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Medicines Optimisation Monthly Newsletter

Cannock Chase Clinical Commissioning Group
East Staffordshire Clinical Commissioning Group
North Staffordshire Clinical Commissioning Group
South East Staffordshire and Sealdon Peninsula Clinical Commissioning Group
Stafford and Surrounds Clinical Commissioning Group
Stoke-on-Trent Clinical Commissioning Group

MEDICINES | FOCUS

Introduction

Welcome to our new monthly Medicines Optimisation Team newsletter for GP practices and providers. This aims to highlight current updates, issues and guidelines around medication and to support prescribers and practices, pulling together information from various resources to provide a one-stop summary and useful links.



Items covered in this newsletter include:

- [NICE guidance on acute cough](#)
 - [Area Prescribing Group \(APG- South\) and Area Prescribing Committee \(APC- North\) update](#)
 - [MHRA alert on SGLT2 inhibitors and carbimazole](#)
 - [Out of stock bulletins](#)
 - [Current pharmacy campaign - Help Us Help You](#)
 - [Reclassification of pregabalin and gabapentin April 2019](#)
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- [Guidance on medicines shortages and Brexit](#)
- [Flu letter 2019/20](#)
- [Hospital 2 Home prescriptions](#)
- [Medications to treat drug and alcohol abuse - do not prescribe in primary care](#)
- [Paravit CF vitamins for cystic fibrosis patients](#)
- [Update on Dalteparin prescribing in North Staffs and Stoke](#)

Team contact details are southstaffs.medsoptimisation@nhs.net or medsopsqueries@stoke.nhs.uk

NICE guidance on acute cough

This guideline sets out an antimicrobial prescribing strategy for acute cough associated with an upper respiratory tract infection or acute bronchitis in adults, young people and children.

Recommendations include:

1. Not treating patients with antibiotics unless they are systemically very unwell or at high risk of complications.
2. If an antibiotic is required in adults first choice is doxycycline 200mg stat followed by 100mg daily for 4 days
3. Alternative antibiotic choices in adults: amoxicillin, clarithromycin and erythromycin
4. If an antibiotic is required in children first choice is a 5 day course of amoxicillin:
 - Age 1 to 11 months: 125mg tds
 - Age 1 to 4 years: 250mg tds
 - Age 5 to 17 years: 500mg tds
5. Alternative antibiotic choices in children are clarithromycin, erythromycin and doxycycline

<https://www.nice.org.uk/guidance/ng120>

Area Prescribing Group (APG- South Staffs) and Area Prescribing Committee (APC - North Staffs)

Drug	Indication	Formulary classification	Approved by APC	Approved by APG
Tofacitinib	Moderate to severely active ulcerative colitis in adults when conventional therapy or a biological agent cannot be tolerated or disease responded inadequately or lost response to treatment	RED	Yes	Yes
Brivaracetam	Adjunctive therapy in treatment of partial onset seizures with or without secondary generalisation in adult, adolescent and paediatric patients from 4 years of age with severe refractory epilepsy warranting epilepsy specialist input for patients who have: <ul style="list-style-type: none"> • tried 3 or more AEDs • used levetiracetam and has documented intolerance (not suitable for other 3rd line agents) • Currently on 3rd line agent to be replaced by brivaracetam • Has tried 3 or more AEDs and has insufficient symptom control and requires rapid attainment of therapeutic levels 	AMBER (no ESCA)	Yes	Yes
Levosert® (Levonorgestrel) 20 mcg/24 hours intrauterine delivery system	As 1st line for Heavy Menstrual Bleeding (HMB) in women requiring reversible contraception. Not to be used for Contraception	Green – prescribe by brand	Yes	
Sialanar® (Glycopyrronium bromide) 320mcg/ml oral solution	Symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders Restriction: For Initiation and stabilisation by a specialist prior to transferring into primary care	Amber	Yes	

The North Staffordshire and Stoke-On-Trent CCGs approved the need for a new web-based platform for the North Staffordshire Joint Formulary. This allows for the transition from the current .pdf format (Hosted by UHNM) to an online web enabled platform called netFormulary. This online portal provides easier access to the formulary contents, utilising the 'search' column. It is also user-friendly for clinical and non-clinical staff as they do not have to know what section in the BNF a particular drug is prior to searching for it (the netFormulary does this for them), which is currently the case with the .pdf version.

It also provides direct links to the BNF/BNFc, ESCAs (For Amber drugs on the formulary) and relevant guidelines or clinical pathways accordingly. The new Joint Formulary is a work in progress as we strive to ensure it is user friendly and robust for all our colleagues. The launch date for the netFormulary is Monday 25th of March 2019 and clinicians are hereby advised to access the online netFormulary which would be updated regularly. The netFormulary would be managed by the Medicines Optimisation Team, and related queries should be directed to: medopsqueries@stoke.nhs.uk

MHRA update – warnings on SGLT2 inhibitors and carbimazole

Marketing authorisation holders of products containing SGLT2 inhibitors [Invokana (canagliflozin), Forxiga (dapagliflozin), Jardiancet (empagliflozin), Steglatrot (ertugliflozin)], in agreement with the European Medicines Agency and the Medicines and Healthcare products Regulatory Agency, released the following

- Post-marketing cases of Fournier's gangrene (necrotising fasciitis of the perineum) have been associated with the use of SGLT2 inhibitors
- Fournier's gangrene is a rare but serious and potentially life-threatening infection
- Uro-genital infection or perineal abscess may precede necrotising fasciitis
- Advise patients to seek urgent medical attention if they experience severe pain, tenderness, erythema, or swelling in the genital or perineal area accompanied by fever or malaise
- If Fournier's gangrene is suspected, stop the SGLT2 inhibitor and promptly start treatment (including antibiotics and surgical debridement)

The following warnings have been issued regarding treatment with carbimazole:-

(1) Risk of acute pancreatitis

- Acute pancreatitis has been reported following treatment with carbimazole/thiamazole.
- If acute pancreatitis occurs, treatment with carbimazole/thiamazole should be discontinued immediately.
- As re-exposure may result in recurrence of acute pancreatitis, with decreased time to onset, these medicines must not be given to patients with a history of acute pancreatitis that occurred following administration of carbimazole/thiamazole.

(2) Strengthened advice on contraception

New review of available evidence from epidemiological studies and case reports strengthens the evidence that :-

- carbimazole/thiamazole is suspected to cause congenital malformations when administered during pregnancy, particularly in the first trimester of pregnancy and at high doses.
- Women of childbearing potential have to use effective contraceptive measures during treatment with carbimazole/ thiamazole.
- Hyperthyroidism in pregnant women should be adequately treated to prevent serious maternal and foetal complications.
- Carbimazole/thiamazole must only be administered during pregnancy after a strict individual benefit/risk assessment and only at the lowest effective dose without additional administration of thyroid hormones.
- If carbimazole/thiamazole is used during pregnancy, close maternal, foetal and neonatal monitoring is recommended.

<https://www.gov.uk/drug-safety-update/letters-and-drug-alerts-sent-to-healthcare-professionals-in-january-2019>

Out of Stocks

The latest primary and secondary care supply update letter from the Department of Health and Social Care has been circulated in Practice News this month. [Please click here to read](#)

Help us Help you - pharmacy campaign launched

On 4th February 2019, NHS England launched a [Help Us Help You](#) 'Pharmacy Advice' campaign, which will position pharmacies as the first place to go to for advice on minor health concerns, such as coughs, colds, tummy troubles and aches and pains.

Research shows that 27% of general practice appointments in England could potentially be treated elsewhere and approximately 18 million of these could be treated through self-care and community pharmacies*. This campaign seeks to address this by highlighting to the public the minor health concerns which can be treated by pharmacists as well as the services offered by their local pharmacy team (such as administration of flu jabs, advice on quitting smoking and how to take new medication.)

<https://psnc.org.uk/our-news/help-us-help-you-pharmacy-campaign-to-begin-in-february/>

Reclassification of pregabalin and gabapentin April 2019

Following advice from the Advisory Council on the Misuse of Drugs (ACMD) about the harm associated with Pregabalin and Gabapentin these drugs will, from 1st April 2019, be classified as Class C of the 1971 Act and placed under schedule 3 to the 2011 regulations, applying the provisions of the 1973 Regulations.

This means

- the drugs cannot be supplied via repeat dispensing and prescriptions will only be valid for 28 days from the appropriate prescription date.
- they will not be available to supply via the Electronic Prescription Service ([EPS](#)) until the full rollout of controlled drug prescribing via EPS and they will require full prescription writing requirements in line with other Schedule 2 and 3 controlled drugs.
- A maximum of 30 days supply is allowed on prescription

Rollout of CDs onto EPS is currently underway for SystmOne and Emis practices and affected practices will have been contacted with the launch date.

Searches are available from the Medicine Optimisation Team to identify patients on

pregabalin and gabapentin, also a patient letter to explain the changes. Please contact your medicine optimisation practice representative if you need any help.

<https://psnc.org.uk/wp-content/uploads/2019/02/Pregabalin-and-Gabapentin-Briefing-Note-12-Feb-2019.pdf>

Guidance on medicines shortages and Brexit

The local pharmaceutical committees (LPCs) in Staffordshire have done a document explaining shortages and medicines supply issues for prescribers and a patient leaflet, these were in the February edition of Practice News and explain the background to shortages and how we can all help each other (doctors, pharmacists, patients) to minimise frustration and inconvenience.

Concerns around Brexit arrangements include medicines supply issues, practices are encouraged to continue as normal as the Department of Health has made contingency plans and drug companies will have a stockpile if required. Alternative transport routes have also been agreed in case the usual supply routes are blocked. If shortages become an issue, community pharmacists will also have strict guidance around substituting medicines safely.

NHS England has published updated [information on planning for continuity of supply of medicines](#) in the case of a 'no deal' EU Exit. This information also includes [supporting Q&As](#) which may be helpful in any discussion with patients about their medicines and medical products.

In addition, Stephen Hammond MP, Minister of State for Health, has also [written to, the NHS, Adult Social Care, Royal Colleges and Charities](#) to provide an update on work to ensure the continuity of supply of medicines and medical products in the event the UK leaves the EU with no deal.

<https://psnc.org.uk/devon-lpc/wp-content/uploads/sites/20/2018/06/NHSE-SW-Medicines-Shortage-Guidance-June-2018.pdf>

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/768471/Operational_readiness_guidance_cover_letter1.pdf

Flu vaccinations 2019/20

Both of the vaccines that were recommended for the 2018/19 season will continue to be recommended for next year. Both vaccines are currently licensed and available to order for use in the United Kingdom (UK):

- the quadrivalent inactivated vaccine (QIV) will continue to be recommended for 18 to 64 year olds in clinical at-risk groups and other eligible groups, including frontline health and social care workers.
- the adjuvanted trivalent inactivated vaccine (aTIV) will continue to be recommended for individuals aged 65 years and over.

<https://www.england.nhs.uk/wp-content/uploads/2018/11/20181120-Gateway-08529-Vaccines-for-201920-seasonal-flu-vaccination-programme.docx.pdf>

Hospital to Home - post prescriptions

The H2H (Hospital 2 Home) prescriptions now can be sent EPS. However, because they are a community pharmacy they cannot be added as a secondary nomination as this is for appliance contractors only. Changing the primary nomination then doing the script/sending it for signing by the GP and then trying to remember to change the primary nomination back to the original pharmacy is a risk as you may forget to switch it back. We have seen duplications where practices are sending the postal version and also sending via EPS to the normal primary nomination which doubles the cost and results in waste. We recommend sending prescriptions via the post until we can get a response from Emis to see if there is a better way of sending it electronically.

Medicines to treat drug and alcohol abuse- do not prescribe in primary care in Stoke-on-Trent or North Staffordshire

Shared care for these drugs was ceased in April 2018 so GPs are requested not to prescribe medications for the treatment of opiate dependency.

Medications such as Acamprosate help prevent a relapse in people who have achieved abstinence from alcohol and are most effective when used in combination with psychosocial interventions, with NICE recommending prescribing for a period of up to 6 months. As this is considered best practice and therefore more likely to result in positive outcomes for patients, it is recommended that where possible, all patients requiring Acamprosate or similar medication for alcohol abstinence are supported via Stoke-on-Trent's Community Drug and Alcohol Service (CDAS). Via CDAS, suitable medications will continue to be made available as part of a treatment package which includes psychosocial interventions.

From 1 April 2019, the city council will no longer fund the cost of alcohol dependency medication unless prescribed by CDAS (i.e. not via primary care).

It is important going forward that GPs no longer prescribe these medications – if patients require prescriptions for ongoing treatment they should be referred back to CDAS or One Recovery for their care.

Paravit CF vitamins for cystic fibrosis patients

Paravit-CF is a 'Food for Special Medical Purposes' for the dietary management of patients with Cystic Fibrosis (CF) and is currently approved on both the North and South Staffordshire formularies and is reimbursable on FP10.

Both capsules and liquid formulations are available from local wholesaler AAH or Mawdsleys.

Nutritional management is an essential part of the multidisciplinary care for children and adults with CF and it is known that malabsorption of fat soluble vitamins (A,D, E and K) is likely in people with CF, particularly those who are pancreatic insufficient.

Vitamin supplementation is now considered to contribute to improved nutritional status, improved life expectancy and reduction of co-morbidities.

Paravit-CF contains vitamins A, D3, E and K1 in a diluent of medium chain triglycerides (MCT) which are significantly absorbed despite the absence of bile acids or pancreatic lipase seen in CF.

The Paravit-CF preparations are based upon the recommended daily dose of fat soluble vitamins described in the Nutritional Management of Cystic Fibrosis, 2nd edition. Paravit-CF is available in liquid and capsule form and provides patients the RDA of vitamins in a

single daily dose.

Dalteparin prescribing in North Staffs and Stoke

There has been some confusion over who is responsible for taking on the prescribing of Dalteparin in North Staffs and Stoke.

If a patient is under the Staffordshire Thrombosis and Anticoagulant Centre (STAC), the STAC team should be prescribing the dalteparin long term (not GPs). Exceptions are cancer patients and those under the care of Obstetrics and Gynaecology and there are ESCA's in place for these patients, if the GP is participating in shared care.

However, if the patient is housebound and has no family member or friend who can collect a prescription from The Royal Stoke we would then ask the GP to prescribe dalteparin so the District Nurse can administer.

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Staffordshire &
Stoke-on-Trent CCGs

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