Medicines Management newsletter

Issue 6 - February 2018

Halton Clinical Commissioning Group

Pan Mersey Area Prescribing Committee

GUIDANCE SPECIFICALLY RELEVANT TO PRIMARY CARE

MANAGEMENT OF CHRONIC CONSTIPATION IN ADULT PATIENTS IN PRIMARY CARE

This guideline summarises the pathway for chronic treatment of constipation in adults within primary care. It briefly covers the following areas:

- Symptoms of functional constipation (Rome III criteria)
- Faecal impaction
- Review of current medication with regards to impact on bowel function
- Dietary & lifestyle advice
- Prescribing of laxatives and second choice options
- Opioid-induced constipation

Constipation, chronic, management of adult patients in primary care

Issued: January 2018 | Review: January 2021

GOUT MANAGEMENT

The revised and updated British Society for Rheumatology (BSR)/British Health Professionals in Rheumatology guideline has now replaced the APC guideline. The BSR guideline offers concise, patient-focused, evidence-based, expert recommendations for the management of gout in the UK. It aims to support doctors and allied health professionals who treat and manage patients with gout in primary care and hospital practice and has been reviewed and endorsed by the Royal College of General Practitioners.

Gout, management of, British Society for Rheumatology Guideline

Issued: July 2017

PRESCRIBING FOR PATIENTS LIVING OR TRAVELLING ABROAD OR OTHERWISE ABSENT FROM THE UK

Pan Mersey Area Prescribing Committee recommends that prescribers should NOT supply treatment durations in excess of THREE MONTHS for patients who are living or travelling abroad or are otherwise absent from the UK. Patients should make local arrangements in their country of residence for on-going medical care.

Prescribing for patients living or travelling abroad or otherwise absent from the UK

Reviewed: January 2018

NEW MEDICINES

BLACK COLLAGENASE CLOSTRIDIUM HISTOLYTICUM injection (Xiapex®) for Peyronie's disease

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of COLLAGENASE CLOSTRIDIUM HISTOLYTICUM injection (Xiapex®) for Peyronie's disease.

BLACK DOXAZOSIN modified release (M/R) tablets (All Brands)

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of DOXAZOSIN modified release (M/R) tablets (All Brands)

BLACK LIRAGLUTIDE (Saxenda®▼) for weight management

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of LIRAGLUTIDE (Saxenda®▼) 6mg/ml solution for subcutaneous injection for weight management.

BLACK NALTREXONE/BUPROPION prolonged-release tablets (Mysimba®▼)

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of NALTREXONE-BUPROPION 8mg/90 mg prolonged-release tablets (Mysimba®▼) for weight management and treatment of obesity in accordance with NICE TA494.

RED GOLIMUMAB INJECTION (Simponi®) in non-radiographic axial spondyloarthritis

The Pan Mersey Area Prescribing Committee recommends the prescribing of golimumab injection (Simponi®), by specialists only, for non-radiographic axial spondyloarthritis in accordance with NICE TA497.

AMBER IVABRADINE (Procoralan®) for the treatment of chronic heart failure

Ivabradine has been approved by NICE (TA 267) as an option for treating chronic heart failure following specialist initiation in patients with chronic, stable heart failure (NYHA class II-IV), left ventricular systolic dysfunction (LVEF 35% or less) and who are in sinus rhythm with a heart rate of 75 beats per minute or more.

GREEN NALOXEGOL Tablets (Moventig®▼)

The Pan Mersey Area Prescribing Committee recommends the prescribing of NALOXEGOL Tablets (Moventig®▼) as an option for treating opioid induced constipation in adults in accordance with NICE TA345 (22nd July 2015).

GREEN ROSUVASTATIN tablets

The Pan Mersey Area Prescribing Committee recommends the prescribing of ROSUVASTATIN TABLETS ONLY where no other statin is suitable.

OTHER GUIDANCE

Ankylosing spondyliltis and non-radiographic axial spondyloarthritis

Issued: January 2018 Review: January 2021

Sequential use of biological agents in the management of Psoriasis in adults

Issued: January 2018 | Review: January 2021

PRESCRIBING SUPPORT

Atypical antipsychotics

Prescribing support information

http://www.panmerseyapc.nhs.uk/prescribing_support/documents/PSI6.pdf

Request for discharge

http://www.panmerseyapc.nhs.uk/prescribing_support/documents/PSI6_discharge.pdf

Request for prescribing

http://www.panmerseyapc.nhs.uk/prescribing_support/documents/PSI6_prescribe.pdf

Issued: January 2018 Review: January 2021

Hydroxychloroquine

Prescribing support information

http://www.panmerseyapc.nhs.uk/prescribing_support/documents/PSI7.pdf

GP letter

http://www.panmerseyapc.nhs.uk/prescribing_support/documents/PSI7_letter.pdf

Issued: January 2018 | Review: January 2021

Nitrazepam for the treatment of epilepsy in children

Issued: January 2018 | Review: January 2021

http://www.panmerseyapc.nhs.uk/prescribing_support/documents/PSI8.pdf

ANTIMICROBIAL GUIDES

Gastrointestinal infections

http://formulary.panmerseyapc.nhs.uk/chaptersSubDetails.asp?FormularySectionID=27&SubSectionRef=27.08&SubSectionID=A100

Respiratory tract infections

http://formulary.panmerseyapc.nhs.uk/chaptersSubDetails.asp?FormularySectionID=27&SubSectionRef=27.10&SubSectionID=A100

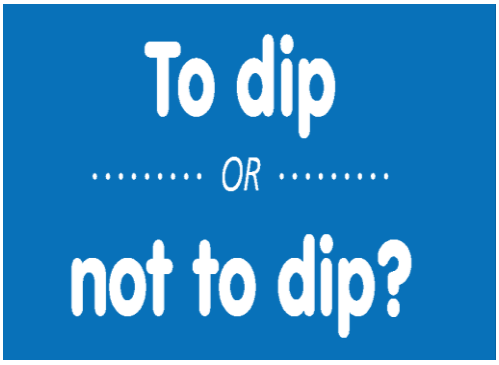
Medicines Management Work plan 2017/18

During **March 2018** the NHS Halton CCG Medicines Management Team will be doing the following pieces of work:

- Reviewing prescribing of quinine salts in patients with nocturnal cramps for quality and safety purposes and recommendation for discontinuation where appropriate.
- Switching generically written isosorbide mononitrate MR 60mg tablets and capsules to branded Monomil® XL 60mg tablets.
- Launching the NHS Halton CCG COPD Inhaler Guidance as detailed below.

Hot Topic - Diagnosis and Management of UTI's in Care Home Setting

Key Points



- Do NOT dipstick urine in patients ≥65 years in care homes.
- In patients ≥65 years, asymptomatic bacteriuria is common.
- Treating with antibiotics does not reduce mortality or prevent symptomatic episodes, but does increase side-effects and antibiotic resistance.
- Treat the patient NOT the urine.

What is To Dip or Not to Dip (TDONTD)?

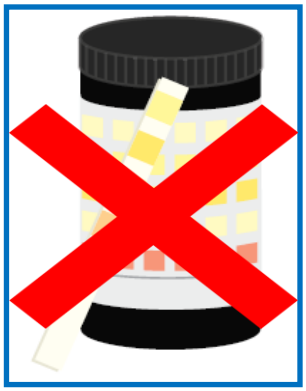
It is a protocol to support effective management of Care Home patients, aged 65 years or over, with suspected lower urinary tract infection, based on NICE Quality Standards QS90 and SIGN Guideline 88.

Why are we doing this?

Urinary tract infections (UTI's) are the second most common clinical indication for empirical antimicrobial treatment in primary and secondary care. UTIs complicate co-morbidity and long term conditions, cause discomfort and confusion in older people, predispose them to falls and can lead to hospital admissions. Frailty combined with 50% less total body water content, puts older people at greater risk of dehydration and delirium. This combined with poor hydration and the use of diuretics puts them in a higher risk group for UTIs.

The diagnosis of UTI is challenging in elderly patients, they are often unable to provide a history of acute urinary symptoms and are more likely to have asymptomatic bacteriuria as they get older. Consequently elderly institutionalised patients frequently receive unnecessary antibiotic treatment for asymptomatic bacteriuria despite clear evidence of adverse effects with no compensating clinical benefit. Prudent antibiotic prescribing is a key component of the UK's action plans for reducing antimicrobial resistance and part of the 2017/18 NHS Halton CCG Prescribing Quality Initiative.

How are we doing this?



- By not using dipsticks to diagnose UTI
- By asking Care Homes to complete the UTI Assessment Form with signs and symptoms and then faxing to the GP for review; this will allow the GP to make a diagnosis based on clinical assessment rather than just a dipstick result

A UTI is likely if: A patient has a fever >38°C or 1.5°C above baseline twice in 12hours **AND** >1 symptom. See link for more information:

http://www.haltonccg.nhs.uk/members-practices/Documents/UTI%20GP%20guidance%20doc.pdf

What we know so far

Although uptake of the project has been slow, the 3 Boroughs Infection Control Team have noticed a reduction in the number of antibiotics prescribed for UTI in Halton care homes following the launch of the protocol.

Analysis of current data and feedback has identified the following:

- Care homes are still dip sticking urine samples and not completing the Assessment Form correctly - further training is now being planned for care home staff.
- Practices are not always read coding the Assessment Forms - We would appreciate it if any UTI Assessment Forms which are faxed to the practice could be Read Coded R08ZZ
- Not all practices and prescribers are aware of the TDONTD protocol - further education is being provided for practices that have requested it. **Full information can be found on the NHS Halton CCG member's site at** http://www.haltonccg.nhs.uk/members-practices/medicines-management/care-homes
- There has been confusion regarding completion of the Assessment Form – as a result it is being evaluated and updated.

A TDONTD clinical refresher can be provided to individual practices upon request, please contact Zoe Mason, Care Home Pharmacist. This will need to be before 28/3/18.

If you require any further information regarding the protocol or have any suggestion how the project could be improved or developed please do not hesitate to contact the Care Home Pharmacist Zoe Mason (via the email address below) or the Infection Control Team (via the telephone number below).

Before 28/3/18 Zoe Mason zoe.mason2@haltonccg.nhs.uk 01928 593019

After 28/3/18 via Karen Irvine Karen.irvine@haltonccg.nhs.uk

Infection Control Team 01744 457312

Safety

Patient Safety Alert- Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders.

This alert asks all organisations to adopt a systematic approach to ensuring all their staff using oxygen cylinders can safely operate them.

https://www.cas.dh.gov.uk/ViewAndAcknowledgment/viewAttachment.aspx?Attachment_id=102915

Drug-name confusion: reminder to be vigilant for potential errors

Advice for Healthcare Professionals:

- Be extra vigilant when prescribing and dispensing medicines with commonly confused drug names to ensure that the intended medicine is supplied.
- If pharmacists have any doubt about which medicine is intended, contact the prescriber before dispensing the drug.
- Follow local and professional guidance in relation to checking the right medicine has been dispensed to a patient.

https://www.gov.uk/drug-safety-update/drug-name-confusion-reminder-to-be-vigilant-for-potential-errors

Co-dydramol: prescribe and dispense by strength to minimise risk of medication error

- New co-dydramol products are available with a higher dose of dihydrocodeine (co-dydramol 20/500 mg and co-dydramol 30/500 mg tablets).
- When prescribing co-dydramol, clearly indicate tablet strength and dose.

- When dispensing co-dydramol, ensure patients receive the prescribed strength of co-dydramol, and, if in doubt, contact the prescriber.

https://www.gov.uk/drug-safety-update/co-dydramol-prescribe-and-dispense-by-strength-to-minimise-risk-of-medication-error

In use product safety assessment report: Onexila® XL (oxycodone once daily prolonged release tablets)

UKMi have produced a Product Safety assessment on Onexila® XL (oxycodone once daily prolonged release tablets). It addresses safety considerations resultant from the product presentation or other pre-defined characteristics. Potential next steps and mitigation actions are also suggested.

https://www.sps.nhs.uk/articles/in-use-product-safety-assessment-report-onexila-xl-oxycodone-once-daily-prolonged-release-tablets/

Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients

Advice for healthcare professionals prescribing mycophenolate to male patients:

- Available clinical evidence does not indicate an increased risk of malformations or miscarriage in pregnancies where the father was taking mycophenolate medicines, however mycophenolate mofetil and mycophenolic acid are genotoxic and a risk cannot be fully excluded.
- It is therefore recommended that male patients or their female partner use reliable contraception during treatment and for at least 90 days after stopping mycophenolate medicines.
- Discuss with male patients planning to have children the implications of both immunosuppression and the effect of prescribed medications on the pregnancy.

Reminder for healthcare professionals prescribing mycophenolate to female patients:

- Mycophenolate medicines remain contraindicated in women of childbearing potential who are not using reliable contraception and in pregnant women unless there are no suitable alternatives to prevent transplant rejection.
- Female patients of childbearing potential must use at least one reliable form of contraception before and during treatment and for 6 weeks after stopping mycophenolate medicines; 2 forms of contraception are preferred.

https://www.gov.uk/drug-safety-update/mycophenolate-mofetil-mycophenolic-acid-updated-contraception-advice-for-male-patients

Drug interactions increasing the risk of Torsade de Pointes

This UKMi memo for prescribers and pharmacy staff has been produced in response to questions from primary care prescribers and pharmacists concerned about seemingly innocuous drug combinations flagged up on prescribing systems.

https://www.sps.nhs.uk/articles/memo-drug-interactions-with-senna-or-salbutamol-increasing-the-risk-of-torsade-de-pointes/

Changes to sugar content of Ribena

Lucozade Ribena Suntory (LRS) are reducing the sugar content of Ribena Blackcurrant (Ready to Drink and squash) by approximately 55%. Clinicians should be aware of this change as Ribena Blackcurrant is sometimes used by people with diabetes to help manage their blood sugar levels.

https://www.rpharms.com/news/details/Changes-to-Ribena

Esmya® (ulipristal acetate 5mg tabs) for uterine fibroids: monitor liver function in current and recent users; do not initiate treatment in new users or those between treatment courses

Five reports of serious liver injury, including four cases of hepatic failure needing liver transplantation, have been reported worldwide in women using Esmya® for uterine fibroids. The following temporary safety measures have been introduced while an EU-wide review of the evidence is ongoing:

- Do not initiate new treatment courses of Esmya®, including in women who have completed one or more treatment courses previously.
- Perform liver function tests at least once a month in all women currently taking Esmya®. Stop Esmya® treatment in any woman who develops transaminase levels more than 2 times the upper limit of normal, closely monitor and refer for specialist hepatology evaluation as clinically indicated. Liver function tests should be repeated in all women 2 to 4 weeks after stopping treatment.
- Check transaminase levels immediately in current or recent users of Esmya® who present with signs or symptoms suggestive of liver injury (such as nausea, vomiting, malaise, right hypochondrial pain, anorexia, asthenia, jaundice). If transaminase levels are more than 2 times the upper limit of normal, stop treatment, closely monitor and refer for specialist hepatology evaluation as clinically indicated.
- Advise women using Esmya® on the signs and symptoms of liver injury.

The emergency contraceptive ellaOne® also contains ulipristal acetate (single-dose, 30mg). No cases of serious liver injury have been reported with ellaOne® and there are no concerns with this medicine at this time.

https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=102937

Urgent Prescriptions sent via Electronic Prescription Service (EPS)

Electronic Prescription Service (EPS) Incident

An incident has been highlighted nationally to CCGs, GP Practices and Pharmacies regarding urgent prescriptions and EPS.

Following a home visit, a GP sent a prescription for amoxicillin 500mg to a community pharmacy via EPS for a patient. The EPS token was sent to print but it was not clear if it was printed and no label was created, hence the PMR did not show the visual alert for delivery. There was no record of a verbal request from the GP, patient or patients family requesting the antibiotics for urgent delivery, hence medication was not dispensed or supplied. The patient collapsed five days later and was rushed to hospital. The patient sadly passed away due to sepsis three days later. The pharmacy superintendent has shared details of the incident across organisations to make them aware of learning from this incident. The learning points identified are:

- **The EPS system does not allow urgent prescriptions to be highlighted to the receiving pharmacy when sent from a GP system.**
- **For urgent prescriptions a phone call is required to the pharmacy team in order to highlight the patient need.**

NHS Digital are currently reviewing the options available to support the identification of clinically urgent prescriptions.

NHS Halton CCG Chronic Obstructive Pulmonary Disease (COPD) inhaler Guidance

NHS Halton CCG (HCCG) has developed local COPD Inhaler Guidance based on the GOLD ABCD assessment (2017) and Pan Mersey COPD formulary.

The guidance includes:

- The Respiratory Excellence Across care in the Community & Hospital (REACH) approach to COPD patients.
- Summary table of the GOLD ABCD assessment tool and pharmacological treatment algorithms.
- NHS Halton CCG first line formulary inhaler choices for each inhaler category.

NHS Halton CCG COPD Inhaler Guide - Adapted from GOLD ABCD assessment (2017)

Refer to Pan Mersey COPD Guidelines for full supporting information: http://www.panmerseyapc.nhs.uk/guidelines/documents/G17.pdf

NHS Halton Clinical Commissioning Group

R.E.A.C.H. Approach to COPD patients:

- **Assessment – Diagnosis correct? MRC score, CAT score, O2, Co-morbidities**
- **Smoking status and cessation advice**
- **Pulmonary rehabilitation (if suitable & MRC 3 or more) & Exercise**
- **Inhaler technique (EVERY opportunity), preferred choice & compliance**
- **Immunisations (Flu? Pneumonia?)**
- **Refer for tests (Chest x-ray? Full blood count, ECHO, CT scan)/ consultant opinion?**
- **Exacerbation (AECOPD) training – patient education, self-management, review**

MRC Dyspnoea scale

MRC1 = Not troubled by breathlessness except on strenuous effort
MRC2 = Short of breath when hurrying on a level or when walking up a slight hill
MRC3 = Walks slower than most people on the level, stops after a mile or so, or stops after 15 minutes walking at own pace
MRC4 = Stops for breath after walking 100 yards, or after a few minutes on level ground
MRC5 = Too breathless to leave the house, or breathless when dressing/undressing

CAT SCORE – impact questionnaire – score/40. Higher the score, the higher impact
Free access to Score sheets at: www.catestonline.org

Patients can start in ANY group, and change between groups, therefore REGULAR assessment required. Check correct inhaler technique at EVERY opportunity
SABA- short acting B2 agonist **SAMA**- short acting muscarinic antagonist **LABA**- long acting B2 agonist **LAMA**-long acting muscarinic antagonist **ICS**- inhaled corticosteroid

Patient Group	Symptoms & Risk	Symptoms: CAT score	Symptoms: MRC	Exacerbation (AECOPD) history (in last 12 months)	Basic treatment	Add-on treatment	Comments
GOLD-A	Fewer symptoms Low risk	< 10	1-2	≤1 exacerbation 0 hospital admissions	SABA (or SAMA)	Symptomatic: SABA & LAMA or SABA & LABA	SAMA as alternative for those where benefit is limited from SABA or who cannot tolerate SABA
GOLD-B	More symptoms Low risk	≥ 10	≥ 3	≤1 exacerbation 0 hospital admissions	SABA & LAMA or SABA & LABA	Symptomatic: SABA & LAMA/LABA (combi)	Clinical trial data stronger for LAMA than LABA
GOLD-C	Fewer symptoms High risk	< 10	1-2	≥2 exacerbations or ≥1 hospital admissions	SABA & LAMA	Symptomatic: SABA & LAMA/LABA (combi)	Or ICS/LABA (combi), but ICS increases risk of pneumonia
GOLD-D	More symptoms High risk	≥ 10	≥ 3	≥2 exacerbations or ≥1 hospital admissions	SABA AND LAMA/LABA (combi)	Symptomatic: SABA & ICS/LABA/LAMA(combi)	Or switch to ICS/LABA (combi), but no evidence of better prevention of exacerbations

MDI= metered dose inhaler (Technique- SLOW & STEADY) consider addition of a spacer if not correct; DPI – dry powder inhaler (Technique- DEEP & FAST) **EMIS picking inhaler name is highlighted in RED**

	SABA (short acting B2 agonist)	SAMA (short acting muscarinic antagonist)	LAMA (long acting muscarinic antagonist)	LABA (long acting B2 agonist)	LAMA/LABA combination (long acting muscarinic antagonist with long acting B2 agonist)	ICS/LABA combination (inhaled corticosteroid with long acting B2 agonist)	ICS/LABA/LAMA combination 'Triple' inhaler
First choice MDI inhaler (use SLOW & STEADY)	Salbutamol 100mcg/dose inhaler CFC free 1-2 puffs up to QDS PRN	Ipratropium bromide 20mcg/dose inhaler CFC free 1-2 puffs up to QDS PRN	Spiriva Respimat® 2.5mcg/ dose cartridge with device (Tiotropium) 2 puffs OD (Caution if eGFR<50)	Atimos Modulite® 12mcg/dose inhaler (Formoterol) 1-2 puffs BD	Spiolto Respimat® ▼ 2.5mcg /dose/2.5mcg/ dose inhaler (tiotropium/olodacterol) 2 puffs OD (caution if eGFR<50)	Symbicort® 200mcg/dose/ 6mcg/dose pressured inhaler (budesonide/formoterol) 2 puffs BD	Trimbow® 87mcg/dose/5mcg/dose /9mcg/dose (Beclometasone/Formoterol/ Glycopyrronium) 2 puffs BD
First choice DPI inhaler (use DEEP & FAST)	Easyhaler® Salbutamol sulphate 100mcg/dose dry powder inhaler 1-2 puffs up to QDS PRN	None available	Incruse Ellipta® ▼ 55mcg /dose dry powder inhaler (Umeclidinium bromide) 1 puff OD (no eGFR restriction)	Formoterol Easyhaler® 12mcg /dose dry powder inhaler 1 puff BD	Anoro Ellipta® ▼ 55mcg/dose /22mcg/dose dry powder inhaler (Umeclidinium and vilanterol) 1 puff OD (no eGFR restriction)	Relvar Ellipta® ▼ 92mcg /dose/ 22mcg /dose dry powder inhaler (fluticasone furoate/vilanterol) 1 puff OD	Trelegy Ellipta® ▼ 92mcg/dose/55mcg/dose /22mcg/dose (Fluticasone furoate/ Umeclidinium/Vilanterol) 1 puff OD (no eGFR restriction)

The Medicines Management Team will be launching the guidance at practice level and providing the following launch materials:

- HCCG Formulary choice inhaler placebos
- Laminated HCCG COPD Inhaler Guides and Inhaler Identification guides
- Inhaler technique videos for HCCG formulary choice inhalers
- Patient Information Leaflets for HCCG formulary choice inhalers

The Inhaler Guidance, Identification Guide, Inhaler Technique videos and Inhaler patient information leaflets can be found on the NHS Halton CCG website: http://www.haltonccg.nhs.uk/members-practices/medicines-management/hccg-copd-inhaler-guidance-and-support-materials

The Inhaler technique videos and patient information leaflets are also accessible to the public via the NHS Halton CCG website: http://www.haltonccg.nhs.uk/your-health/Pages/inhalers.aspx

Please contact the CCG Medicines Management Team if any further information is required.

Becky Birchall	Lucy Reid	Nathan O'Brien
01928 593010	01928 593452	01928 593010
Becky.birchall@haltonccg.nhs.uk	Lucy.reid@haltonccg.nhs.uk	Nathan.O'Brien@haltonccg.nhs.uk