Medicines Management newsletter

Issue 18– October 2019

NHS
Halton Clinical Commissioning Group

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Area Prescribing Committee

RECOMMENDATIONS, FORMULARY AND GUIDELINES

BLACK OESTROGENS, CONJUGATED and BAZEDOXIFENE ACETATE tablets (Duavive®)

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of CONJUGATED OESTROGENS and BAZEDOXIFENE 0.45mg/20mg modified release tablets (Duavive®) for the treatment of oestrogen deficiency in postmenopausal women with a uterus.

BLACK RASBURICASE powder and solvent for concentrate for solution for infusion (Fasturtec®▼) for severe, refractory, tophaceous gout

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of Rasburicase powder and solvent for concentrate for solution for infusion (Fasturtec®▼) for the “off label” treatment of severe, refractory, tophaceous gout resistant to xanthine oxidase inhibitors (allopurinol & febuxostat) and uricosuric agents (benzbromarone) or for whom these drugs are contraindicated.

BLACK THYROID extracts, desiccated (e.g. Armour Thyroid®) for the management of hypothyroidism

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of Desiccated Thyroid Extracts (e.g. Armour Thyroid®), for the management of hypothyroidism.

GREY MELATONIN tablets 3 mg and oral solution 1 mg/ml for jet-lag

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of MELATONIN tablets 3mg and oral solution 1 mg/ml for jet-lag.

Red Steroid + antibiotic eye drops for post-operative use

Confirmation of red RAG designation. Where patients receive a supply of these post-operatively, primary care prescribers should not prescribe further courses.

GREY FREMANEZUMAB pre-filled syringe for injection (Ajovy®▼) for prophylaxis of migraine

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of FREMANEZUMAB pre-filled syringe for injection (Ajovy®▼) for prophylaxis of migraine.

GREY GALCANEZUMAB solution for injection (Emgality® ▼) for prophylaxis of migraine

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of GALCANEZUMAB solution for injection (Emgality® ▼) for prophylaxis of migraine.

GREY Testosterone preparations for testosterone deficiency in women

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of TESTOSTERONE preparations for testosterone deficiency in women.
(Use in patients undergoing treatment for gender reassignment is outside of the remit of this statement).

AMBER RETAINED NALMEFENE film coated tablets (Selincro®) for alcohol dependence

The Pan Mersey Area Prescribing Committee recommends the prescribing of NALMEFENE (Selincro®) within its marketing authorisation, as an option for reducing alcohol consumption in adults with alcohol dependence, in line with NICE TA325. Amber retained within Halton.

AMBER RETAINED CARIPRAZINE capsules (Reagila® ▼) for the treatment of schizophrenia in adult patients

The Pan Mersey Area Prescribing Committee recommends the prescribing of CARIPRAZINE hard capsules (Reagila® ▼), following specialist initiation, as a non-first line treatment option for adult patients with predominant negative symptoms of schizophrenia.

AMBER RETAINED Ciclosporin eye drops (Verkazia®) for vernal keratoconjunctivitis in children and adolescents

The Pan Mersey Area Prescribing Committee recommends the prescribing of CICLOSPORIN 1mg/mL eye drops (Verkazia®), by specialists only, for the treatment of severe vernal keratoconjunctivitis (VKC) in children from 4 years of age and adolescents.

AMBER RECOMMENDED Perampanil oral liquid for Seizures

Licensed oral liquid formulation: Minimal cost implication due to low usage.

AMBER RECOMMENDED ROFLUMILAST (Daxas® ▼) for COPD

The Pan Mersey Area Prescribing Committee recommends the prescribing of ROFLUMILAST tablets (Daxas® ▼) following specialist recommendation as an add-on to bronchodilator therapy, for treating severe chronic obstructive pulmonary disease in adults with chronic bronchitis (in accordance with NICE TA461).

AMBER RECOMMENDED OPICAPONE capsules (Ongentys® ▼) for Parkinson's Disease

The Pan Mersey Area Prescribing Committee recommends the prescribing of OPICAPONE (Ongentys® ▼) following specialist recommendation as add-on therapy in adult patients with Parkinson’s disease.

AMBER RECOMMENDED SAFINAMIDE tablets (Xadago® ▼) for Parkinson's Disease

The Pan Mersey Area Prescribing Committee recommends the prescribing of SAFINAMIDE (Xadago® ▼) following specialist recommendation in the management of mid to late stage Parkinson’s disease.

AMBER RECOMMENDED Food thickeners for dysphagia

Addition of Nutilis Clear® and Swalloweze Clear® as first line thickeners for dysphagia in adults, following recommendation by speech and language therapist or other appropriate specialist.
Within the Halton area Nutilis Clear® is the preferred first line brand.

AMBER INITIATED FLASH GLUCOSE MONITOR (FreeStyle Libre®)

The Pan Mersey Area Prescribing Committee recommends that flash glucose monitoring should only be used for people who have been assessed by the specialist clinician (including specialist diabetes nurses in hospital or community specialist diabetes service) and deemed to meet one or more of the stated criteria.

People with diabetes not fulfilling the criteria should not be prescribed flash glucose monitoring on the NHS.

Red FLUOCINOLONE intravitreal implant (Iluvien®)for Non-infectious uveitis

The Pan Mersey Area Prescribing Committee recommends the prescribing of FLUOCINOLONE intravitreal implant (Iluvien®), by specialists only, for the treatment of recurrent non-infectious uveitis in accordance with NICE TA590.

Red RISANKIZUMAB solution for injection (Skyrizi® ▼) for moderate to severe plaque psoriasis

The Pan Mersey Area Prescribing Committee recommends the prescribing of RISANKIZUMAB solution for injection (Skyrizi® ▼), by specialists only, for moderate to severe plaque psoriasis in accordance with NICE TA596.

Red PSORIASIS, sequential use of biological agents (adults)

Update of existing document to add in NICE TA596.

The Pan Mersey Area Prescribing Committee recommends the sequential use of biological agents, adalimumab, brodalumab, certolizumab, etanercept, guselkumab, infliximab, ixekizumab, risankizumab, secukinumab, tildrakizumab and ustekinumab, in the management of psoriasis according to the associated flowchart.

Red SODIUM ZIRCONIUM CYCLOSILICATE powder for oral suspension (Lokelma® ▼) for treating hyperkalaemia

The Pan Mersey Area Prescribing Committee recommends the prescribing of SODIUM ZIRCONIUM CYCLOSILICATE powder for oral suspension (Lokelma® ▼) for the treatment of hyperkalaemia, within secondary care only, in line with NICE TA599.

Red RANIBIZUMAB intravitreal injection (Lucentis®) for choroidal neovascularisation (in conditions not covered by NICE TAs)

The Pan Mersey Area Prescribing Committee recommends the prescribing of RANIBIZUMAB intravitreal injection (Lucentis®), by ophthalmologists only, for the treatment of visual impairment secondary to choroidal neovascularisation (CNV) in conditions not covered by NICE technology appraisals

Red Biologics in patients with flare of active inflammatory arthritis during pregnancy

Policy on use in pregnancy where conventional disease modifying drugs are contraindicated.

Red Methotrexate liquid formulary amendment for gastroenterology, rheumatology & dermatology indications.

Formulary to state that methotrexate liquid is Red for paediatric indications only. Trusts have indicated that they would not use it in adults.

Red DMD formulary amendment for Gastroenterology and rheumatology indications

The sulfasalazine RAG rating in chapter 1 is amended to Red for paediatrics in line with all the other disease modifying drugs. All DMD formulary entries in chapters 1 and 10 state these drugs are NHSE commissioned in paediatrics.

Red Iloprost injection for severe chronic limb ischaemia

Licensed preparation to replace unlicensed imported preparation.

RED Pethidine for pain

Addition of pethidine injection 50mg and 100mg to the formulary to reflect use in secondary care. N.B. Pethidine tablets have been removed from the formulary (previously Green). Very low use in primary care so existing patients would be reviewed on an individual basis.

Formulary Chapter 7 Review - Obstetrics, gynaecology & urinary tract disorders

Routine review of chapter, incorporating merger of Pan Mersey and Wirral CCG formularies.

Formulary Chapter 2 Review- Cardiology

Review of chapter to merge Pan Mersey and Wirral CCG formularies.

GUIDELINES

Green ASTHMA, management of adults in primary care

Review of Pan Mersey asthma management guidelines for adults in primary care.
Amendment to include fluticasone furoate/ vilanterol (Relvar®) 92/22 as possible initial and additional add-on therapy, as well as existing position of 184/22 strength in high dose therapies, where once daily therapy is necessary.

SHARED CARE

Red Lithium RAG rating in paediatrics

The paediatric RAG rating for lithium has been amended from Purple to Red.

Riluzole shared care framework

Updated wording on page 1 to say prescribing and monitoring may be requested from the GP after 1 month for patients who have difficulty travelling to the hospital.

Methotrexate shared care framework

Updated information in section 12 to reflect new SPC recommendations that effective contraception should be used in women and men for 6 months post cessation of therapy.

SAFETY

SUMMARY CARE RECORD: minimising harm from missing data

The Pan Mersey Area Prescribing Committee recommends that ALL clinicians have a responsibility in ensuring that drugs prescribed elsewhere are updated in the patients' electronic medical records in order to ensure the accuracy of the Summary Care Record.

Medicines Management Work Plan 2019/20

During November and December 2019 the NHS Halton CCG Medicines Management Team will be doing the following pieces of work:

- **Medication Reviews –** The CCG Medicines Management Pharmacists will continue to focus on medication reviews for patients living with frailty and at risks of falls, prioritising patients most at risk.
- **Practice Medicine Co-ordinator (PMC) Reviews** – The PMCs will be doing the following reviews:
  November:
  - **High Risk Drug Monitoring Azathioprine & Ciclosporin** - audit of patients prescribed azathioprine & ciclosporin to check that the recommended monitoring has been completed.
  - **Brand to Generic Switches** - Vesicare® to solifenacin
  - **Branded Generics Switches**:
    - Ropinerole to Spiroco® XL Tablets
    - Venlafaxine 225mg to Vensir®
  - **Seretide Evohaler switch** to Airflusal MDI® in appropriate patients.
  - **Care homes** – supporting the Medicines Management Care Home Team with care home medication issues.
  - **Acute Medication never issued**– removal of acute medication never issued from patients' medication screens where appropriate.

  December:
  - **High Risk Drug Monitoring Sulfasalazine & Penicillamine** - audit of patients prescribed sulfasalazine & penicillamine to check that the recommended monitoring has been completed.
  - **Silver Dressings** – Review of appropriate prescribing.
  - Mop up of previous branded generic switches - Evacal®, Butec® Patches and Zeroderma® emollients.
  - **Self-care** - supporting the Medicines Management Team with the implementation of NHS Halton CCG Self Care (Minor Ailments & Self Limiting Conditions) policy.
  - **Prescription challenge** – launch of a new review project where PMCs contact patients directly to discuss prescription orders in order to reduce wastage and identify poor compliance.

Hot Topic – What issues should be considered regarding drug-induced QT prolongation

Prolongation of the QT interval can lead to a life threatening ventricular arrhythmia known as torsades de pointes which can result in sudden cardiac death. Over the last few years there have been warnings relating to drug-induced QT prolongation for several commonly used drugs. The risk of torsades de pointes depends on a patient's risk factors and current medication. A safe drug in one patient may be potentially harmful in another; therefore the risks versus benefits must be determined on a case by case basis.
This article discusses the issues to be considered when assessing the risk of drug-induced QT prolongation in individual patients.

Non-drug risk factors for QT prolongation
The main risk factors to consider are:

- Electrolyte disturbances – hypokalaemia, hypomagnesaemia and hypocalcaemia
- Bradycardia
- Concomitant use of more than one drug that prolongs the QT interval
- Congenital long QT syndrome
- Cardiac disease (including heart failure, ventricular hypertrophy, myocardial infarction, ischaemic heart disease)
- Thyroid disease (more common with hypothyroidism)
- Females

- Age over 65 years

Drugs that prolong the QT interval

The table below identifies examples of commonly prescribed drugs that may cause prolongation of the QT interval **(this list is not exhaustive):**

Amiodarone	Dronedarone	Levomepromazine	Sildenafil
Amisulpiride	Erythromycin	Lithium	Sotalol
Apomorphine	Escitalopram	Methadone	Sulpiride
Chlorpromazine	Flecainide	Ondansetron	Tizanidine
Citalopram	Fluconazole	Quinine	Tolterodine
Clarithromycin	Haloperidol	Ranolazine	Vardenafil
Clomipramine	Hydroxyzine	Risperidone	Venlafaxine

Please note that drugs that are not known to prolong the QT interval but are predicted (by the manufacturer) to increase the risk of QT prolongation include: **domperidone, ivabradine, mefloquine and mizolastine** amongst others. Manufacturers advise avoiding concurrent use with drugs that prolong the QT interval.

Drug interactions can also increase the risk of torsade de pointes via the following three mechanisms:

1. Pharmacodynamic interactions – concurrent use of more than one drug that prolongs the QT interval can increase risk of torsade de pointe and ventricular arrhythmia.
2. Pharmacokinetic interaction – drugs that don't cause QT prolongation may have an effect on drugs that do, by altering their metabolism and causing an increase in drug levels.
3. Effects on electrolytes – hypokalaemia and hypomagnesaemia can increase risk of QT prolongation, therefore, drugs that cause these deficiencies should be taken into consideration. Drugs causing hypomagnesaemia include **proton pump inhibitors and loop diuretics.**

Examples of commonly prescribed drugs causing hypokalaemia can be found in the table below **(this list is not exhaustive):**

Aminophylline	Chlorothiazide	Hydrochlorothiazide	Salbutamol
Beclomethasone	Chlorthalidone	Hydrocortisone	Salmeterol
Bendroflumethazide	Dexamethasone	Indacaterol	Terbutaline
Betamethasone	Fludrocortisone	Indapamide	Theophylline
Budesonide	Formoterol	Olodaterol	Torasemide
Bumetanide	Furosemide	Prednisolone	Vilanterol

Further information regarding drugs affecting the QT interval can be found in the British National Formulary (BNF, available via http://www.evidence.nhs.uk), Summaries of Product Characteristics (SPCs, http://www.medicines.org) and also at the American website http://crediblemeds.org.

How to minimise the risks of drug induced QT prolongation

- Consider the risk of QT prolongation when starting a new medicine or when increasing the dose
- Assess the patient's risk factors for QT prolongation
- Avoid QT prolonging drugs in patients with congenital long QT syndrome
- Correct any modifiable risk factors such as electrolyte disturbance
- Where a patient has risk factors and or is prescribed an interacting medicines, the first line option is to change to an alternative drug that is not known to be prolong the QT interval

- Consider a baseline ECG prior to initiating a QT prolonging drug in patients with risk factors, then repeat when the medicine reaches steady state. Interpretation of QT intervals should be carried out by suitably trained personnel
- Any patient prescribed a QT prolonging drug who reports symptoms such as palpitations, light-headedness and dizziness should be referred for investigation

Further guidance can also be found on the Specialist Pharmacy Service website; a UKMi Medicines Q&A resource is available here.

Respimat® re-usable inhaler

Please be aware of the recent change to **Spiriva®, Spiolto®** and **Striverdi® Respimat®** inhaler devices.

The Respimat® device has changed from an inhaler that is replaced every month to a re-usable inhaler whereby a cartridge is replaced when the previous cartridge has been used. The re-usable inhaler can be used with up to 6 cartridges, after this time a new Respimat® re-usable inhaler pack should be ordered.
The cartridges now have a dose indicator showing how many puffs remain in the cartridge. Once the dose indicator turns red a mechanism locks the inhaler after 60 doses have been used. The clear base also automatically detaches when the cartridge is empty.

We would encourage all Healthcare Professionals ensure patients prescribed the Respimat® inhaler device are aware of the following.

- The daily use of the Respimat® inhaler is still the same.
- The existing prescription details have not changed, including the dose of medicine they take.
- Not to throw the Respimat® re-usable inhaler away when the cartridge is empty
- That they can use up to six cartridges, in one inhaler, before they need a new inhaler
- To order a new prescription when the dose counter changes colour to yellow

We would recommend community pharmacies counsel patients appropriately when the re-usable Respimat ®device is first dispensed to the patient. Further information can be found via the following link
https://www.medical.respimat.com/uk/HCP/what-is-respimat
Re-usable Respimat placebos have been distributed to practices via the Practice Medicines Co-ordinators.

Safety

MONTELUKAST (SINGULAIR): REMINDER OF THE RISK OF NEUROPSYCHIATRIC REACTIONS

Although it has been known for some time that neuropsychiatric reactions may occur in association with montelukast treatment, and these reactions are listed as possible side effects in the product information, a recent review highlighted a delay in neuropsychiatric reactions being recognised as a possible adverse drug reaction in some cases.
Therefore, we remind healthcare professionals of the possible risks with montelukast and the need to consider the benefits and risks of continuing treatment if they occur.
In the UK, the most frequently reported suspected neuropsychiatric reactions associated with montelukast have been nightmares/night terrors, depression, insomnia, aggression, anxiety and abnormal behaviour or changes in

behaviour. These events were reported in all age groups. However, nightmare/night terrors, aggression, and behaviour changes are more frequently reported in the paediatric population.
An EU review has also identified stuttering and obsessive-compulsive symptoms as very rare adverse events and product information is being updated to include these.

Advice for healthcare professionals:

- Be alert for neuropsychiatric reactions in patients taking montelukast.
- Advise patients and their caregivers to read carefully the list of neuropsychiatric reactions in the patient information leaflet and seek medical advice immediately should they occur.
- Evaluate carefully the risks and benefits of continuing treatment if neuropsychiatric reactions occur.
- Be aware of newly recognised neuropsychiatric reactions of speech impairment (stuttering) and obsessive–compulsive symptoms.

https://www.gov.uk/drug-safety-update/montelukast-singulair-reminder-of-the-risk-of-neuropsychiatric-reactions

RANITIDINE: ALL ORAL FORMULATIONS – SUPPLY DISRUPTION ALERT

An MHRA alert issued 15th October 2019 highlights ALL oral formulations of ranitidine are anticipated to be out of stock, with no date for resupply until further notice.
Actions for all healthcare professionals in primary, secondary or specialist healthcare services who prescribe or dispense ranitidine:

Licensed use for gastrointestinal conditions

Identify current patients prescribed ranitidine tablets, effervescent tablets and oral solutions, and:

- Review to establish if ongoing treatment is still required.
- If ongoing treatment is still required, then consider switching to an alternative treatment.

Please note:

- It is recommended that omeprazole is the first-choice proton pump inhibitor (PPI) where clinically appropriate, as there are currently sufficient supplies to manage an increase in demand.
- It is recommended that patients are not switched to alternative H2-receptor antagonists in the first instance as this may exacerbate a shortage of these products. Sufficient supplies will continue to be available to meet current demand.

Specialist indications

- Consult specialist clinicians who use ranitidine to identify circumstances when ranitidine cannot be substituted with clinical alternatives.
- Reserve any remaining supplies of oral ranitidine for circumstances where specialists consider there are no clinically appropriate alternatives.

Prescribers should work in close collaboration with their pharmacists to understand which clinical alternatives are available.
Information regarding alternative formulations can be found within the alert and we would urge all prescribers to familiarise themselves with the contents.
https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102904

AMR NATIONAL CAMPAIGN – 5TH NOVEMBER 2019

'Keep antibiotics working' resource pack for GP Practices:
All GP practices in England will automatically receive a pack containing the following resources:

- A5 Doctor leaflets x25
- A5 leaflets dispenser x1
- A4 Doctor posters x2
- A4 Treat Your Infection – Respiratory Tract Infection pads x3

This box of resources will be distributed from **mid-October 2019** by courier and requires the recipient to sign for it. If you do not receive your box by **Friday 1st November**, please feel free to contact the PHE campaign resource centre.

The use of a combination of resources including **visible patient information** using posters and leaflets, and **audio information** via radio and TV adverts, in addition to **discussion with local clinicians** has been found to have the greatest impact in raising patient awareness of antibiotic resistance.

There are a range of **videos** as well as **additional posters and leaflets** available for download here for use in your waiting areas. Resources are also available via the campaign resource centre; practices will need to register in order to download these.
https://campaignresources.phe.gov.uk/resources/campaigns/34/resources/4781

Please visit the Halton CCG website for the latest Cheshire and Merseyside AMR bulletin: September Issue now available!

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