

Medicines Optimisation Monthly Newsletter



Introduction

Welcome to our 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 or updated NICE guidance](#)
- [Area Prescribing Group \(APG- South\) and Area Prescribing Committee \(APC- North\) update](#)
- [Guidance for doctors treating transgender patients](#)
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- [Prescribing of blood glucose strips in Staffordshire](#)
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- [Falsified Medicines Directive \(FMD\) guide for primary care](#)

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New or updated NICE guidance

The latest NICE guidance on medicines includes -

Cemiplimab for treating metastatic or locally advanced cutaneous squamous cell carcinoma- Technology appraisal guidance [TA592] Published date: 07 August 2019

More evidence on cemiplimab is being collected, until July 2021. After this NICE will decide whether or not to recommend it for use on the NHS and update the guidance. It will be available through the Cancer Drugs Fund until then.

Commercial arrangement

There is a [managed access agreement](#), which includes a commercial access agreement for cemiplimab. Contact GB-PatientAccess@sanofi.com for details

Preterm labour and birth - NICE guideline [NG25] Published date: November 2015 Last updated: August 2019

This guideline includes new and updated recommendations on:

- [prophylactic vaginal progesterone and prophylactic cervical cerclage](#)
- [magnesium sulfate for neuroprotection](#)
- [intrapartum antibiotics](#)

It also includes recommendations on:

- [diagnosing, and caring for women with, preterm prelabour rupture of membranes](#)
- [diagnosing preterm labour](#)
- [tocolysis](#)
- [maternal corticosteroids](#)
- [fetal monitoring](#)
- [mode of birth](#) and [clamping the cord](#)
- [information and support](#)

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

Drug	Indication	Formulary classification	Approved by APC	Approved by APG
Certolizumab	Certolizumab pegol is recommended as an option for treating plaque psoriasis in adults – In line with NICE TA 574	Red	Yes	Yes
Tildrakizumab	Tildrakizumab is recommended as an option for treating plaque psoriasis in adults – In line with NICE TA 575	Red	Yes	Yes
Ertugliflozin	Ertugliflozin with metformin and a dipeptidyl peptidase-4 (DPP-4) inhibitor is recommended as an option for treating type 2 diabetes in adults when diet and exercise alone do not provide adequate glycaemic control, only if: <ul style="list-style-type: none"> the disease is uncontrolled with metformin and a DPP-4 inhibitor, and a sulfonylurea or pioglitazone is not appropriate. In line with NICE TA 583.	Green	Yes	Yes
Semaglutide	For the treatment of adults with insufficiently controlled type 2 diabetes mellitus as an adjunct to diet and exercise:	Amber (<i>no ESCA</i>)	Yes (pending August North divisional committee approval)	Yes (pending August members board approval)

	<ul style="list-style-type: none"> as monotherapy when metformin is considered inappropriate due to intolerance or contraindications OR in addition to other medicinal products for the treatment of diabetes 			
NACSYS effervescent tablets (Acetylcysteine)	Mucolytic for adults, in respiratory disorders such as COPD and bronchitis. Brand prescribing only.	Green	Already on formulary (as 1 st line mucolytic)	Resubmitted in July 2019 (Yes, pending August members board approval). As a Green drug in addition to Carbocisteine.
Sialanar oral solution (Glycopyrronium)	For symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders. Brand prescribing only.	Amber (<i>no ESCA</i>)	Already on formulary	Yes (pending August members board approval)
Hypertonic Saline 7%	Change of recommended brand from Nebusal to Pulmoclear- cost savings noted	Amber (<i>no ESCA</i>)	Yes (pending August North divisional committee approval)	-
Patient specific direction (PSD) developed by MPFT.	<ul style="list-style-type: none"> Flu Adjuvanted trivalent (aTIV) vaccine 23 valent pneumococcal polysaccharide vaccine 	-	-	Yes (pending August members board approval)

	<ul style="list-style-type: none"> • Zostavax vaccine • Flu quadrivalent (QIV) vaccine 			
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The following NICE TAs were added to both the North Staffs and South Staffs netFormularies:

July guidance

- TA 573 Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma – *Classified as **RED** (NHS England/CDF as per NICE TA 573)*
- TA 574 Certolizumab pegol for treating moderate to severe plaque psoriasis – *Classified as **RED** (CCG as per NICE TA 574)*
- TA 575 Tildrakizumab for treating moderate to severe plaque psoriasis – *Classified as **RED** (CCG as per NICE TA 575)*
- TA 577 Brentuximab vedotin for treating CD30-positive cutaneous T-cell lymphoma – *Classified as **RED** (NHS England as per NICE TA 577)*
- TA 578 Durvalumab for treating locally advanced unresectable non-small-cell lung cancer after platinum-based chemoradiation- *Classified as **RED** (NHS England as per NICE TA 578)*

August guidance

- TA 579 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy – *Classified as **RED** (NHS England/ CDF as per NICE TA 579)*
- TA 581 Nivolumab with ipilimumab for untreated advanced renal cell carcinoma – *Classified as **RED** (NHS England/ CDF as per NICE TA 581)*

Guidance for doctors treating transgender patients

Following some queries from GP practices about prescribing of hormone treatments for patients who are referred to Gender Identity Clinics (GIC) please see the following update.

In 2018 NHS England published new service specifications for gender identity adult services, formed through a process of extensive stakeholder engagement and public consultation. You can read the [analysis of responses and consultation report](#); and the

service specifications on the following link:

<https://www.england.nhs.uk/commissioning/spec-services/npc-crg/gender-dysphoria-clinical-programme/>

- [Gender identity services for adults; non-surgical interventions](#)
- [Gender identity services for adults; surgical interventions](#)

The new service specifications will be adopted later in 2019/20 once NHS England has used a process of competitive procurement to identify which organisations are best placed to deliver specialised gender dysphoria services in the future. The process of procurement commenced in the spring of 2019. **In the meantime, current providers of adult services will continue to work to the [Interim Gender Dysphoria Protocol and Service Guideline](#).**

This guideline states that NHS England expects GPs to co-operate with their commissioned GIC and to prescribe hormone therapy recommended for their patients by the GIC. They are also expected to co-operate with GICs in patient safety monitoring, by providing basic physical examinations (within the competence of GPs) and blood tests recommended by the GIC. The GIC is expected to assist GPs by providing relevant information and support, including the interpretation of blood test results. Hormone therapy should be monitored at least 6 monthly in the first 3 years and yearly thereafter, dependant on clinical need.

Documents relevant to the Gender Identity Development Service for Children and Young People are as follows:

- [Gender identity development service for children and adolescent service specification](#)
- [Clinical Commissioning Policy for Prescribing Cross Sex Hormones link](#).

This states that hormone therapy will be prescribed by the client's General Practitioner on the advice of the specialist multi-disciplinary team.

In 2019/20 the Programme Board for Gender Dysphoria Services will:

- Oversee the process of awarding contracts for the provision of specialised services for adults (surgical; and non-surgical) through a process of competitive

procurement

- Use procurement to consider designation of one or two Gender Dysphoria Clinics to function as a National Trans Health Unit, having responsibility for managing a national or supra-regional network of Gender Dysphoria Clinics
- Establish a pioneering gender dysphoria service in a community or primary care setting in Greater Manchester, as a pilot for evaluation; and consider pilots for other models for delivery in other parts of the country
- Establish a National Referral Support Service to assist individuals in choosing a surgical provider that can best meet their objectives
- Establish a new quality framework that requires designated providers to report meaningful clinical indicators, and that includes Patient Reported Outcome and Experience Measures (co-designed with people with lived experience)
- Review the service specification and clinical commissioning policy for the Gender Identity Development Service for Children and Young People.

The General Medical Council website has a section on healthcare for transgender patients for further reading -

<https://www.gmc-uk.org/ethical-guidance/ethical-hub/trans-healthcare>

Out of Stock Bulletin

Emerade 500 microgram and 300 microgram devices, manufactured by Bausch & Lomb UK, will be experiencing a short-term disruption in supply:

- Emerade 500 microgram: is out of stock until the 28th of August 2019
- Emerade 300 microgram: limited supplies remain available but will be out of stock from early-mid August with further supplies expected by the end of September 2019

The following management plan has been developed in collaboration with NHS England, the British Society for Allergy & Clinical Immunology (BSACI), the Medicines and Healthcare Products Regulatory Agency (MHRA) and National patient groups.

[Please click here to read](#)

Covert administration of medicines

NICE has brought out a summary guide for giving medicines covertly in care homes.

The guide states that adults should not be given medicines covertly unless they have been assessed as lacking the mental capacity to make decisions about their health or medicines. If they lack capacity to make these decisions and it is assessed as being in their best interests, they may need to be given medicines without their knowledge or consent (e.g. hidden in food or drink). Care staff need to be aware of the Mental Capacity Act and its Code of Practice and the Deprivation of Liberty Safeguards to protect both the person and themselves.

If they decline their medicine and have the capacity to make this decision, care staff should record that they have declined and the reason why (if a reason is given) on the medicines administration record (MAR). If this happens regularly or may present a risk to the person's health, ask the prescriber to review the person's treatment. It may be possible to stop the medicine or prescribe an alternative.

Look out for anything that might make it harder for the person to give or communicate informed consent and identify what support might help. Note this in the care record.

Things to consider include:

Lack of capacity to make decisions

Health problems, including with vision or hearing

Difficulties reading, speaking or understanding English

Cultural differences

Actively involve people in discussions and record their views and preferences about their medicines while they are able to make decisions. This information will help make decisions in their best interests if they lose capacity in the future. Support people to make informed decisions about their medicines wherever possible.

The link to the full guidance is available at -

<https://www.nice.org.uk/Media/Default/About/NICE-Communities/Social-care/quick-guides/giving-medicines-covertly-quick-guide.pdf>

Antibiotic course length highlight

A recent study report encourages prescribers to consider shorter courses when prescribing antibiotics.

The study looked at 931,015 English primary care consultations which took place between 2013 and 2015 and ended in an antibiotic prescription. Of those people receiving antibiotics, the majority were prescribed a course that was longer than recommended in NICE guidance.

NICE have reviewed the study [published in the BMJ](#) in a [new medicine's evidence commentary](#) which evaluates new evidence and highlights areas for improvement in clinical practice. The findings suggest that guidance on antibiotic use is not being implemented as well as it could be in all areas which may lead to antibiotic overuse.

The authors of this latest research looked at prescriptions for acute cough, sore throat, sinusitis, cellulitis and pneumonia amongst other common infections. They noted that prescriptions regularly exceeded the recommended duration as outlined in NICE guidance.

On average, people were spending an extra two days on antibiotics for bronchitis and four additional days for acute cystitis when compared with the duration advised within NICE guidance. **Overall, people spent a combined total of 1.3m additional days on antibiotics.** The recommended course for these medicines can be found in the [NICE summary](#) of antimicrobial prescribing guidance for a range of common infections.

As part of the national drive for improved antimicrobial stewardship, please review the course length prescribed for antibiotics to see if any improvements can be made. The Staffordshire Antimicrobial Guidelines are currently being reviewed and updated and will be available soon.

Synthetic cannabinoids found in vape items

For information and awareness -

Since the start of the year there have been a dozen or so reports of incidents in schools and amongst school age children in Bury, Rochdale and Oldham involving substances that were sold as either 'THC vape'/'THC vape pens'/'THC oil' or 'cannabis oil'. Some of these

incidents have led to pupils collapsing and to ambulances being called.

The reports usually indicate the substance was vaped in an electronic-cigarette device.

Sample involved in two of these incidents have been tested and found to contain synthetic cannabinoids. These are the laboratory made chemicals found in 'Spice'. It is extremely dangerous for a young person with no tolerance to inhale even a single dose of a potent synthetic cannabinoid.

The risk of unknowingly vaping a synthetic cannabinoid ('Spice') is considerably greater than vaping THC or any other form of cannabis, particularly for young people with no experience or tolerance.

The effects can include irregular heartbeat, confusion, paranoia, panic attack, insomnia, hallucinations and collapse.

Even experienced users of 'Spice' have difficulty judging dosage and unintentionally administering a toxic dose is common. In some cases this poisoning may even be fatal. Last year there were 24 recorded deaths in England and Wales associated with synthetic cannabinoids.

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

[Prescribing of blood glucose testing strips in Staffordshire](#)

The guide on the link below has been prepared by the Staffordshire Medicines Optimisation team to show some of the key features of the available blood glucose testing meters and the comparative cost of their associated blood glucose testing strips. This will assist healthcare professionals in the selection of appropriate devices for patients who self-monitor their blood glucose levels.

The test strips outlined in this guide have a cost of £9.00/50 strips or less which is in line with the national trends on prescribing strips costing <£10 per box of 50.

Medicines Optimisation make the following recommendations -

- **the need for a meter for newly diagnosed diabetics should be assessed by a healthcare professional and, if required, a suitable meter supplied to the patient. These meters should be provided free of charge from GP surgeries or diabetic clinics.**
- **Patients should be dissuaded from buying their own meter without consulting their specialist first, thus prescribing of non cost-effective strips and lancets for meters purchased by patients who have not done this should not be supported.**
- **Community pharmacists should not sell blood glucose meters to patient with diabetes who fit the criteria to test, without prior discussion and approval from the patient's diabetes healthcare professional.**
- **Practices should dispose of (or not accept), free samples of meters without cost –effective testing strips from drug companies.**

[Click here to access the guide](#)

FAQ - dose of Moviprep for UHNM patients

The below information has gone out in a memo to all community pharmacies in Staffordshire after the UHNM Video Endoscopy Department and UHNM Pharmacy Department received reports of patients who had Moviprep® dispensed in community pharmacies taking Moviprep® 2 litres (2 x sachet A and 2 x sachet B) instead of Moviprep® 1 litre.

- Patients undergoing a video endoscopy at UHNM are prescribed Moviprep® 1 litre (i.e. 1 x sachet A and 1 x sachet B) the night before their procedure.
- Most patients have Moviprep® dispensed at UHNM, but some patients choose to have their prescription dispensed in a community pharmacy instead.

In future, Video Endoscopy prescriptions for Moviprep® will be prescribed as below:

“Take ONE pair of sachets (consisting of one sachet A & one sachet B) on the evening prior to the procedure as directed by the Video Capsule Endoscopy

Department. Discard the remaining pair of sachets

Supply: Moviprep 2 sachets x A, and 2 sachets of B.”

Can all community pharmacies please ensure that Video Endoscopy Moviprep® prescriptions are labelled as above, with the dispensing label clearly stating that the remaining pair of sachets should be discarded, and counsel patients accordingly.

If you require any further information, please contact:

Sister Faye Baldwin Lead Video Capsule Specialist Nurse, County Hospital, UHNM (01785 230508 /

07801540345), or

The UHNM Medicines Information Service (01782 674537)

Falsified Medicines Directive (FMD) guide for primary care

We have had a number of enquiries from practices about the Falsified Medicines Directive (FMD) over recent months. In response to those queries we have produced a simple guide that explains what FMD is and its implications for General Practice (dispensing and non-dispensing practices).

[Click here to read](#)

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Stoke-on-Trent CCGs

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