients to stop finasteride 1 mg (Propecia) immediately if they develop depression and inform a healthcare professional.
- Be aware that the product information for finasteride 5 mg (Proscar) already lists depression as a possible adverse reaction.

Depression and suicidal thoughts have been reported in men with and without a previous history of depression. Healthcare professionals are also reminded that adverse reactions related to sexual function have been reported in association with finasteride. These include decreased libido, erectile dysfunction, and ejaculation disorders (such as decreased volume of ejaculate).

<https://www.gov.uk/drug-safety-update/finasteride-rare-reports-of-depression-and-suicidal-thoughts>

## Medicines Management Work plan 2017/18

During June the NHS Halton CCG Medicines Management Team will be:

- Reviewing people with a learning disability on psychotropic drugs in line with the Stopping Over-Medication of People with Learning Disabilities (STOMPLD) guidance <https://www.england.nhs.uk/wp-content/uploads/2016/06/stopping-over-medication.pdf>
- Switching generically written buprenorphine 15mcg patches and Butrans® 15mcg patches to Butec® 15 mcg patches. This Butec® strength was previously unavailable when other strengths were switched.

During June-August 2017 the NHS Halton CCG Medicines Management Team will be switching:

- Generically written ibuprofen 5% and 10% Gel to Fenbid® 5% and Fenbid Forte® (10%) Gel
- Generically written tramadol MR capsules and tablets (12 hourly) to Marol® MR tablets
- Generically written tolterodine XL 4mg capsules and Detrusitol® XL 4mg capsules to Neditol® XL 4mg capsules
- Movicol® oral powder 13.8g Sachets to Laxido® orange sachets

#### Oxycodone First Line Choice Brand Halton

- Please be aware that Longtec and Shortec are now the first line choice brands for oxycodone for all patients including palliative care patients. An Optimise Rx message will be added to reflect this.

## NHS Halton CCG First Choice Diabetes Meters and Testing Strips

The first line choice blood glucose and ketone meter choices in NHS Halton CCG are as follows:

- **Blood Glucose Testing only** - Accu-check Performa Meter (Performa testing strips) or Contour Black Meter (Contour testing strips)
- **Ketone and Blood Glucose Testing** (Type 1 diabetics) - Glucomen Areo 2K Meter (Glucomen Areo Sensor and Glucomen Areo  $\beta$ - ketone sensor testing strips)

First choice meters should be supplied to new patients and, where appropriate, to existing meter patients at their next review. Meters should not be changed without the patient receiving training on the correct use of the new meter. This does not restrict selection of alternative meters where appropriate.

For more information please see:

- NHS Halton CCG First Choice summary sheet <G:\HaltonCCG\Medicines Management\Practice Work\QIPP Workplan & Protocols\QIPP Workplan 201718\QIPP Reviews 201718\Diabetes Meters\Diabetes Meter event 26042017\Support Document>
- Pan Mersey Blood Glucose and Ketone meters and Testing Strips Guidance <http://www.panmerseyapc.nhs.uk/guidelines/documents/G23.pdf?UNLID=9406719512017526143117>
- Pan Mersey Blood Glucose Strip Guidance <http://www.panmerseyapc.nhs.uk/recommendations/documents/PS176.pdf?UNLID=9406719512017526143117>

## Antimicrobial Stewardship (AMS) and Resistance – Point of Care Testing

NHS Halton CCG has secured a small amount of funding to pilot C - reactive protein (CRP) Point of Care Testing across the locality. This technology has already been used in one Halton practice with good results and the funding we have secured will allow for one machine per practice and for each of our Urgent Care centres (UCCs) plus a supply of test cartridges.

We will work with practices and the UCCs to develop an implementation and evaluation plan to assess the impact of this technology on patient experience, health outcomes and the effect on overall antimicrobial prescribing levels. We aim to start rolling this out from the end of June 2017 and will be contacting all practices in due course to discuss the project; our aim is to have all practices and both UCCs up and running by autumn 2017. Full training will be provided with regards to use of the technology.

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