December 2015

South Staffordshire Area Prescribing Group (APG) Update

A resource for South Staffordshire Clinical Commissioning Group Members

Welcome

Dear all,

Once again it has been a busy couple of months for the APG, as you will see in the newsletter there are various updates.

We have recently added two new drugs to the formulary. There have also been many issues around stock shortages for key drugs, therefore we have attempted to provide useful guidance in these cases.

You will also note we have produced some positional statements in particular on 7-day prescribing, and dental prescriptions for pain & infection.

Finally, this is the last newsletter for 2015, so it's a little longer than usual.

Have a Merry Christmas and Happy New Year.

www.southstaffordshirejointformulary.nhs.uk

Naloxone regulation changes

On the 1 October 2015, new regulations came into force, which allows for widening of the availability of naloxone.

A range of drug treatment services can order naloxone from a wholesaler so that people engaged or employed in their services can, as part of their role, make a supply of the naloxone available to others without a prescription. Naloxone remains a Prescription Only Medicine (POM)

Centrally supplied Vaccines—Reminder

Vaccines procured centrally through Public Health England should not be claimed under personal administration arrangements on form FP34D/PD Appendix or FP10.

Last year there was an increase in claims for Fluenz Tetra nasal spray, neisVac-C vaccine, and Boostrix IPV injection—later when verified these has been procured centrally.

Practices should only submit a FP34D/PD Appendix or FP10 for payment to cover personal administration when the vaccine has been purchased by the practice.

Further information can be found on page 7 of the following **[LINK]**

NICE Update:-

APG discussed 17 Technology appraisals published by NICE since the last meeting. Many related to NHS-England and cancer services, but the following will be of interest to CCGs and GPs.

- TA352 - Vedolizumab for treating moderately to severely active Crohn's disease after prior therapy. This product has a significant cost, however there is a patient access scheme and is limited to patients who have had failed prior therapy.
- TA354 - Edoxaban for treating and for preventing deep vein thrombosis and pulmonary embolism. This is additional therapy to an existing class. There is not expected to be a large increase in patient numbers, than those already identified previously.
- TA355 - Edoxaban for preventing stroke and systemic embolism in people with non-valvular atrial fibrillation. This is additional therapy to an existing class. There is not expected to be a large increase in patient numbers, than those already identified previously.
- TA367 - Vortioxetine for treating major depressive episodes. For a patient to be eligible the patient must have not responded to 2 antidepressants. The product is more expensive than older established therapies. It has been classed as Amber 1, and is not expected to be prescribed in large numbers.

All NICE approved drugs will be added to the NetFormulary in accordance with statutory obligations.

High Dose Glargine (Toujeo Solostar)

The Area Prescribing Group approved the addition of high dose insulin glargine 300units/ml (Toujeo Solostar®) to the formulary. This has been designated as Amber 2 and prescribing is supported by a RICaD. **Note** this product is not interchangeable with the standard strength formulation and is only to be initiated by specialist diabetic teams.

The first 6 months of prescribing will remain with the diabetic team, at which point they will contact you to transfer care.

The RICaD can be found at **[LINK]**

New Guidelines

Once again we have updated/ produced several guidelines (links enclosed):

- **7 Day Prescribing Statement [LINK]**

  Joint position statement supported by LMC, LPC, and APG on 7-day prescriptions

- **Prescribing for Dental Pain & Infections [LINK]**

  A position statement supported by LMC, LPC, and APG recommending following national guidance for prescribing treatment for dental pain & infections

- **Appropriate Prescribing of Specialist Infant Formulae *Update* [LINK]**

  The updated version has been produced in conjunction with SSOTP and is now a shared document across the provider and primary care, making transfer of care smoother

- **Primary Care Prescribing of Oral Nutritional Supplements (ONS) [LINK]**

  A document produced in conjunction with SSOTP dieticians providing guidance on prescribing ONS in all patients managed in primary care.

We will work, with those updating Map of Medicine Pathways to ensure that these documents are linked where relevant.

Antimicrobial Formulary Update

We have recently received many queries regarding whether the antimicrobial formulary is going to be updated. By way of an update—we have been working to have one antimicrobial formulary across Staffordshire, the work on this will begin in May 2016. Until then please continue to use the current version **[LINK]**

Safety Matters

September to November 2015 Drug Safety Update highlighted the following issue which is relevant in primary care:

- **Mirabegron (Betmiga)** - Risk of severe hypertension and associated cerebrovascular and cardiac events.

Mirabegron is contra-indicated in patients with severe uncontrolled hypertension (systolic ≥180mmHG / diastolic ≥110mmHG or both).

Blood pressure should be measured before starting treatment and regularly during treatment, especially in patients with hypertension. More information can be found at: **[LINK]**

This drug remains a 'black-triangle' drug and therefore all adverse effects should be reported using the yellow card tool **[LINK]**

Licensed Oral Magnesium Preparation—Magnaspartate (KoRa) oral solution

The Area Prescribing Group noted the availability of a licensed oral magnesium preparation for the treatment and prevention of magnesium deficiency. The product is called Magnaspartate 243mg oral solution, and is a powder to be mixed in water before administration. We have designated this product Amber 1—initiation on recommendation of specialist

The product does have a high sucrose content, therefore will not be suitable for all patients. In these patients magnesium glycerophosphate 4mmol tablets may be suitable— note this is an unlicensed product.

Change in Controlled Drug regulation

From 30th November 2015 health professionals obtaining supplies of schedule 2 and schedule 3 controlled drugs in the community **must** use a mandatory requisition form. The scope of the form includes pharmacy to pharmacy transfer of stocks. The new approved requisition form, in electronic format, is available **here.**

From 1 June 2015, hospices and prisons are exempt from the requisition requirements under the 2001 Regulations, and are not required to use the mandatory form when ordering the relevant controlled drugs.

Additionally, the Home Office has approved new wording for installment prescribing. The new wording can be used immediately and can also be 'mixed and matched' to express the prescriber's intention. However, as usual, where this intention is not clear it may be necessary, subject to the professional judgment of pharmacy teams and dispensers, to contact the prescriber. The new wording may be found at Annex A of the Home Office Circular (027/2015).

Palliative Care Drug stock issues

It has come to our attention that there are production problems with Diamorphine and Haloperidol and this will lead to supply issues in the near future. We have been notified that this could continue well into 2016 for some manufacturers.

Where diamorphine is unavailable, we would recommend using morphine sulphate for injection first line as the alternative

Where haloperidol is unavailable, Levomepromazine may be a suitable alternative. Suitability would need to be on a case by case basis.

Link to the information can be found at **[LINK]**

Pioglitazone tablets stock shortage (all strengths)

We have been informed there are stock shortages for all strengths of Pioglitazone tablets. The guidance issued is:

- prescriptions for pioglitazone should be limited to 28-days supply, or
- patients can be reviewed towards alternative oral diabetes therapy

If you have specific questions related to managing patients during this shortage, please contact your Medicines Optimisation Team.

Errors in BNF & BNFc

The new BNF and BNF for Children (BNFc) have been found to contain various typos and incorrect information on dosing. These issues have been identified in both the print copy and the online version.

The advice that has been issued from the publishers of the BNF:

- All corrections and amendments will be made to the online version of the BNF, therefore use the online version over print copies
- A replacement print copy will not be issued for the BNF or the BNFc.

Regular updates will be published online, the link to the information can be found at http://www.bnf.org/corrections/ or by clicking on the following **[LINK]**

GMC Guidance on Prescribing Unlicensed Medicines

In December the General Medical Council provided some clarity on prescribing 'unlicensed medicines'.

The information advises that when asked to prescribe unlicensed medicines, consider the following:
"When deciding on the best treatment for a patient you should weigh up all of the options, taking into account the evidence available. You should be satisfied that there is sufficient evidence or experience of using the medicine to demonstrate its safety and efficacy.
Decisions should be made in collaboration with the patient by discussing the options with them and ensuring that they have sufficient information about the medicine to allow them to make an informed decision. "

Further information on the guidance can be found: **[LINK]**

Or contact your Medicines Optimisation team for questions on prescribing unlicensed medicines.

Ulipristal acetate (ellaOne) and quick starting Hormonal Contraception

Following new data on the use of Ulipristal (ellaOne®) for emergency contraception, the main concern raised is that quick starting contraception immediately following use of ulipristal may make it less effective as emergency contraception

The new recommendation is that after taking ulipristal for emergency contraception, a woman should not start a hormonal method of contraception for at least 5 days.

The Faculty of Sexual and Reproductive Health (FRSH) have provided a useful statement, which can be found at **[LINK]**

South Staffordshire Joint Formulary and prescribing guidance can be found at:
http://www.southstaffordshirejointformulary.nhs.uk/

Next Area Prescribing Group Meeting: February 2016

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