

# South Staffordshire Area Prescribing Group (APG) Update

A resource for South Staffordshire Clinical Commissioning Group Members

April 2017

## Welcome from the chair...

Dear all,

Having recently taken over as Chair of the South Staffordshire Area Prescribing Group this is my first APG newsletter. As I am sure you will agree the Area Prescribing Group is working on some key areas within prescribing to improve the safety and governance of medicines within South Staffordshire.

Nationally we are awaiting the development of Regional Medicines Optimisation Committees to understand the impact this will have on our local group but we will continue to update you on these changes as they are available.

**Dr. Mark Stone**

Chair, South Staffordshire Area Prescribing Group

## Medicines and Dehydration Patient Information Leaflet

An information leaflet has been produced to advise patients on the correct procedure to follow if they are on medications which should be discontinued if there is a risk of dehydration.

Patients are advised to temporarily discontinue medications which may cause Acute Kidney Injury (AKI) for up to 48 hours if a normal fluid intake is not possible, have 2 or more episodes of vomiting or diarrhoea or develop a fever.

If symptoms last for over 48 hours patients are advised to contact their GP for advice.

**MEDICINES AND DEHYDRATION PATIENT INFORMATION**

**Why have I been given this leaflet?**  
 This leaflet is about what actions to take if you develop an illness that causes dehydration (your body becomes short of fluid). These actions are called "medicine sick day rules".

**Who is this leaflet for?**  
 This leaflet is for people taking the following medicine(s) (please circle the medicine(s)):

<b>Medicines for high blood pressure and heart conditions e.g.</b>	calcium, amlodipine, ramipril, lisinopril, perindopril, candesartan, losartan, valsartan, lisinopril
<b>Anti-inflammatory painkillers e.g.</b>	ibuprofen, naproxen, diclofenac
<b>Diuretics (water tablets) e.g.</b>	furosemide, bendroflumethiazide, indapamide, gliclazide
<b>Diabetes e.g.</b>	metformin

**Which illnesses can cause dehydration?**  
 If your body becomes short of fluid your kidneys might stop working as well as they should. The most common reasons for becoming dehydrated are vomiting, diarrhoea, high temperature or fever, not being able to drink normally.

**What should I do with my medicines?**  
 If you:  
 • are not able to drink a normal amount of fluid,  
 • have 2 or more episodes of vomiting or diarrhoea,  
 • develop a fever,  
**You should temporarily stop taking the medicine(s) named above.** This is to help protect your kidneys.

Once you are better and can drink normally you **should re-start your medicine(s)** for most people this is within 48 hours. When you re-start your medicine(s) just take them as normal, do not take any extra doses. **If you remain unwell for longer than 48 hours, contact your doctor.**

**Is there anything else I should do when I am dehydrated?**  
 • You can take paracetamol for pain relief or for a high temperature.  
 • Avoid anti-inflammatory pain-killers e.g. ibuprofen, diclofenac and naproxen.  
 • Drink plenty of fluids (unless you have been advised to restrict fluid intake).

Seek advice from your pharmacist, doctor or nurse if you have any questions about your medicine(s) and its use or call NHS 111 or visit the NHS Choices website [www.nhs.uk](http://www.nhs.uk)

Approved printers: NHS Highland, Derby Hospital NHS Foundation Trust, Southern Derbyshire CCG

## Practice Patient Group Directives (PGDs)

The following PGDs which the CCG's are responsible for have been updated and have been circulated to practices for use:

- Typhoid vaccine
- Hepatitis A + typhoid vaccine
- Levonelle
- Hepatitis A + B vaccine
- Hepatitis A vaccine (adult and child)
- Hepatitis B vaccine

The PGDs for national immunisation programmes are commissioned by NHS-England from Telford & Wrekin CCG. Links to these PGDs and copies of the CCG PGDs are available on the net. Formulary site

## Bio-similar insulins

There are due to be a number of bio-similar insulins becoming available in the UK market place. The first to be launched is a biosimilar of insulin glargine - Abasaglar® is the bio-similar brand which is NOT interchangeable with Lantus®.

### Summary of prescribing principles

- At present bio-similar insulin should only be used for new patients or patients requiring a planned regimen change. Existing stable patients should not currently be switched from Lantus® insulin.
- The decision to use bio-similar or original insulin rests with the initiating clinician in consultation with the patient.
- Burton Hospital Foundation Trust will initiate new patients requiring insulin glargine on biosimilar Abasaglar®. Other Trusts/community services may vary.
- **All insulin preparations should be prescribed by brand name to ensure continuity of supply of the insulin and associated administration devices.**

Further information is available, if required, through your CCG medicines optimisation teams.

## NICE update

The only NICE Technology Appraisal (TA) for which the CCG is the responsible commissioner is:

- **TA433 - Apremilast for treating active psoriatic arthritis** (February 2017)

Apremilast, ( with or without disease-modifying antirheumatic drugs (DMARDs)), is recommended as an option for treating active psoriatic arthritis. This treatment is an oral therapy however due to required specialist supervision and as supply is to be under the patient access scheme (to ensure discount is provided), prescribing should remain within secondary care. Apremilast will therefore be included within the South Staffordshire formulary as RED status.

All other recent NICE TA's relate to drugs for which NHS-England is the responsible commissioner.

The South Staffordshire net.Formulary will be updated to reflect all NICE technology appraisals.



### Gluten-free prescribing within South Staffordshire

Gluten-free products must ONLY be provided for patients diagnosed with gluten-sensitive enteropathies, including celiac disease, dermatitis herpetiformis, and gluten ataxia.

Prescribing for adults (>15 years of age)

Recommendation Level	Type of Product	When to provide
Staple	Bread, flour, pasta	All patients with a diagnosis of gluten-sensitive enteropathies, including celiac disease and dermatitis herpetiformis.
In exceptional circumstances	Plain biscuits, breakfast cereal	Patients with significant co-morbidities, is malnourished and does not eat any or enough of the staple products as part of their diet. On clinician recommendation ONLY.
Not recommended	Cake mixes and other items, such as cakes and non-plain biscuits, luxury breads, ready meals	Prescribing of these items on the NHS locally is not supported.

Prescribing for children (under 15 years of age)

Recommendation Level	Type of Product	When to provide
Staple	Bread, flour, pasta, plain biscuits, breakfast cereal	All patients with a diagnosis of gluten-sensitive enteropathies, including celiac disease and dermatitis herpetiformis.
In exceptional circumstances	Pizza bases, crackers	Patients with significant co-morbidities, is malnourished and does not eat any or enough of the staple products as part of their diet. On clinician recommendation ONLY.
Not recommended	Cake mixes and other items, such as cakes and non-plain biscuits, luxury breads, ready meals	Prescribing of these items on the NHS locally is not supported.

The number of units represented by gluten free products allowed under the new guidelines is as follows:

Age group	Maximum units per month
1-3 years	10
4-5 years	11
6-10 years	13
11-14 years	15
15-18 years	18
Male -15-53 years	18
Male -60-74 years	16
Male -75 years+	14
Female -19-74 years	14
Female -75 years	12

Item	Number of units
400g bread	1
400g roll	1
500g flour	2
500g pasta	2
150g biscuits	1
300g cereal	1
125g cereal	1.25

  

Additional Factors	
Diets feeding	add 4 units per month
1 <sup>st</sup> trimester	add 1 unit per month
High physical activity	add 4 units per month

## Gluten-free prescribing

The local guidelines for gluten-free prescribing have been updated for both adults and children and are available through the net.Formulary website together with a prescribing summary [\[LINK\]](#). Prescribing should be for staple products only and at quantities in accordance with the local guidance.

The Department of Health is undertaking a national consultation at present to determine the long-term plan for gluten-free prescribing on the NHS - local guidance will be reviewed in-line with any national policy change.

### MHRA Drug Safety Updates



**Hyoscine butylbromide (Buscopan) injection: risk of serious adverse effects in patients with underlying cardiac disease.** Prescribing information has been updated to help to minimise the risk of serious adverse reactions in patients with cardiac disease.

- Hyoscine butylbromide injection can cause serious adverse effects including tachycardia, hypotension, and anaphylaxis which may result in a fatal outcome in patients with underlying cardiac disease, such as those with heart failure, coronary heart disease, cardiac arrhythmia, or hypertension
- Hyoscine butylbromide injection should be used with caution in patients with cardiac disease and is contraindicated in patients with tachycardia
- Monitor these patients, and ensure that resuscitation equipment, and personnel who are trained how to use this equipment, are readily available

### **SGLT2 inhibitors: updated advice on increased risk of lower-limb amputation (mainly toes)**

Canagliflozin may increase the risk of lower-limb amputation (mainly toes) in patients with type 2 diabetes. Evidence does not show an increased risk for dapagliflozin and empagliflozin, but the risk may be a class effect. Preventive foot care is important for all patients with diabetes.

- carefully monitor patients receiving canagliflozin who have risk factors for amputation, such as poor control of diabetes and problems with the heart and blood vessels
- consider stopping canagliflozin if patients develop foot complications such as infection, skin ulcers, osteomyelitis, or gangrene
- advise patients receiving any sodium-glucose co-transporter 2 (SGLT2) inhibitor about the importance of routine preventive foot care and adequate hydration
- continue to follow standard treatment guidelines for routine preventive foot care for people with diabetes
- report any suspected side effect with SGLT2 inhibitors or any other medicine on a Yellow Card.

### **Net.Formulary review**

[www.southstaffordshirejointformulary.nhs.uk](http://www.southstaffordshirejointformulary.nhs.uk)

Work is ongoing to review the current formulary to ensure it is up-to-date.

If you identify any issues with the website please raise these via [southstaffs.medsoptimisation@nhs.net](mailto:southstaffs.medsoptimisation@nhs.net) so that we can follow it up.

### **Shared care arrangement reviews....**

Work is continuing, in collaboration with local Trusts, to produce and implement a set of Principles of Shared Care to help develop Essential Shared Care Agreements (ESCA's) locally and to support the safe prescribing of shared care drugs.

Currently the CCG medicines optimisation teams are working with Royal Wolverhampton NHS Trust, Burton Hospital NHS Foundation Trust and South Staffordshire & Shropshire Healthcare NHS Trust to update ESCA's in-line with these principles. Further information will be provided as the work continues.

Once approved these will be uploaded onto the net.Formulary site for reference.

### Sodium valproate use in women of child-bearing age

Children exposed to valproate in utero are at high risk of developmental disorders and congenital malformations. Any patient of child-bearing age should be reviewed to discuss potential implications of this.

Further information is available, including patient information resources and consultation checklists via the Drug Safety Update website:

<https://www.gov.uk/drug-safety-update/valproate-and-of-risk-of-abnormal-pregnancy-outcomes-new-communication-materials>

### Pilot project for the reporting of incidents related to illicit drugs

The MHRA is launching of pilot reporting scheme for harms associated with illicit drugs, particularly new psychoactive substances. Healthcare professionals in the UK are asked to report suspected adverse reactions to illicit drugs, particularly new psychoactive substances. The reporting tool is based on the Yellow Card Reporting system and is available at: <https://report-illicit-drug-reaction.phe.gov.uk/>.

Any reporting of adverse reactions to licensed medications should continue through the Yellow Card Scheme

<https://yellowcard.mhra.gov.uk/>.

### North Midlands Controlled Drug Newsletter (March 2017)

- Patients on long term opiates for chronic pain should be reviewed to assess compliance and current need and consider if doses can be reduced or even stopped.
- Any total daily dose of morphine of 100mg or more (or equivalent) is associated with increased risk of debilitating side effects and mortality – so it might be worth reviewing opiate use in these patients initially.
- Oxycodone should be prescribed by brand name to avoid confusion. Care is required in prescribing, dispensing and administering the correct oxycodone preparation.
- Always count the quantity in sealed packs of CDs at dispensing
- Carry out regular controlled drugs stock balance checks—ideally weekly

### Reminder when prescribing injections...

When any injections are prescribed on FP10's please can prescribers also check whether any additional diluents are required and prescribe these in addition to the drug.

There have been a number of reports of delays to treatment as diluents have not been prescribed and community pharmacies are unable to provide without an appropriate FP10.

### Coming soon....

Over the forthcoming months the following are expected to be ratified by the South Staffordshire Area Prescribing Group. Further information will be shared as soon as possible so watch this space!

- Updated Asthma prescribing guidelines (over 12 years of age)
- Updated COPD prescribing guidelines
- Diabetes guidelines

### Contact details

If you have any questions relating to the net.Formulary or the Area Prescribing Group please send these to

[southstaffs.medsoptimisation@nhs.net](mailto:southstaffs.medsoptimisation@nhs.net) or use the feedback tab

Next APG date:

**Friday 23rd June 2017**

Any papers or agenda items need to be