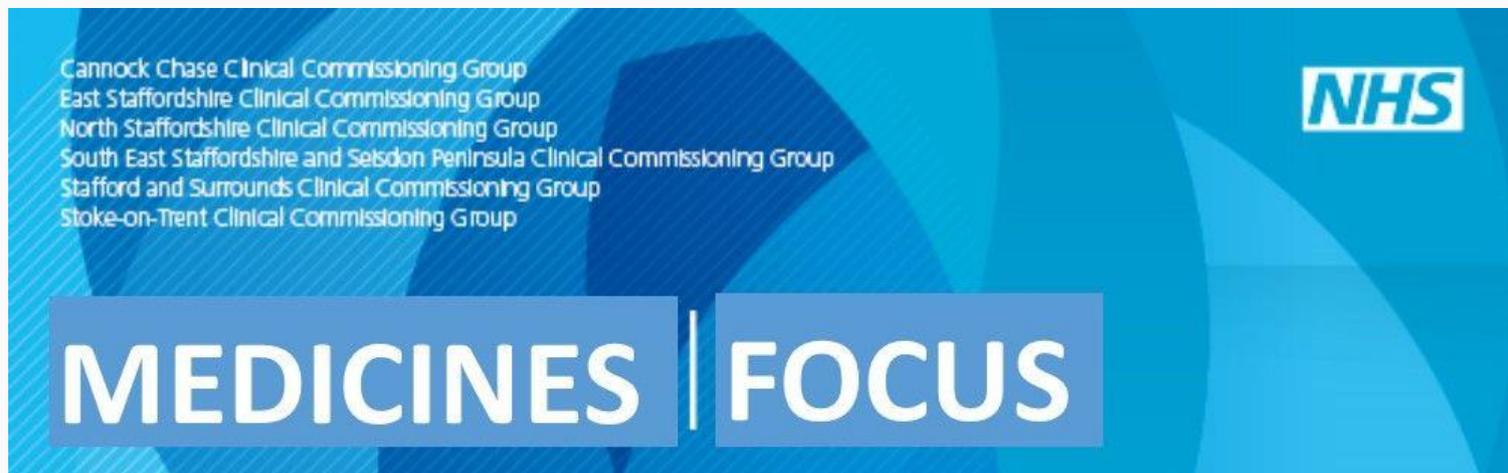


Medicines Optimisation Monthly Newsletter



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:

- [New/updated NICE guidance](#)
- [Controlled Drug newsletter - opioid warnings](#)
- [MHRA Drug Safety update - yellow card reports](#)
- [Out of stock bulletins](#)
- [Current pharmacy campaign - oral health](#)
- [Local campaign - Medication without Harm](#)
- [Guidance on Freestyle Libre prescribing](#)
- [End of prescribing antivirals for flu in primary care](#)
- [NOACs - licensed indications](#)

- [Net Formulary - searching for drugs and assessing traffic light status](#)
- [Choice of blood glucose testing strips](#)
- [Formulary updates](#)

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

New/updated NICE guidance

The latest clinical NICE guidance this month is on -

NG 128 Stroke and TIAs in over 16s <https://www.nice.org.uk/guidance/ng128>

NG 129 Crohns disease management

<https://www.nice.org.uk/guidance/ng129>

NG 130 Ulcerative colitis management

<https://www.nice.org.uk/guidance/ng130>

NG 131 Prostate cancer

<https://www.nice.org.uk/guidance/ng131>

Controlled Drugs newsletter

[Please click here](#) to read the full North Midlands Controlled Drugs Newsletter, with a focus on opioids

Summary -

On the 27th April 2019 the Department of Health and Social Care announced that all opioid medications must now carry clear warnings on labels highlighting the dangers of addiction and the risks of over-use.

This is the result of the recommendations of the Commission on Human Medicines' (CHM) Opioid Expert Working Group.

It represents an important first step to help minimise the risks of addiction associated with opioid medicines, while

supporting patients to get the right information at the right time to support their care.

The CHM has advised that the label warning should appear prominently on the front of the medicine pack and should state “can cause addiction” and “contains opioid”. It is anticipated that packs with these warnings will be in circulation by end of 2019.

Data on the number of opioids prescribed has revealed a 60% rise in prescriptions for opioid drugs over the past 10 years. The number of opioid medicines dispensed in the community has risen from more than 14 million in 2008 to 23 million in 2018 in the UK.

An e-learning programme has been developed by the MHRA to support anyone who prescribes, dispenses or administers opioids to patients.

The module can be accessed via the CPPE website under - Pain - Core and Foundation Learning

<https://www.cppe.ac.uk/gateway/pain>

MHRA update – yellow card reports

The latest Drug Safety update from the MHRA states that

2018 saw a fall in reporting of suspected adverse drug reactions (ADRs) to the Yellow Card Scheme from key reporter groups, including GPs, pharmacists, and hospital doctors. Every Yellow Card report counts, and a few minutes taken by you or your patient to report can make a lifetime of difference for others – don't delay, report today!

The monthly update also contains information on the latest warnings -

- **Lemtrada (alemtuzumab) and serious cardiovascular and immune-mediated adverse reactions: new restrictions to use and strengthened monitoring requirements**
- **Tofacitinib (Xeljanz ▼): restriction of 10 mg twice-daily dose in patients at high risk of pulmonary embolism while safety review is ongoing**
- **Magnesium sulfate: risk of skeletal adverse effects in the neonate following prolonged or repeated use in pregnancy**

Out of Stocks

HOT OFF THE PRESS - Microgynon 30 and Ovranelle shortages commencing June 2019

- [Please click here to read](#) **information on the duration of the shortages and suitable alternatives that are available.**

The latest primary and secondary care supply update letter from the Department of Health and Social Care contains full information on current shortages in primary and secondary care, including new issues, ongoing shortages and resolved ones.

- [Please click here to read](#)

Additional information was released after publication of the DHSC monthly update above, regarding labetalol, rifampicin, Epanutin Infatabs and diamorphine injection.

- [Please click here to read](#)
- [Please click here](#) to read the letter from DHSC regarding the diamorphine shortage (published 21/5/19)

Oral health - pharmacy campaign launched

Community pharmacy contractors are required to participate in the NHS England community pharmacy oral health campaign, which will run between 13th May-13th June 2019. This campaign, which coincides with [National Smile Month](#), is one of [six campaigns](#) which has been agreed between PSNC and NHS England.

Materials for pharmacies will include one A3 'Monster teeth' poster (for display in a public area of the pharmacy for the duration of the campaign) and a range of supporting materials, such as leaflets and brushing charts, which pharmacy teams can give to people visiting the pharmacy.

Alternatively, Public Health England's (PHE) '[Top 3 interventions for preventing tooth decay](#)' can be used as a poster or a prompt to discuss children's oral health with people visiting the pharmacy.

Most pharmacy teams undertook learning on children's oral health, as part of the last Quality Payments Scheme. PHE's '[A quick guide to a healthy mouth in children](#)' also provides a short summary of the key advice for parents and carers.

Oral health in children has recently been in the news, as the UK has a low percentage of parents taking their children to the dentist before they reach their first birthday.

Local campaign - Medication without harm

Staffordshire Medicines Safety group in conjunction with NHS England have produced posters for display in various healthcare settings. These are all aimed at encouraging health professionals and patients to participate in educating others and themselves about medicines

[Before you dispense it Medication Without Harm Campaign POSTER](#)

[Before you take it patient Medication Without Harm Campaign POSTER](#)

[Before you take it pregnant lady Medication Without Harm Campaign POSTER](#)

[Before you give it Medication Without Harm Campaign POSTER](#)

[Before you take it caregiver and child Medication Without Harm Campaign POSTER](#)

[Before you prescribe it Medication Without Harm Campaign POSTER](#)

[Before you take it inpatient Medication Without Harm Campaign POSTER](#)

<https://www.southstaffslpc.co.uk/>

Guidance on Freestyle Libre Prescribing

The commissioning policy on Freestyle Libre (FSL) went live on 1st May.

In summary-

- Patients will need to be reviewed by the specialist diabetes team to ensure that they are eligible for FSL.

- The diabetes specialist team will inform the GP practice that the patient is eligible, agree with the patient what target outcomes should be achieved by the 6 month review, ensure that the patient attends an education session for FSL and the patient will agree to scan at least 8 times per day.
- The specialist team will review the patient in 6 months to ensure that they have met their personal target outcomes.
- The specialist team will provide one sensor and a reader for the FSL. Each FSL sensor lasts for 14 days and then needs to be removed and a new sensor applied.
- The patient will need to ensure that they have further supplies from their GP within that 14 day period.
- No additional funding has been given for adhesive sprays, removers or wipes, so these should not be supplied on FP10. Confirmation has been received from a consultant paediatric diabetologist at UHDB that these items are not clinically required for paediatric patients.
- Additional sharps boxes should not be required over and above the usual sharps box that diabetic patients have

[Please click here for the commissioning policy in full](#)

[Please click here for FAQs for GP practices](#)

[Please click here for FAQs for patients](#)

End of prescribing antivirals for flu in primary care

The most recent surveillance data from Public Health England (PHE) indicates that circulation of influenza in the community has returned to baseline levels.

GPs and other prescribers working in primary care should no longer prescribe antiviral medicines, for the prophylaxis and treatment of influenza on an FP10 prescription form. Community pharmacists should no longer supply antiviral medicines in primary care, on presentation of an FP10 prescription form. This is in accordance with NICE guidance and Schedule 2 of the National Health Service General Medical Services Contracts (Prescription of drugs etc.) Regulations 2004, commonly known as the Grey List or Selected List Scheme (SLS).

[Click here to read the full text](#)

NOACs - licensed indications

Concerns have been raised recently regarding inappropriate use of edoxaban in patients who may have a DVT/PE.

Edoxaban is only licensed for treatment of DVT/PE following 5 days parenteral anticoagulation and should not be started prior to this.

Please see the link below to a table of the NOACs, their licensed indications and doses.

<http://www.southstaffordshirejointformulary.nhs.uk/docs/apg/Cardiovascular-System/NOAC%20dosing%20advice%20sheet%20Oct%202018.pdf>

Net formulary - searching for drugs and assessing traffic light status

There has been some confusion over how to identify a 'red' drug on Net Formulary.

When searching under a drug name, any entries containing that drug name will then highlight it in red. This does not mean it is classified as a 'red' drug as per the traffic light status. See following example where ramipril would be highlighted in red after typing it in the Net Formulary search box (but is a green drug as per traffic light status) -

Ramipril	Formulary	Ramipril_Cap 1.25mg
 	 GREEN	Ramipril_Cap 2.5mg
 		Ramipril_Cap 5mg
		Ramipril_Cap 10mg
		Ramipril_Tab 1.25mg
		Ramipril_Tab 2.5mg
		Ramipril_Tab 5mg
		Ramipril_Tab 10mg
		Ramipril_Oral Soln 2.5mg/5ml

The traffic light status is indicated next to the drug name and looks like this -

Traffic Light Status Information

Status	Description
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	Drugs which require special consideration. These are drugs for Consultant Prescribing ONLY. They should not be prescribed in Primary Care.
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Drugs that should be initiated by a Specialist but are suitable for continuation in Primary Care. For some drugs there may be a Ricad in place to aid the transition to primary care.



Drugs that should be initiated by a Specialist but are suitable for continuation in Primary Care but also require an ESCA (Shared Care Agreement)



Suitable first-line drugs for implementation in Primary Care



South Staffs Formulary Choice

Choice of blood glucose testing strips

Previously in South Staffordshire, Gluco Rx was the preferred blood glucose testing strip and changing to this was encouraged.

In line with North Staffordshire, this is moving to any blood glucose testing strip that costs <£10 per pack being fine to prescribe.

See below link to the Chemical Reagents section of the Drug Tariff that lists the strips and their costs (updated monthly)

[http://www.drugtariff.nhsbsa.nhs.uk/#/00703110-DB/DB00702625/Part IXR - Chemical Reagents](http://www.drugtariff.nhsbsa.nhs.uk/#/00703110-DB/DB00702625/Part%20IXR%20-%20Chemical%20Reagents)

Formulary updates

The following were approved at the North Staffordshire Area Prescribing Group (APC) on 24th April 2019

Drug	Indication	Traffic Light Classification
Chapter 06.01.02.03- Ertugliflozin (Based on NICE TA 572)	As monotherapy recommended as an option for treating type 2 diabetes in	Green

	<p>adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if:</p> <ul style="list-style-type: none"> • a dipeptidyl peptidase 4 (DPP-4) inhibitor would otherwise be prescribed and • a sulfonylurea or pioglitazone is not appropriate. <p>- Part of a dual-therapy regimen in combination with metformin recommended as an option for treating type 2 diabetes, only if:</p> <ul style="list-style-type: none"> • a sulfonylurea is contraindicated or not tolerated or • the person is at significant risk of hypoglycaemia or its consequences 	
<p>Chapter 09.01.01.02- Monofer solution for injection</p>	<p>First line parenteral iron preparation, excluding the following patients:</p> <ul style="list-style-type: none"> • Chronic renal failure • Dialysis • Heart failure patients with reduced ejection fraction (where ferritin < 100 ug/L or ferritin 100-300 ug/L but transferrin saturation (TSAT) <20%). 	<p>Red (Secondary care prescribing only)</p>

Also find below NICE TAs added to **both the North and South Staffordshire Formularies** based on their due implementation dates:

March 2019

- TA 550 Vandetanib for treating medullary thyroid cancer – **not approved by NICE; non-formulary**.
- TA 551 Lenvatinib for untreated advanced hepatocellular carcinoma – Classified as **RED** (NHS England as per NICE TA 551).
- TA 552 Liposomal Cytarabine-daunorubicin for untreated acute myeloid leukaemia – Classified as **RED** (NHS England as per NICE TA 552).
- TA 553 Pembrolizumab for adjuvant treatment of resected melanoma with high risk of recurrence – Classified as **RED** (NHS England as per NICE TA 553).
- TA 554 Tisagenlecleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years – Classified as **RED** (NHS England as per NICE TA 554).

April 2019

- TA 555 Regorafenib for previously treated advanced hepatocellular carcinoma – Classified as **RED** (NHS England as per NICE TA 555).
- TA 556 Darvadstrocel for treating complex perianal fistulas in Crohn's disease – **not approved by NICE; non-Formulary**.
- TA 557 Pembrolizumab with pemetrexed and platinum chemotherapy for untreated, metastatic, nonsquamous nonsmall- cell lung cancer – Classified as **RED** (NHS England as per NICE TA 557).
- TA 558 Nivolumab for adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease – Classified as **RED** (NHS England as per NICE TA 558).
- TA 559 Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies – Classified as **RED** (NHS England as per NICE TA 559).

Get involved on our social media platforms



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Staffordshire &
Stoke-on-
Trent CCGs

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