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:

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New or updated NICE guidance

NG133 - Hypertension in Pregnancy

This recommends to advise pregnant women at high risk of pre-eclampsia to take 75–150 mg of aspirin[1] daily from 12 weeks until the birth of the baby. Women at high risk are those with any of the following:

- hypertensive disease during a previous pregnancy
- chronic kidney disease
- autoimmune disease such as systemic lupus erythematosus or antiphospholipid syndrome
- type 1 or type 2 diabetes
- chronic hypertension.

Advise pregnant women with more than 1 moderate risk factor for pre-eclampsia to take 75–150 mg of aspirin[1] daily from 12 weeks until the birth of the baby. Factors indicating moderate risk are:

- first pregnancy
- age 40 years or older
- pregnancy interval of more than 10 years
- body mass index (BMI) of 35 kg/m^2 or more at first visit
- family history of pre-eclampsia
- multi-fetal pregnancy

  Continue with existing antihypertensive treatment if safe in pregnancy, or switch to an alternative treatment, unless:

  - sustained systolic blood pressure is less than 110 mmHg **or**
  - sustained diastolic blood pressure is less than 70 mmHg **or**
  - the woman has symptomatic hypotension.

Offer antihypertensive treatment to pregnant women who have chronic hypertension and who are not already on treatment if they have:

- sustained systolic blood pressure of 140 mmHg or higher **or**
- sustained diastolic blood pressure of 90 mmHg or higher.

When using medicines to treat hypertension in pregnancy, aim for a target blood pressure of 135/85 mmHg.

Consider labetalol to treat chronic hypertension in pregnant women. Consider nifedipine[3] for women in whom labetalol is not suitable, or methyldopa if both labetalol and nifedipine[3] are not suitable. Base the choice on any pre-existing treatment, side-effect profiles, risks (including fetal effects) and the woman's preference.

https://www.nice.org.uk/guidance/ng133

NG134 - Depression in children and young people

This recommends that children and young people presenting with moderate to severe depression should be reviewed by a CAMHS team.

- Following multidisciplinary review, offer fluoxetine[3] if moderate to severe depression in a young person (12–18 years) is unresponsive to a specific psychological therapy after 4 to 6 sessions.
- Following multidisciplinary review, cautiously consider fluoxetine[4] if moderate to severe depression in a child (5–11 years) is unresponsive to a specific psychological therapy after 4 to 6 sessions, although the evidence for fluoxetine's effectiveness in this age group is not established.
- Consider combined therapy (fluoxetine[2] and psychological therapy) for initial treatment of moderate to severe depression in young people (12–18 years), as an alternative to psychological therapy followed by combined therapy

https://www.nice.org.uk/guidance/ng134

NG123 - Urinary incontinence and pelvic prolapse in women

This recommends that before starting treatment with a medicine for overactive bladder, explain to the woman:

- the likelihood of the medicine being successful
- the common adverse effects associated with the medicine
- that some adverse effects of anticholinergic medicines, such as dry mouth and constipation, may indicate that the medicine is starting to have an effect
- that she may not see substantial benefits until she has been taking the medicine for at least 4 weeks and that her symptoms may continue to improve over time
- that the long-term effects of anticholinergic medicines for overactive bladder on cognitive function are uncertain.

After starting treatment with a medicine for overactive bladder -

- Offer a face-to-face or telephone review 4 weeks after starting a new medicine for overactive bladder. Ask the woman if she is satisfied with the treatment and:
- if improvement is optimal, continue treatment
- if there is no or suboptimal improvement, or intolerable adverse effects, change the dose or try an alternative medicine for overactive bladder and review again 4 weeks later.
- offer a review before 4 weeks if the adverse events of a medicine for overactive bladder are intolerable.
- refer women who have tried taking medicine for overactive bladder, but for whom it has not been successful or tolerated, to secondary care to consider further treatment.
- offer a further face-to-face or telephone review if a medicine for overactive bladder or urinary incontinence stops working after an initial successful 4-week review.
- offer a review in primary care to women who remain on long-term medicine for overactive bladder or urinary incontinence every 12 months, or every 6 months if they are aged over 75.

https://www.nice.org.uk/guidance/ng123

Drug	Indication	Formulary classification	Approved by APC	Approved by APG
Certolizumab	As an option for treating moderate to severe plaque psoriasis. **In line with NICE TA 574.**	Red	June 2019	Tbc July 2019
Tildrakizumab	As an option for treating moderate to severe plaque psoriasis. **In line with NICE TA 575.**	Red	June 2019	Tbc July 2019
Semaglutide	Indicated for the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise, • as monotherapy when metformin is considered inappropriate due to intolerance or contraindications OR in addition to other medicinal products for the treatment of diabetes.	Amber (Also **classified** as a 2nd line GLP-1 agonist on N/ Staffs formulary)	June 2019	Tbc July 2019
Liraglutide	**Classified** as 1st line GLP-1 agonist on N/Staffs formulary	Amber	June 2019	N/A

The following NICE TAs were added to both the North Staffs and South Staffs netFormularies:
May guidance

- TA 561 Venetoclax with rituximab for previously treated chronic lymphocytic leukaemia in adults – *Classified as **RED** (NHS England as per NICE TA 561).*
- TA 562 Encorafenib with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma in adults – *Classified as **RED** (NHS England as per NICE TA 562).*
- TA 563 Abemaciclib with an aromatase inhibitor for previously untreated, hormone receptor-positive, HER2-negative, locally advanced or metastatic breast cancer in adults – *Classified as **RED** (NHS England as per NICE TA 563).*

June guidance

- TA 565 Benralizumab for treating severe eosinophilic asthma in adults. *Classified as **RED** (NHS England as per NICE TA 565).*
- TA 566 Cochlear implants for children and adults with severe to profound deafness – ***Medical Devices are not included in netFormulary** (NHS England as per NICE TA 566).*
- TA 567 Tisagenlecleucel for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies – *Classified as **RED** (NHS England as per NICE TA 567; CDF).*

- TA 569 Pertuzumab for adjuvant treatment of HER2-positive early stage breast cancer in adults – *Classified as **RED** (NHS England as per NICE TA 569)*
- TA 571 Brigatinib for treating ALK-positive advanced non-small-cell lung cancer in adults after crizotinib – *Classified as **RED** (NHS England as per NICE TA 571).*

Update on the Task and Finish Group for Medicine Compliance Aids

This group had been created due to the raising number of requests for medicine compliance aids (MCA). The concerns surrounding the use of a MCA does not necessarily provide a person-centred care in relation to supporting medicine adherence. Pharmacies are now reducing the numbers of MCA they provide and this may be due to a number of documents published over the years with regards to the use of MCA and pharmacies providing other means to help patients with medication adherence issues.

Within the legislative requirements of the Equality Act 2010, it is the pharmacy contractor who is responsible for assessing the need for a medication aid, and it is the pharmacist who must be satisfied that the patient is able to understand and be able to benefit from the adjustment, without introducing additional risks. Whilst we encourage patients/carers and prescribers to be involved in these discussions, the decision for what is deemed a reasonable adjustment lies with the pharmacist

The group is working with a multidisciplinary, multiagency team across the health and social care to address any concerns of all the stakeholders with regards to use of MCA. The aim of the group is to define pathways relating to compliance support, develop an assessment tool and identify a range of options to support patients with medication adherence issues.

At present the group has created an '**Assessment for medicine concordance and adherence (medicine-taking check)** assessment form' which is being piloted at the UHNM and Stafford hospital. When patients are discharged the assessment form will help to evaluate patients' needs with regards to medication adherence and concordance.

Tip: If presented with a patient who is having medication concordance and adherence issues the following links may be useful to provide to patients and carers.

1. Self-help guide providing expert advice and information on products and equipment for older and disabled adults and children: https://asksara.dlf.org.uk/
2. Marie Curie website on Helping someone to take their medication: https://www.mariecurie.org.uk/help/support/being-there/caring/medication
3. NHS, Medicines- tips for carers: https://www.nhs.uk/conditions/social-care-and-support-guide/practical-tips-if-you-care-for-someone/medicines-tips-for-carers/

Out of Stock Bulletin

The latest primary and secondary care supply update letter from the Department of Health and Social Care has information on -

DIAMORPHINE

- Diamorphine 5mg injection out of stock until w/c 5th August - use 10mg diamorphine injection instead in primary care.
- Prescribers should take extra care when calculating the dose to be administered.
- Locally, health care professionals should follow local controlled drug policies for the safe management and disposal of excess waste of diamorphine during this time and should ensure that any wastage should be rendered irretrievable and must be disposed of. ▪ Clear records should be kept of what was administered, and what was discarded and should be witnessed wherever possible.
- Please work with your Controlled Drug Accountable Officer where necessary.
- As the preferred strong opioid in community in Staffordshire is morphine, this should impact few patients.

ACTIQ lozenges

- Teva are experiencing supply issues with several strengths of Actiq lozenges with no supplies of the 200mcg or 400mcg strength available until mid-July. All other strengths remain available.
- Immediate release fentanyl products are not interchangeable and when considering switching patients from one product to another, patients should not be converted on a microgram per microgram basis from one to another; it is necessary to titrate the new formulation with advice from a specialist.
- See the link below for advice from UKMI https://www.sps.nhs.uk/articles/shortage-of-actiq-lozenges-and-instanyl-nasal-spray-immediaterelease-fentanyl-citrate/
- National guidance and local Staffordshire policies recommend that immediate release fentanyl should not routinely be prescribed in primary care as there are more cost-effective options available

Bezalip (bezafibrate) 200mg tablets

- Teva, sole suppliers, are currently out of stock of bezafibrate 200mg tablets until mid/end July 2019.
- A clinical memo from UKMI will be published on the SPS website shortly.

Cardura (doxazosin) XL tablets

- Pfizer have a supply issue with of Cardura XL 4mg and 8mg tablets. Further stock is expected at the end of August 2019.
- Pfizer are the sole UK supplier of Cardura XL 8mg tablets but supplies of doxazosin XL 4mg tablets are available from alternative suppliers, however the Staffordshire Commissioning Policy states to use ordinary release instead of modified release tablets so this should impact few patients.

Nifedipine Products

- Adalat LA is now out of stock until 2021, alternative products available include Adipine XL and Coracten XL
- Supply issues have been experienced recently with alternative products but should be resolved now

Please click here to read the full out of stock bulletin

Self-care campaign launched in Staffordshire CCGs

During July, materials launching the Staffordshire CCGs self-care campaign will be distributed by the Medicines Optimisation team to GP surgeries and pharmacies.

These include -

- postcards to hand to patients detailing the 35 conditions suitable for self-care and OTC purchase
- desktop flipcharts detailing the conditions and any OTC restrictions in place
- referral forms from GP to pharmacy (advising patients to buy products if required for the conditions)
- referral forms from pharmacy to GP (advising of the condition and why the patient is unable to purchase OTC)
- posters detailing the conditions suitable for self-care and advising patients to go to

their pharmacy first and not the GP practice
- consultation phrases to influence behaviour change and encourage self-care in a positive manner

Across Staffordshire we aim to help save part of the £136 million target of the £569 million spent on OTC items annually by the NHS. Please join us in encouraging patients to consult their pharmacy first and self-care instead of booking GP appointments and expecting prescriptions for OTC items.

Many of these items are prescribed acutely and are not on repeat prescriptions, so the main drive is to reduce acute prescribing going forward and educate patients not to expect OTC items for minor or self-limiting conditions on prescription as per the NHS England guidance released last year.

There are exceptions to the guidance, which are detailed at the front of the flipcharts. Any patients currently who have a prescription pre-payment certificate (PPC) can also continue to have products currently on their repeat prescription until the PPC runs out, but no new items prescribed unless they meet other exception criteria.

Serious shortage protocols (SSPs)

- From 1st July 2019, the SSPs will be introduced into the terms of service for NHS community pharmacies. Where a SSP is in place for a product, instead of fulfilling the NHS prescription, a contractor can supply a different product/quantity subject to the conditions in the SSP.

- SSP legislation was first introduced in February 2019, as part of (but is not dependent on) no-deal Brexit planning, to enable the Health and Social Care Secretary to put in place alternative arrangements for supply where a drug or appliance is ordered on prescription but there is, or may in the future be, a serious shortage of that drug or appliance.

Staffordshire Prescribing Local Incentive Scheme 2019/20

Prescribing Local Improvement Scheme (PLIS) for 2019/20 has been designed to remunerate practices for participating in a range of medicines optimisation initiatives that will improve the quality and cost-effectiveness of prescribing. PLIS payments are linked to achieving the following objectives:

- Containing growth in prescribing expenditure and there are practice specific financial targets to achieve in this respect
- Reducing expenditure on drugs that are prescribed for conditions that can be managed through self-care. There are practice specific targets based on current and relevant prescribing benchmarking data
- In line with the new UK five year action plan for tackling antimicrobial resistance practices to continue prescribing antibiotics prudently. Once again current and relevant benchmarking data will be used to set practice specific targets for prescribing level of antibiotics.

In order to qualify for PLIS payments practices must meet requirements of each target area as described below and additionally demonstrate improvement in a variety of key performance indicators.

This is a reminder to practices to please sign and return appendix 6 of the PLIS document by 14 July 2019 to Fiona.Porter@northstaffs.nhs.uk

Please click here for the full PLIS document

Vaccine update

The latest Public Health England Vaccine Update includes details on -

- Identifying patients eligible for the shingles vaccine in GP IT systems
- Issuing varicella-zoster immunoglobulin (VZIG)
- Vaccination checks for holidaymakers
- New tool to support the recording of vaccines given abroad
- Publication of PHE reports on the 2018/19 flu season
- Resources for children's flu vaccination programme

- Have you improved your flu uptake?
- The EU Falsified Medicines Directive (FMD) and Delegated Regulation as applicable to PHEsupplied vaccines for the national immunisation programme
- Further information for ImmForm customers
- BCG vaccine (AJ Vaccines) for the national BCG programme
- Tuberculin Purified Protein Derivative (AJ Vaccines)
- Update on MMR vaccine ordering restriction
- Vaccine supply for the non-routine programme

Click here to read

FAQ - prescribing requests from out-of-area consultants

The Medicines Optimisation team receives a lot of queries regarding what to do if an out-of-area consultant that a patient has been referred to then requests a GP to start or continue a medicine that is either not listed on the formulary, or is non-formulary or has an amber or red rating on the local Staffordshire formularies.

The basic rule-of-thumb is to check the formulary where the consultant originates from and if it is green or amber (ie. suitable to prescribe or continue in primary care) then prescribing is suitable.

If it is red (hospital or consultant only) then do not prescribe.

However, other formularies do not always follow the same colour rating system and may also have other ratings such as brown, grey and black or other definitions for the same rating colour so please check carefully what the rating means with regard to the drug.

Clinical safety - prescribing drug quantities on Emis Web
EMIS Web may convert updated medication quantities into a decimal when using calculations - we've become aware of a possible issue which can occur when altering Medication quantities *(including controlled drugs)* within EMIS Web 8.7.2 and above: when updating the quantity of a medication to an unusual pack size, it is possible that EMIS Web will display this as a decimal number.

This only happens if the medication was initially added with a quantity in the form of a calculation, i.e. "2 x 28"; when this calculation is used initially, EMIS Web correctly converts it

into a quantity of 56. **However, if you edit the medication and enter a quantity which is more, or less, than the standard pack size, it will convert this into a decimal.**

The decimal number is only shown in the Care Record Medication screen and in the **Issue** window; the **Edit** window will display the correct quantity.

This problem can also occur when using the 'One-off Issue' option and changing the quantity, but again only if the quantity has initially been added as a calculation.

If this problem occurs then the quantity displayed on any resulting prescription will be incorrect, and could potentially cause an EPS prescription to fail. There is also a potential for controlled drug prescriptions to become illegal if the words and figures displayed do not exactly match, although our testing has not shown this to occur.

A fix for this issue which will be included in a forthcoming EMIS Web release.

In the meantime, **we strongly advise that medication quantities are added as a whole number, and not as a calculation. If you need to change the quantity of a medication, you should end the current medication course, and then restart this with the required quantity entered as a whole number.**

You should also be vigilant for this issue when dealing with any medication which has previously been altered. Particular vigilance should be given when signing EPS prescriptions – **if you notice that a prescription contains a decimalised number you should cancel the prescription and re-issue this with a correct amount.**

Prochlorperazine prescribing - review use of buccal tablets

Prochlorperazine prescribing

Across Staffordshire we spend £154,000 per year on prescriptions for prochlorperazine buccal tablets (3mg). Buccal tablets are significantly more expensive than prochlorperazine oral tablets (5mg) and therefore it is important that buccal tablets are prescribed appropriately. Audits in general practice have shown the following causes for waste:

- Prochlorpreazine buccal tablets are prescribed as repeats – patients who require regular doses of prochlorperazine should be able to manage on oral tablets. Patients may require only initiation with buccal tablets.
- Large quantities of buccal tablets are prescribed – buccal tablets are probably more suitable than oral tablets for intermittent use (e.g. in treating migraine related nausea) but patients should only require smaller quantities. An over the counter pack of prochlorperazine buccal called Buccastem M is

packed in quantities of 8 tablets.

Comparison prochlorperazine preparations:

Preparation	Licensed indications	NHS cost of 8 tablets
Prochlorperazine oral tablets 5mg (prescription only)	Wide range e.g. vertigo, nausea and vomiting, migraine related nausea and vomiting, and schizophrenia	21 pence
Prochlorperazine buccal tablets 3mg (prescription only)	Limited range e.g. vertigo, nausea and vomiting, migraine related nausea and vomiting	£5.96
Buccastem M (equivalent to prochlorperazine buccal tablets 3mg and available over the counter)	Only migraine related nausea and vomiting	£4.01*

*Over the counter purchase price is £7.25

Non-formulary prescribing requests - North Staffordshire

The North Staffordshire Joint formulary is expected to cover the majority of prescribing and it is estimated that it will provide clinically appropriate options for treating 80% of patients. All patients are individuals, however, and it is recognised that there will be some situations where prescribing outside the formulary may be necessary. In Secondary Care, consultants may initiate a non-formulary medicine only with the agreement of their Clinical Director. The form, *Supply Request for a Non-Formulary Medicine*, must be completed by the consultant and countersigned by their Clinical Director (or designated deputy). The completed form must then be attached to the patient's prescription chart before it is sent to pharmacy. Pharmacy are not authorised to supply a non-formulary medicine without this form. Forms are available on the Pharmacy section of the Hospital Trust intranet.

It is not an uncommon observation that secondary care clinicians write to GPs about initiating patients on drugs that are not in the formulary. To avoid unnecessary delay in starting the treatment the recommendation from the Medicines Optimisation Team is that the prescribing clinicians should take into account the patient’s specific medical needs and assess the value of the drug by considering the usual factors such as effectiveness, potential for adverse effects, cost and so on. The MOT are available to support the clinicians in this process. However, if the practices notice that a particular non-formulary drug is being requested frequently then they should inform the MOT so that the relevant secondary care clinicians can be contacted to submit a formulary application to the New Medicines Committee.