



Area Prescribing Committee.....	1
Medicines Management Work Plan 2020/2021.....	2
EPS Phase 4.....	3
Safety.....	3
Antimicrobial Update: July 2020.....	5

Area Prescribing Committee

RECOMMENDATIONS

RED AVATROMBOPAG tablets (Doptelet® ▼) for treating severe thrombocytopenia in adults with chronic liver disease having planned invasive procedures

The Pan Mersey Area Prescribing Committee recommends the prescribing of AVATROMBOPAG tablets (Doptelet® ▼), by specialists only, for treating severe thrombocytopenia in adults with chronic liver disease having planned invasive procedures in accordance with NICE TA626.

RED FREMANEZUMAB injection (Ajovy® ▼) for prophylaxis of migraine

The Pan Mersey Area Prescribing Committee recommends the prescribing of FREMANEZUMAB injection (Ajovy® ▼), by specialists only, for prevention of migraine in accordance with NICE TA631.

RED USTEKINUMAB solution for injection (Stelara®) for ulcerative colitis

The Pan Mersey Area Prescribing Committee recommends the prescribing of USTEKINUMAB solution for injection (Stelara®), by specialists only, for moderately to severely active ulcerative colitis in accordance with NICE TA633.

GREY BROLUCIZUMAB solution for injection (Beovu® ▼) for neovascular (wet) age-related macular degeneration

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of BROLUCIZUMAB solution for injection (Beovu® ▼) for neovascular (wet) age-related macular degeneration.

GREY DIENOGEST tablets (Zalkya® ▼) for endometriosis

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of DIENOGEST tablets (Zalkya® ▼) for endometriosis.

GREY IXEKIZUMAB solution for injection (Taltz® ▼) for axial spondyloarthritis

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of IXEKIZUMAB solution for injection (Taltz® ▼) for axial spondyloarthritis.

GREY ROMOSOZUMAB solution for injection (EVENITY® ▼) for severe osteoporosis in postmenopausal women

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of ROMOSOZUMAB solution for injection (EVENITY® ▼) for treatment of severe osteoporosis in postmenopausal women.

GREY SECUKINUMAB solution for injection (Cosentyx®) for non-radiographic axial spondyloarthritis

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of SECUKINUMAB solution for injection (Cosentyx®) for non-radiographic axial spondyloarthritis.

RED Inflammatory bowel disease guidelines

Pan Mersey APC pathways for the initiation and maintenance of high cost drugs in the management of Ulcerative Colitis and Crohn's Disease. Minor update to include ustekinumab for ulcerative colitis in accordance with NICE TA 633

Adult Asthma Guidelines

Update in line with the British Thoracic Society guidelines

Sunscreen guideline

Routine review with minor updates. Moved to the static list.

AMBER RECOMMENDED Sterimar

When recommended by an ENT consultant for patients with chronic rhinosinusitis after first-line options, including self-care have been tried. Remains Red for post operative use

Headache pathway

Update to existing primary care headache pathway produced by The Walton Centre. The majority of the amendments are in migraine prophylaxis advice section, with a few minor wording amendments throughout the document.

AMBER INITIATED Denosumab prescribing support information

Routine review with minor amendments and the addition of a template letter

Medicines Management Work Plan 2020/2021

During **September 2020** the NHS Halton CCG Medicines Management Team will continue to support with the following COVID-19 related work:

- Medicines support to care Homes.
- Supply of End of life medication.
- Warfarin to DOAC switches.
- Electronic Repeat Dispensing (eRD).
- Medicines supply issues.
- Medication support guidance.

The MMT will also be repeating the STOMP/STAMP audit and supporting with the Q1 2019/20 & Q4 2020/21 Controlled Drug Monitoring in all Halton practices.

Practice Medicine Co-ordinator (PMC) Reviews – The PMCs will be doing the following reviews:

- **Nebivolol tablet switch** - Switch of nebivolol 2.5mg tablets to half a 5mg tablet as more cost-effective formulation.
- **Complan® to Aymes® powder switch** – Switch of Complan® powder shakes to 1st line formulary choice, Aymes®.
- **Chlorhexidine Mouthwash Review** – review of mouthwash for inappropriate prescribing on repeat when for dental prescribing only.
- **Vitamin and Mineral Review** - Review of patients prescribed vitamins and minerals inappropriately as Black, non-formulary or more appropriate for self-care, in line with national /Pan Mersey Guidance.
- **Infant Feed Review** – 6 monthly review of prescribing of infant feeds in line with Pan Mersey Guidance.
- **Omeprazole and Tamsulosin** – tablets to capsules switch as more cost-effective formulation.
- **Folic Acid Review** – review of prescribing of folic acid 5mg for folate deficiency.
- **Steroid Emergency Card** – support for the implementation of the NPSA Steroid Emergency Cards recommendations (see Safety Section below).

EPS Phase 4

EPS Phase 4 will be enabled automatically for all TPP SystemOne and EMIS Web practices that use EPS (including dispensing practices) from 7 September 2020.

To ensure a smooth transition, it's recommended that you enable Phase 4 in your practice before this date. This will give you more time to access support from your CCG EPS lead if necessary

The switch on process is a very simple short form sent from EMIS Now which causes an automated process to occur over night to switch on Phase 4. In terms of practice usability, there is nothing else that they need to do and there is no extra work required in practice, Phase 4 will slot into their current processes.

The following links should be helpful for practices who are going to activate Phase 4 prior to the mass enablement taking place:

<https://digital.nhs.uk/services/electronic-prescription-service/phase-4/prescriber-information>

https://www.emisnow.com/csm?id=kb_article&sysparm_article=KB0045831&sys_kb_id=aae4c842db085c90a643d278f4961951

Safety

The Medicines Management Team would like to highlight some of the recent drug safety updates relevant to Primary Care:

NPSA ALERT: STEROID EMERGENCY CARD TO SUPPORT EARLY RECOGNITION AND TREATMENT OF ADRENAL CRISIS IN ADULTS

A National Patient Safety Alert has been issued advising healthcare professionals to ensure eligible patients are issued with a new NHS steroid emergency card. The card should be issued to all patients who may be steroid dependant and at risk of adrenal crisis. This includes patients with primary adrenal insufficiency, such as those with Addison's disease, congenital adrenal hyperplasia, or hypothalamo-pituitary damage from tumours or surgery.

Patients receiving prednisolone 5mg/day or equivalent for 4 weeks or longer across all routes of administration, or inhaled beclomethasone >1mg/day or fluticasone >500 microgram/day should also be issued with the card.

The actions within the alert, specifically for Primary Care, recommend:

- Prescribers should issue a steroid emergency card when initiating steroid prescriptions to all eligible patients
- Prescribers should issue a steroid emergency card when undertaking reviews (clinics or issuing repeat prescriptions) to all eligible patients
- Organisations should review their policies/clinical system software to support the above recommendations
- Community Pharmacies should obtain and supply replacement steroid emergency cards to eligible patients if cards are lost or damaged

GP practices and pharmacies should ensure they have the new cards available and develop a process/policy to ensure all eligible patients are identified and issued with a card.

The Practice Medicines co-ordinators should be able to support with this safety work. The Medicines management team are in the process of putting together a review package.

We are also liaising with Optimise Rx regarding potential for additional prompts regarding issuing steroid cards.

<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103082>

Please note - When ordering Steroid Emergency Cards, please ensure you select the new ‘emergency steroid card’ on PCSE portal as we have been made aware the old ‘blue’ steroid card is also still available to order.

Steroid Emergency Card (Adult)

IMPORTANT MEDICAL INFORMATION FOR HEALTHCARE STAFF
THIS PATIENT IS PHYSICALLY DEPENDENT ON DAILY STEROID THERAPY as a critical medicine. It must be given/taken as prescribed and never omitted or discontinued. Missed doses, illness or surgery can cause adrenal crisis requiring emergency treatment.

Patients not on daily steroid therapy or with a history of steroid usage may also require emergency treatment.

Name

Date of Birth NHS Number

Why steroid prescribed

Emergency Contact

When calling 999 or 111, emphasise this is a likely adrenal insufficiency/Addison's/Addisonian crisis or emergency **AND** describe symptoms (vomiting, diarrhoea, dehydration, injury/shock).

Emergency treatment of adrenal crisis

- 1) **EITHER** 100mg Hydrocortisone i.v. or i.m. injection **followed by** 24 hr continuous i.v. infusion of 200mg Hydrocortisone in Glucose 5%
OR 50mg Hydrocortisone i.v. or i.m. qds (100mg if severely obese)
- 2) Rapid rehydration with Sodium Chloride 0.9%
- 3) Liaise with endocrinology team

Scan here for further information or search <https://www.endocrinology.org/adrenal-crisis>

STIMULANT LAXATIVES (BISACODYL, SENNA AND SENNOSIDES, SODIUM PICOSULFATE) AVAILABLE OVER THE COUNTER: NEW MEASURES TO SUPPORT SAFE USE

Following a National safety review, pack size restrictions, revised recommended ages for use, and new safety warnings for over-the-counter stimulant laxatives have been introduced.

Advice for healthcare professionals:

Constipation treatment options

- For constipation, manage underlying causes and advise adult patients on appropriate first-line dietary and lifestyle measures, such as increasing dietary fibre, fluid intake, and activity levels.
- Stimulant laxatives should only be used if other laxatives (bulk-forming and osmotic) are ineffective (as clinical guidance).
- Children younger than 12 years should not use stimulant laxatives without advice from a prescriber and clinical guidance should be followed.

Changes to availability

- large packs of stimulant laxatives will no longer be available from general sale outlets, such as newsagents and supermarkets — smaller packs will continue to be available in these outlets for short-term, occasional constipation in adults
- pharmacies will continue to hold larger packs of up to 100 tablets for use in adults and children aged 12 years or older, under the supervision of a pharmacist

Advice to provide to patients:

- Seek support from a doctor, nurse, or pharmacist for ongoing constipation, rather than self-medicating with laxatives in the long-term
- If symptoms of constipation persist after dietary and lifestyle changes and short-term laxative treatment (under the advice of pharmacist), or in case of persistent abdominal pain or passing blood, consult a doctor
- Parents and caregivers should seek medical advice about constipation in children – children younger than 12 years should not use stimulant laxatives unless told to do so by their prescriber

<https://www.gov.uk/drug-safety-update/stimulant-laxatives-bisacodyl-senna-and-sennosides-sodium-picosulfate-available-over-the-counter-new-measures-to-support-safe-use>

Antimicrobial Update: August 2020

ANTIMICROBIAL PRESCRIBING NEWS FOR PRIMARY CARE:

Midlands and Lancashire Commissioning Support Unit (MLCSU) Antimicrobial Medicines Information Summary, July 2020: MLCSU collates and shares the latest current awareness and evidence-based medicines information from NICE and UKMi relating to antimicrobial prescribing each month.

Primary research

[Effect of Probiotic Use on Antibiotic Administration Among Care Home Residents: A Randomized Clinical Trial](#)

RCT (n=310) found that daily oral probiotic (combination of Lactobacillus rhamnosus GG and Bifidobacterium animalis subsp lactis BB-12) use did not reduce cumulative systemic antibiotic administration days vs placebo (12.9 vs 12.0, 95%CI 0.79 to 1.63).

[The safety of delayed versus immediate antibiotic prescribing for upper respiratory tract infections](#)

Cohort study (1.82 million patients with an upper urinary tract infection and antibiotic prescription) found that delayed antibiotic prescribing was associated with an increased risk of infection-related hospital admissions (HR 1.52, 95%CI 1.43-1.62) vs antibiotic at diagnosis.

Systematic review

[Interventions to reduce Staphylococcus aureus in the management of eczema](#)

This review (41 studies; n=1753) found insufficient evidence; the low quality of the evidence made pooling of results difficult. Topical steroid/antibiotic combinations may be associated with possible small improvements vs topical steroid alone. High-quality trials are required.

[Antibiotics for asymptomatic bacteriuria in pregnancy](#)

Review (15 studies, n=2,000) reports antibiotic treatment may be effective in reducing risk of pyelonephritis in pregnancy, but confidence in the effect estimate is limited given the low certainty of the evidence.

Summary of Product Characteristics updates

[Tetralysal \(lymecycline\) Capsules](#)

Depression and nightmare have been added as potential adverse effects of treatment (frequency unknown).

UPDATE OF RESOURCES AVAILABLE ON THE TARGET TOOLKIT:

Ongoing TARGET Research: Treating Your Infection Self Care Leaflet

The TARGET team are developing a leaflet on how patients can manage common infections (such as colds, flu and winter vomiting bugs); this includes:

- Types, symptoms and durations of common infections
- Ways to make yourself feel better / self-care actions
- Safety netting / signs of serious illness
- Where to get help
- Ways to prevent the spread of infections

This leaflet will be suitable for use in primary care settings with the aim to empower patients and carers to be able to self-care when suffering from a common infection.

New TARGET Audits: Coming soon

The TARGET audits have been developed to enable self-assessment of your prescribing and development of antimicrobial stewardship action plans.

The TARGET team have been working with a local GP to develop three new urinary tract infection (UTI) audits:

- UTI in older adults
- Uncomplicated UTI
- Catheter associated UTI

The UTI audit for older adults has recently been published on the TARGET website, and the uncomplicated UTI audit and UTI audit for catheterised patients are due to be published shortly.

Research behind the TARGET Treating Your Infection: UTI leaflet:

Optimising management of UTIs in primary care: a qualitative study of patient and GP perspectives to inform the development of an evidence-based, shared decision-making resource

Abstract: Urinary tract infections (UTIs) are one of the most common bacterial infections managed in general practice. Many women with symptoms of uncomplicated UTI may not benefit meaningfully from antibiotic treatment, but the evidence base is complex and there is no suitable shared decision-making resource to guide antibiotic treatment and symptomatic care for use in general practice consultations.

Aim: To develop an evidence-based, shared decision-making intervention leaflet to optimise management of uncomplicated UTI for women aged <65 years in the primary care setting. Design and setting: Qualitative telephone interviews with GPs and patient focus group interviews.

Method: In-depth interviews were conducted to explore how consultation discussions around diagnosis, antibiotic use, self-care, safety netting, and prevention of UTI could be improved. Interview schedules were based on the Theoretical Domains Framework.

Results: Barriers to an effective joint consultation and appropriate prescribing included: lack of GP time, misunderstanding of depth of knowledge and miscommunication between the patient and the GP, nature of the consults (such as telephone consultations), and a history of previous antibiotic therapy.

Conclusion: Consultation time pressures combined with late symptom presentation are a challenge for even the most experienced of GPs: however, it is clear that enhanced patient–clinician shared decision making is urgently required when it comes to UTIs. This communication should incorporate the provision of self-care, safety netting, and preventive advice to help guide patients when to consult. A shared decision-making information leaflet was iteratively co-produced with patients, clinicians, and researchers at Public Health England using study data.

Lecky DM, Howdle J, Butler CC, McNulty CAM. Optimising management of UTIs in primary care: a qualitative study of patient and GP perspectives to inform the development of an evidence-based, shared decision-making resource. Br J Gen Pract 2020; DOI: <https://doi.org/10.3399/bjgp20X708173>

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