Medicines Management newsletter

Issue 5 December 2017

Halton Clinical Commissioning Group

Pan Mersey Area Prescribing Committee

RECOMMENDATIONS

BLACK EFLORNITHINE cream (Vaniqa®)

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of EFLORNITHINE 11.5% cream for facial hirsutism.

GREY PATIROMER powder for oral suspension (Veltassa®▼)

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of PATIROMER powder for oral suspension (Veltassa® ▼) for the treatment of hyperkalaemia in adults.

GREY FLUTICASONE FUROATE/ VILANTEROL/ UMECLIDINIUM inhaler (Trelegy®)

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of FLUTICASONE FUROATE/ VILANTEROL/ UMECLIDINIUM inhaler (Trelegy®) for the maintenance treatment of Chronic Obstructive Pulmonary Disease (COPD).

GREY GUSELKUMAB solution for injection (Tremfya®▼)

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

RED TOFACITINIB film-coated tablets (Xeljanz®▼)

The Pan Mersey Area Prescribing Committee recommends the prescribing of TOFACITINIB film-coated tablets (Xeljanz® ▼), by specialists only, for the treatment of moderate to severe Rheumatoid Arthritis in accordance with NICE TA480.

RED AFLIBERCEPT intravitreal injection (Eylea®) for mCNV

The Pan Mersey Area Prescribing Committee recommends the prescribing of AFLIBERCEPT intravitreal injection (Eylea®), by ophthalmologists only, for treating myopic choroidal neovascularisation (mCNV) in accordance with NICE TA486.

RED SARILUMAB solution for injection (Kevzara®▼)

The Pan Mersey Area Prescribing Committee recommends the prescribing of SARILUMAB subcutaneous injection (Kevzara® ▼), by specialists only, for severe, active Rheumatoid Arthritis in accordance with NICE TA485.

GREEN CANAGLIFLOZIN, DAPAGLIFLOZIN and EMPAGLIFLOZIN as MONOTHERAPIES: a multiple prescribing statement

The Pan Mersey Area Prescribing Committee recommends the prescribing of CANAGLIFLOZIN, DAPAGLIFLOZIN and EMPAGLIFLOZIN as MONOTHERAPIES as options for treating type 2 diabetes in adults in accordance with NICE TA390.

GREEN CANAGLIFLOZIN, DAPAGLIFLOZIN and EMPAGLIFLOZIN as COMBINATION THERAPIES: a multiple prescribing statement

The Pan Mersey Area Prescribing Committee recommends the prescribing of CANAGLIFLOZIN, DAPAGLIFLOZIN and EMPAGLIFLOZIN as combination therapies for the treatment of type 2 diabetes in accordance with NICE guidance.

GREEN BRIMONIDINE TARTRATE Gel (Mirvaso®)

The Pan Mersey Area Prescribing Committee recommends the restricted prescribing of BRIMONIDINE TARTRATE Gel (Mirvaso®) for the treatment of moderate to severe persistent facial erythema associated with rosacea in adults.

GUIDELINES

Dental Prescribing in Primary Care

Issued: November 2017 | Review: November 2020

Gastro-oesophageal reflux disease (GORD) in children and young people, pharmacological management in primary and secondary care

Issued: June 2016 | Revised: November 2017 | Review: June 2018

Hypersalivation in Children and Adults

Issued: November 2017 | Review: November 2020

SAFETY

VALPROATE - safe prescribing and dispensing to women and girls of child bearing potential

Babies born to mothers who take sodium valproate and valproic acid medicines during pregnancy have a 30–40% risk of developmental disability and a 10% risk of birth defects.

The checklist for initiating therapy can be found here.

CODEINE: USE IN CHILDREN

Codeine is contraindicated in all children aged 0-18 years who undergo tonsillectomy or adenoidectomy (or both) for obstructive sleep apnoea. Codeine is restricted to children over 12 years of age and only if the benefit outweighs the risks.

DOMPERIDONE: updated indications, dose and contraindications

Domperidone is restricted to short term use in the relief of nausea and vomiting. The maximum recommended dose is 30 milligrams daily for one week. Contraindications include cardiac disorders, hepatic impairment, and concomitant QT prolonging or CYP3A4 inhibiting drugs.

Hot Topic – Recording 'Hospital Only' medication

It is important to have a reliable and safe method for recording all the medications that patients are prescribed no matter which prescriber takes responsibility for its issue.

The majority of medication prescribed to patients will usually be managed by the patient's general practice. However, a significant number of patients receive treatments that are traditionally regarded as being, for example, hospital based and often these treatments remain the responsibility of the hospital or other specialist. This responsibility usually includes the on-going prescribing of a medication (Red drugs).

In these cases it is crucial that the patient's general practice is both aware of the status of the medication and is able to record its existence on the practice system avoiding any undue risk to the patient from inappropriate issues.

The two main areas of concern when it comes to these 'Hospital Only' drugs are firstly to avoid the risk of inadvertent issue of these drugs from the practice and secondly to maintain patient confidentiality where this is important to the patient. In addition, it is clearly an advantage to record these drugs in a way that enables the clinical system to highlight any potentially harmful drug interactions e.g. methotrexate and trimethoprim.

Guidance is available on the recommended way to add 'Hospital Only' drugs to the EMIS system: http://www.haltonccg.nhs.uk/members-practices/Prescribing%20Guidance/Hospital%20only%20drug%20recording%20guidance.pdf

Safety

Enoxaparin – Prescribe by brand

Enoxaparin pre –filled syringes are now available as the originator brand (Clexane®) and the biosimilar (Inhixa®).

Prescribing should be by brand to ensure that the correct product is selected for prescribing, dispensing and administration as there are differences in the two products' mechanism and appearance.

Prescribers need to be aware that discharge letters for patients on enoxaparin may be for the biosimilar version so they must ensure they select the correct product on their prescribing systems and prescribe by brand.

For further details please see https://www.sps.nhs.uk/articles/in-use-product-safety-assessment-report-for-inhixa-enoxaparin-biosimilar/

There is an Optimise Rx message to support brand prescribing and the Medicines Management Team are currently changing patients prescribed enoxaparin generically to the patients' current brand on practice systems.

Prescribers and Community Pharmacists need to be aware that if a patient receives a different brand to the one they are familiar with, either due to generic prescribing or stock issues, the patient will need to be counselled on the different mechanism.

Quinine: reminder of dose-dependent QT-prolonging effects; updated medicine interactions

Quinine has dose-dependent QT-interval-prolonging effects and should be used with caution in patients with risk factors for QT prolongation or in those with atrioventricular block.

Advice for healthcare professionals:

- be aware of dose-dependent effects on the QT interval and use caution if prescribing quinine in patients: with conditions that predispose to QT prolongation such as pre-existing cardiac disease or electrolyte disturbance or taking other medicines that could prolong the QT interval or with atrioventricular block
- monitor patients closely if administration of quinine with phenobarbital or carbamazepine is necessary; serum levels of these anticonvulsant medicines could become raised and cause anticonvulsant toxicity
- consult the Summary of Product Characteristics for a full list of interacting medicines and potential adverse reactions
- report suspected adverse drug reactions with quinine on a Yellow Card

https://www.gov.uk/drug-safety-update/quinine-reminder-of-dose-dependent-qt-prolonging-effects-updated-medicine-interactions

Oral tacrolimus products: reminder to prescribe and dispense by brand name only

Tacrolimus is an immunosuppressant drug that may be given orally to prevent or treat organ transplant rejection. Tacrolimus has a narrow therapeutic index, and even minor differences in blood levels have the potential to cause graft rejection reactions or toxicity.

Inadvertent switching between tacrolimus products has been associated with reports of toxicity and graft rejection. If you switch a patient to a different brand, ensure they receive careful supervision and therapeutic monitoring by an appropriate specialist.

https://www.gov.uk/drug-safety-update/oral-tacrolimus-products-reminder-to-prescribe-and-dispense-by-brand-name-only

Updates to Public Health England's Green Book chapter on live attenuated vaccines

Public Health England has now updated chapter 6 of the Green Book to specify that children born of mothers who were on immunosuppressive biological therapy during pregnancy will not be eligible to receive rotavirus vaccine (and will need to defer BCG, if indicated, for 6 months). If there is any doubt as to whether an infant due to receive a live-attenuated vaccine may be immunosuppressed due to the mother's therapy, including exposure through breastfeeding, specialist advice should be sought.

https://www.gov.uk/drug-safety-update/updates-to-public-health-england-s-green-book-chapter-on-live-attenuated-vaccines

Eluxadoline (Truberzi ▼): risk of pancreatitis; do not use in patients who have undergone cholecystectomy or in those with biliary disorders

Cases of pancreatitis, with or without sphincter of Oddi spasm, have been reported in patients taking eluxadoline. Some cases have resulted in hospitalisation and death, primarily in patients who have undergone cholecystectomy.

Advice for healthcare professionals:

- eluxadoline (Truberzi▼), licenced for irritable bowel syndrome with diarrhoea, should be initiated and supervised by a specialist physician experienced in diagnosis and management of gastrointestinal disorders
- do not use in patients without a gallbladder or in patients with known or suspected biliary tree or pancreatic duct obstruction (e.g., gallstones, tumour, periampullary duodenal diverticulum) or sphincter of Oddi disease or dysfunction

- tell patients to avoid drinking alcohol during treatment with eluxadoline
- inform patients about symptoms suggestive of pancreatitis—e.g., abdominal pain that may radiate to the back or shoulder, nausea, and vomiting
- instruct patients to stop taking eluxadoline and seek immediate medical attention if these symptoms develop
- report all suspected adverse drug reactions to Black Triangle drugs such as Truberzi to the Yellow Card Scheme

https://www.gov.uk/drug-safety-update/eluxadoline-truberzi-risk-of-pancreatitis-do-not-use-in-patients-who-have-undergone-cholecystectomy-or-in-those-with-biliary-disorders

Buccolam (midazolam) prefilled plastic syringes: potential product defect

Communication on potential product defect with BUCCOLAM (midazolam) prefilled plastic syringes.

Summary:

- There have been reports of a product quality defect related to BUCCOLAM pre-filled plastic syringes.
- In a very small number of cases, the translucent tip-cap has remained on the syringe tip when pulling the red cap off.
- If the translucent tip cap remains on the syringe tip it will prevent administration of BUCCOLAM. If this occurs, the translucent tip cap needs to be removed manually.
- We ask that you share this information with your patients' parents and caregivers, and with age-appropriate patients, to ensure they are aware of this issue when handling the product.

https://www.gov.uk/drug-device-alerts/class-4-medicines-defect-information-buccolam-midazolam-oromuscosal-solution-pre-filled-syringes

Medicines Management Work plan 2017/18

During **December** and **January** the NHS Halton CCG Medicines Management Team will be:

- Switching patients prescribed generically written combination fluticasone/salmeterol inhalers to the brand the patient currently receives.
- Switching patients prescribed generically written oxycodone preparations to the brand the patient currently receives.
- Switching patients prescribed generically written enoxaparin to the brand the patient currently receives (as detailed above).
- Switching unlicensed magnesium glycerophosphate tablets to licensed Neomag® tablets.
- Switching patients prescribed Movicol® sachets to generic macrogol sachets.

During **February** 2018 the NHS Halton CCG Medicines Management Team will be:

- Switching brands of insulin pen needles to the brand **BD Viva®**

Controlled Drugs (CDs) – Length of treatment/quantity on an FP10 Prescription

Length of treatment of CDs

There is a good practice requirement that the quantity of Schedule 2, 3 and 4 CDs be limited to a quantity for up to 30 days treatment. In cases where the prescriber believes that a prescription should be issued for a longer period

they may do so, but will need to be able to justify that there is a clinical need and that it would not cause an unacceptable risk to patient safety. Pharmacists are able to dispense Schedule 2, 3 and 4 CD prescriptions ordering a supply of more than 30 days' supply.

CD Repeat Prescribing

When prescribing a repeat prescription of a controlled drug for treating a long-term condition in primary care, take into account the controlled drug and the person's individual circumstances to determine the frequency of review for further repeat prescriptions.

Validity of CD forms

Prescriptions for Schedule 2, 3 and 4 CDs are only valid for 28 days. The 28 day period of validity runs from the date the prescription was signed unless the prescriber has specified a start date on the prescription.

Repeat dispensing of CDs

Schedule 2 and 3 CDs cannot be prescribed on repeat dispensing prescriptions. Repeat dispensing prescriptions for Schedule 4 CDs must be dispensed for the first time within 28 days of the appropriate date. After the first dispensing the repeats are legally valid within the normal periods of validity of the repeatable prescription.

Useful links:
https://www.nice.org.uk/guidance/NG46/chapter/Recommendations#prescribing-controlled-drugs
http://psnc.org.uk/dispensing-supply/dispensing-controlled-drugs/controlled-drug-prescription-forms-validity/

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