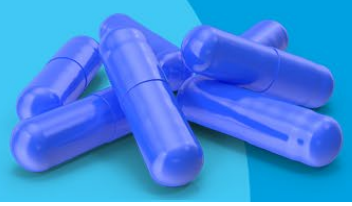
Medicines Management newsletter

Issue 25 - November 2020

NHS
Halton Clinical Commissioning Group



Area Prescribing Committee

RECOMMENDATIONS

BLACK ELTROMBOPAG film-coated tablets (Revolade®) for Acquired Severe Aplastic Anaemia

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of ELTROMBOPAG tablets (Revolade®) for the treatment of Acquired Severe Aplastic Anaemia (SAA)

GREY FOSTAMATINIB tablets (Tavlesse®▼) for the treatment of chronic immune thrombocytopenia (ITP)

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of FOSTAMATINIB tablets (Tavlesse®▼) for the treatment of chronic immune thrombocytopenia (ITP).

GREY OMALIZUMAB solution for injection (Xolair®) for chronic rhinosinusitis with nasal polyps

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of OMALIZUMAB solution for injection (Xolair®) for chronic rhinosinusitis with nasal polyps.

Chronic obstructive pulmonary disease

COPD guideline updated version now based on latest NICE guidelines. Previous version was based on GOLD guideline as previous NICE guidelines were significantly out of date. Emphasis as before on suggested first line options, but actual choice of device can be any on formulary.

Out-of-area Prescribing Requests

Out of area requests (from secondary/tertiary care specialists outside Mersey) - position statement providing guidance to GPs on how to deal with non-formulary requests and requests that treat a drug as a different RAG designation to Mersey position.

Managing common infections in adults

First of two parts covering upper and lower respiratory tract infection, urinary tract infection, meningitis, gastrointestinal and suspected dental infection.

GREEN NALDEMEDINE tablets (Rizmoic®▼) for the treatment of opioid-induced constipation

The Pan Mersey Area Prescribing Committee recommends the prescribing of NALDEMEDINE tablets (Rizmoic®▼) for the treatment of opioid-induced constipation in accordance with NICE TA651. Naldemedine is recommended as an

option for treating opioid-induced constipation in adults who have had laxative treatment. It can be used alone to treat opioid-induced constipation or with other laxatives for constipation of mixed aetiology.

GREY SOLRIAMFETOL HYDROCHLORIDE tablets (Sunosi®▼) for excessive daytime sleepiness in narcolepsy

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of SOLRIAMFETOL HYDROCHLORIDE tablets (Sunosi®▼) for excessive daytime sleepiness in narcolepsy.

GREY SOLRIAMFETOL HYDROCHLORIDE tablets (Sunosi®▼) for excessive daytime sleepiness in obstructive sleep apnoea

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of SOLRIAMFETOL HYDROCHLORIDE tablets (Sunosi®▼) for excessive daytime sleepiness in obstructive sleep apnoea.

RED BOTULINUM TOXIN TYPE A for severe axillary hyperhidrosis

The Pan Mersey Area Prescribing Committee recommends no more than TWO TREATMENT SESSIONS per YEAR of Botulinum Toxin Type A Injection by specialists for the treatment of severe axillary hyperhidrosis that has not responded to treatment with topical antiperspirants or other antihidrotic treatment, as a potential alternative to surgery.

RED BOTULINUM TOXIN TYPE A injection for chronic anal fissure

The Pan Mersey Area Prescribing Committee recommends prescribing a maximum of TWO COURSES of botulinum toxin type A injection in the treatment of chronic anal fissure which has not healed despite a minimum course of at least 8 weeks of topical management.

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.
- Previous antimicrobial use is a major risk factor for CDI. Antimicrobials disrupt the normal microflora of the colon and allow overgrowth of CD.
- Broad spectrum antimicrobials particularly cephalosporins, clindamycin, quinolones and co-amoxiclav carry a greater risk of causing CDI. However, use of any antibiotic can cause CDI.
- Risk of CDI is increased by long or repeated courses and use of multiple antimicrobials.
- There is evidence of a dose-dependent relationship between long term proton pump inhibitor (PPI) therapy and increased risk of CD-associated diarrhoea.

BLACK SILK garments (Dermasilk®, Dreamskin®, Skinnies Silk®) for eczema or atopic dermatitis

The Pan Mersey Area Prescribing Committee does not recommend the prescribing of SILK Garments for eczema or atopic dermatitis.

Medicines Management Work Plan 2020/2021

During **December 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.

- Electronic Repeat Dispensing (eRD).
- Medicines supply issues.
- Medication support guidance.
- Vaccination Programme

The MMT will also be focussing on the following work plan projects:

- Lipid Optimisation
- COPD Rescue Packs
- Opioids in Chronic Pain
- Oral and Enteral Nutritional supplements

Practice Medicines Co-ordinator (PMC) Reviews

The PMCs will be doing the following reviews:

- **Formulation switches** – mop-up of switches to safer more cost-effective branded formulary formulations:
  - Co-codamol 30/500mg Tablets to Zapain® Tablets
  - Oxycodone MR Tablets to Longtec® Tablets
- **Controlled Drugs Schedule 2 & 3** - review of patients prescribed schedule 2 & 3 CDs to check for inappropriate prescribed quantities and potential overordering.
- **Diltiazem MR Branding –** switch of generic diltiazem MR formulation (strengths >60mg) to the named brand that the patient takes for safety reasons

Electronic Halton Syringe Driver Patient Specific Direction to Administer Sheets (An Update)

Following the launch of the Electronic Halton Syringe Driver Patient Specific Direction to Administer Sheet ("Pink sheet") during COVID there have been some further discussions about the use of the maximum dose box for analgesia. These discussions have included our Community Palliative Care Consultant, CCG Clinical Lead, Halton Medicines Management working group and both CCG and Bridgewater clinical teams.

We would like to highlight the following to make use of the box clearer:

- Prescribers can prescribe a maximum 24hrly dose for opiates ensuring that this allows for suitable PRN administration. As a guide, this is up to 50% more than the top end of the range prescribed for continuous use in the syringe driver.
- If a district nurse identifies a patient that they feel is likely to reach the maximum dose in the next 24-hour period, this will be highlighted to the prescriber for review.
- However, in specific clinical circumstances e.g. a patient's pain is escalating towards the end of life, the prescriber may decide it is more clinically appropriate to mark the box as not applicable ('N/A').

Important: It is the responsibility of the prescriber to ensure that guidelines are followed when prescribing opioids. Every member of the team has a responsibility to check that the intended dose is safe for the individual patient. Knowledge of previous opioid dose is essential for the safe use of these products. Advice should be sought if prescribing outside of guidelines or when the limits of own expertise are reached (NPSA/2008/RRR05).

Warfarin and other anticoagulants – Monitoring of patients during the COVID-19 pandemic

Following concerns raised by clinicians during the coronavirus (COVID-19) pandemic, the MHRA have issued advice to healthcare professionals and patients regarding the safe use of warfarin and other anticoagulants. This advice has been endorsed by the Commission on Human Medicines (CHM).

Healthcare professionals are reminded that:

- Acute illness may exaggerate the effect of warfarin and necessitate a dose reduction; patients on warfarin or other vitamin K antagonists should therefore be asked to tell their GP or healthcare team if they have symptoms of, or confirmed, COVID-19 infection.
- Continued INR (international normalised ratio) monitoring is important in patients taking warfarin or other vitamin K antagonists if they have suspected or confirmed COVID-19 infection, so they can be clinically managed at an early stage to reduce the risk of bleeding.
- Both vitamin K antagonists and direct-acting oral anticoagulants (DOACs) may interact with other medicines and if a patient using these oral anticoagulants is also prescribed antibiotics or antivirals, follow advice in the product information for minimisation of risk of potential interactions – this includes INR monitoring in patients taking vitamin K antagonists who have recently started new medicines.
- If patients are switched from warfarin to a DOAC, warfarin treatment should be stopped before the DOAC is started to reduce the risk of over-anticoagulation and bleeding.
- Patients taking vitamin K antagonists should be reminded to carefully follow the instructions for use for anticoagulant medicines (including the patient information leaflet) and to tell their GP or healthcare team if they:
    - Are otherwise unwell with sickness or diarrhoea or have lost their appetite.
    - Are taking any new medicines or supplements.
    - Have changed their diet, smoking habits, or alcohol consumption.
    - Are unable to attend their next scheduled blood test for any reason, including because they feel unwell.

https://www.gov.uk/government/publications/warfarin-and-other-anticoagulants-monitoring-of-patients-during-the-covid-19-pandemic/warfarin-and-other-anticoagulants-monitoring-of-patients-during-the-covid-19-pandemic

Safety

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

MODAFINIL (PROVIGIL): INCREASED RISK OF CONGENITAL MALFORMATIONS IF USED DURING PREGNANCY

Advice for healthcare professionals:

- Modafinil potentially increases the risk of congenital malformations (including congenital heart defects, hypospadias, and orofacial clefts); modafinil should not be used in pregnancy and alternative treatment options for narcolepsy should be considered.

- Women of childbearing potential must use effective contraception during treatment and for 2 months after stopping modafinil.
- Modafinil may reduce the effectiveness of steroidal contraceptives, including oral contraceptives, therefore alternative or concomitant methods of contraception are required.
- Ensure all female patients of childbearing potential taking modafinil are informed and fully understand that:
  - Modafinil should not be used during pregnancy due to the increased risk to the foetus.
  - Effective contraception is needed during treatment with modafinil and for 2 months after stopping modafinil treatment.
  - They should discuss plans for pregnancy early with their doctor and continue contraception for 2 months after stopping modafinil.

https://www.gov.uk/drug-safety-update/modafinil-provigil-increased-risk-of-congenital-malformations-if-used-during-pregnancy

Modafinil has a RAG rating of Amber Retained on Pan Mersey formulary

BUPROPION (ZYBAN): RISK OF SEROTONIN SYNDROME WITH USE WITH OTHER SEROTONERGIC DRUGS

Advice for healthcare professionals:

- Cases of serotonin syndrome have been reported in association with bupropion and coadministration with serotonergic drugs, for example:
  - Selective serotonin reuptake inhibitors (SSRIs).
  - Serotonin norepinephrine re-uptake inhibitors (SNRI).
- If concomitant prescribing with other serotonergic drugs is clinically warranted:
  - Do not exceed the recommended dose.
  - Remind patients of the milder symptoms of serotonin syndrome at initiation of treatment and at any change of dose and the importance of seeking medical advice if they occur.
- If serotonin syndrome is suspected, either decrease the dose of bupropion or withdraw therapy depending on the severity of the symptoms.

https://www.gov.uk/drug-safety-update/bupropion-zyban-risk-of-serotonin-syndrome-with-use-with-other-serotonergic-drugs

PIRFENIDONE (ESBRIET): RISK OF SERIOUS LIVER INJURY; UPDATED ADVICE ON LIVER FUNCTION TESTING

Advice for healthcare professionals:

- Serious cases of drug-induced liver injury, including liver failure, have been reported in patients treated with pirfenidone; cases have been estimated to be of uncommon frequency but 2 reports worldwide had a fatal outcome.
- Continue to monitor alanine aminotransferase (ALT), aspartate aminotransferase (AST), and bilirubin levels before initiation, at monthly intervals during the first 6 months of treatment and every 3 months thereafter.
- Advise patients to seek medical help immediately if they have signs and symptoms that may indicate liver injury, including fatigue, anorexia, right upper abdominal discomfort, dark urine, or jaundice.
- Perform prompt clinical evaluation and measure liver function in patients who report symptoms that may indicate liver injury.
- In the event of significant elevation of liver enzymes or clinical signs and symptoms of liver injury, adjust the dose of pirfenidone or discontinue treatment (see table for new guidance).

- Monitor closely for signs of toxicity if pirfenidone is being used concomitantly with inhibitors of one or more other CYP isoenzymes involved in the metabolism of pirfenidone.

https://www.gov.uk/drug-safety-update/pirfenidone-esbriet-risk-of-serious-liver-injury-updated-advice-on-liver-function-testing

Pirfenidone has a RAG rating of RED on Pan Mersey formulary

FERRIC CARBOXYMALTOSE (FERINJECT▼): RISK OF SYMPTOMATIC HYPOPHOSPHATAEMIA LEADING TO OSTEOMALACIA AND FRACTURES

Advice for healthcare professionals:

- Ferric carboxymaltose is known to be commonly associated with hypophosphatemia.
- Cases have been reported of symptomatic hypophosphataemia leading to infrequent reports of hypophosphataemic osteomalacia and fractures in patients with existing risk factors and following prolonged exposure to high doses – some cases required clinical intervention, including surgery.
- Monitor serum phosphate levels in patients:
  - Requiring multiple administrations of ferric carboxymaltose at higher doses.
  - On long-term treatment with ferric carboxymaltose.
  - With pre-existing risk factors for hypophosphataemia such as vitamin D deficiency, calcium and phosphate malabsorption, secondary hyperparathyroidism, inflammatory bowel disease, and osteoporosis.
- **Advise patients to seek medical advice if they experience symptoms indicative of hypophosphataemia, including new musculoskeletal symptoms or worsening of tiredness – be aware these symptoms may be confused with those of iron deficiency anaemia.**
- If hypophosphataemia persists, re-evaluate treatment with ferric carboxymaltose.

https://www.gov.uk/drug-safety-update/ferric-carboxymaltose-ferinject-risk-of-symptomatic-hypophosphataemia-leading-to-osteomalacia-and-fractures

Ferric carboxymaltose is RAG rated RED on Pan Mersey formulary

Antimicrobial Update: August 2020

WORLD ANTIBIOTIC AWARENESS WEEK 2020: 18TH-24TH NOVEMBER 2020

Antibiotic Resistance continues to be one of the biggest threats facing us today.

This year, the COVID-19 pandemic has presented numerous additional challenges for health professionals managing patients with infections. Now, more than ever we need to continue to work together to prevent serious infections – including COVID-19 - whilst reducing inappropriate antibiotic use.

To avoid inappropriate antibiotic prescribing in the context of COVID-19, healthcare professionals should continue to:

- Follow current NICE guidelines to infer if pneumonia has a COVID-19, viral or bacterial cause.
- Treat coughs, fever and breathlessness related to COVID-19 in line with new clinical guidance, not with antibiotics.

- Explain to patients that antibiotics do not prevent or treat viral infections including COVID-19. Antibiotics can cause side-effects, including nausea and diarrhoea. Antibiotics use can also increase the risk of spreading infections that are caused by bacteria resistant to antibiotics.

Growing antibiotic resistance already complicates management of common infections such as UTIs.

ANTIBIOTIC GUARDIAN

Keep Antibiotics Working

Call to Action:

Choose one simple pledge about how you'll make better use of antibiotics and help save these vital medicines from becoming obsolete.

Make your pledge today at
https://antibioticguardian.com/

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