Prescribing Points

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Oxfordshire Cinical Commissioning Group

This newsletter is written by the Medicines Optimisation Team, Oxfordshire CCG (OCCG), Jubilee House, Oxford Business Park South, Oxford, OX4 2LH. It is for all health professionals in Oxfordshire and is uploaded to the OCCG website. For queries, contact OCCG.medicines@nhs.net.

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QOF 2019/20 – Prescribing Safety Module

A new Quality Improvement (QI) domain has been introduced within the Quality and Outcomes Framework (QOF) 2019/20. The domain consists of two distinct modules, one of which is Prescribing Safety (37 QOF points).

The overarching aim of the prescribing safety module is to lead to improvements in the following aspects of prescribing safety:

- **NSAIDs** - Reduce the rate of potentially hazardous prescribing, with a focus upon the safer use of non-steroidal anti-inflammatory drugs (NSAIDs)
- **Lithium** - Better monitoring of potentially toxic medications and the creation of safe systems to support drug monitoring
- **Sodium Valproate** - Better engagement of patients with their medication through a focus upon sodium valproate and pregnancy prevention.
- **Improve collaboration** between practices, Primary Care Networks (PCNs) and community pharmacists to share learning and improve systems to reduce harm and improve safety.

Supporting Information

Documentation from the Medicines Optimisation Team is available on the OCCG Website, including a summary of the Prescribing Safety Module, templates for completion and a suggested schedule of work.

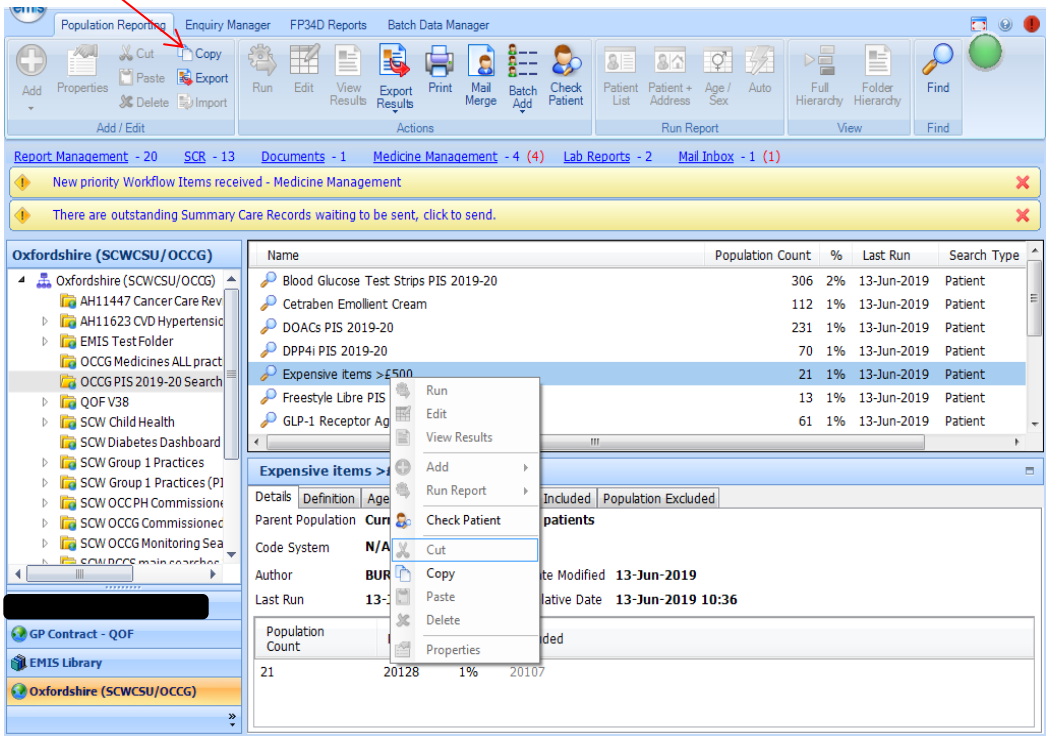
So What?

The QI cycle should continue **throughout 2019/20** and should be completed by the **end of March 2020** with submission of three completed templates, one for each area of prescribing, to the Medicines Optimisation Team occg.medicines@nhs.net.

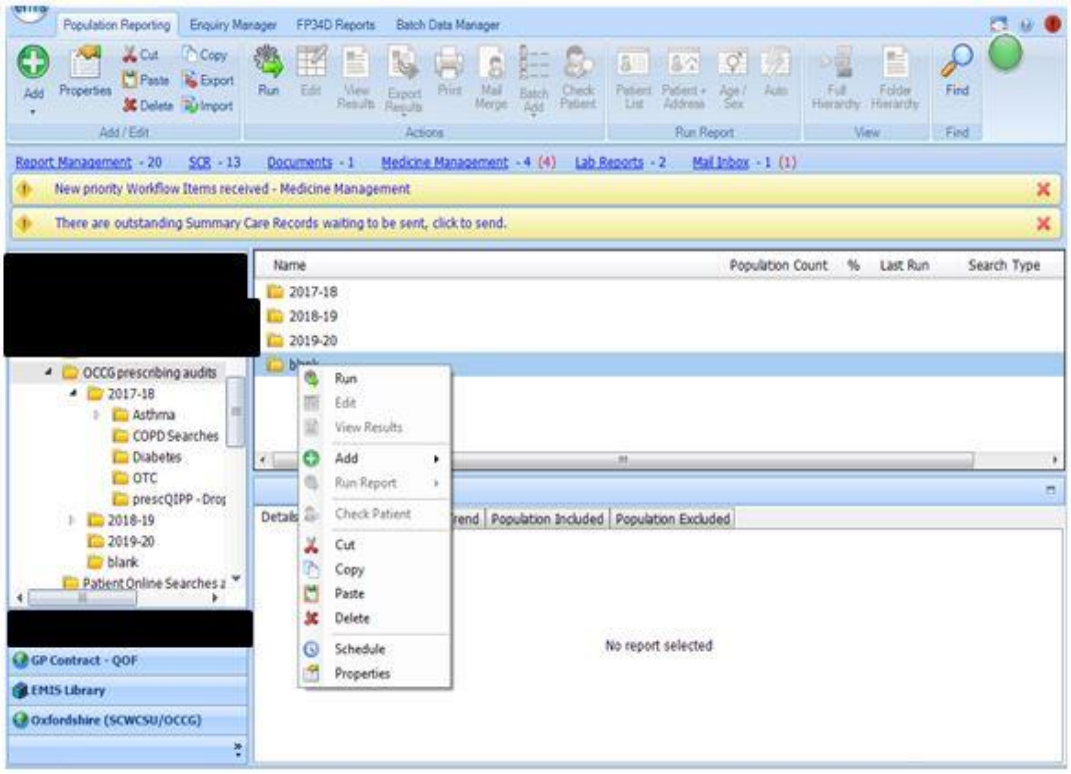
Prescribing Incentive Scheme (PIS) 2019/20 – Copying Searches Instructions

In order to get the patient lists from the PIS searches already on your computer in the Oxfordshire (SCWCSU/OCCG) section, they need to be copied into your practice folder of searches (indicated by home icon).

In order to do this you can right click on the auto report (due to be added soon) of the relevant search and then select copy or alternatively use the copy button on the top taskbar.



Then select the location you wish to put the search, right click and paste (alternatively use the paste button on top taskbar). Once this is done, you will then be able to run the report as usual.



Temporary Change to Colesevelam (Cholestagel®) Approval Process

Colesevelam (Cholestagel®) is suitable for prescribing in primary care for bile acid malabsorption following recommendation from gastroenterology and prior approval from the Medicines Optimisation Team (notification of approval sent via email to GP). Due to current shortages of colestyramine (Questran®) it has been agreed that, if appropriate, GP's can temporarily prescribe colesevelam as an alternative without prior approval from the Medicines Optimisation Team. Colesevelam should only be used if there are no other suitable alternatives and should be switched back as soon as Questran® is available (suggested date of August 2019). Colesevelam is significantly more expensive than colestyramine, costing on average £96 per month verses £18 for colestyramine. See updated formulary status here.

Reducing Antibiotic Consumption in Children – modelling a new tool

University of Bristol are looking for practices who would like to take part in a new trial, CHICO (CHIldren with COugh cluster randomised controlled trial), which models a new tool for reducing antibiotic consumption among children presenting with a cough. The tool can identify children at low risk of hospitalisation and encourages the clinician to follow NICE guidelines, as well as providing carers with an individualised letter to help decide whether antibiotics are appropriate.

CHICO has been designed with GPs to fit well into standard practice and not require additional resources, offering a light-touch way for GPs to be involved.

Feedback from various GP users includes :

"Reassuring to clinicians and parents. No time impact – easy to use."
"Fits in nicely with existing practice"
"Didn't know wanted / needed it until got it. Reinforces advice to patients"

OCCG will be supplying routine hospital admission and ED attendance rate data for participating practices.

If you would like more information please contact Dr Olga Zolle, Research Facilitator, NIHR Clinical Research Network: Thames Valley & South Midlands.

Olga.zolle@nihr.ac.uk
Mobile : 07771 594698

Or contact the CCG Medicines Optimisation team (occg.medicines@nhs.net) for the Research Information Sheet for Practices.

Blood Glucose Monitoring Guidelines

In July, APCO approved a new local Blood Glucose Monitoring Guideline and updated Self-Monitoring of Blood Glucose in Type 2 Diabetes Patient Information Leaflet. The aim of this guidance is to rationalise the number of different blood glucose testing devices across Oxfordshire whilst ensuring appropriate use of NHS resources. Advantages of compliance with the guidance include consistency of approach, reduced risk of errors due to unfamiliarity with equipment, a reduction in unnecessary prescribing, and improved cost-effectiveness.

Cost-effective blood glucose monitors are those with strips costing **less than £6 for 50 strips** (previously less than £10 for 50). The Finetest Lite Meter (Neon) is the favoured meter in Oxfordshire; however any meter falling in to this category may be used (e.g. GlucoRx Q). These meters should meet the need of majority of patients; however certain patient groups will require meters with additional functions (e.g. ketone testing, visual impairment). The guidance provides advice on these cohorts and suggestions of suitable options.

So What?

- Cost-effective blood glucose monitors are those with strips costing **less than £6 for 50 strips** (Finetest Lite, GlucoRx Q)
- When initiating new patients on a blood glucose meter, ensure the guidelines are followed.
- If appropriate, existing patients can be switched as part of a review of their blood glucose monitoring. A draft Patient Letter - Meter Change is available to adapt for practice use.

Sodium Glucose Co-Transporter-2 (SGLT2) Inhibitors

Both empagliflozin and dapagliflozin are now GREEN first line for Type 2 Diabetes on the OCCG Formulary. Dapagliflozin has shown cardiovascular outcome benefit in primary prevention (DECLARE trial) and empagliflozin in secondary prevention (EMPA-REG trial).

A new SGLT2 inhibitor, ertugliflozin, has also been added to the formulary as BROWN. Both ertugliflozin and canagliflozin are second line options; consider seeking advice from a diabetes specialist (i.e. OCDEM or Community Diabetes Team) before initiating one of these options. The formulary position of ertugliflozin will be reviewed when the outcomes from the cardiovascular trial become available.

The following SGLT2 inhibitor resources have also been updated:

- SGLT2i checklist
- Patient Information Leaflet on DKA risk
- OCCG letter to clinicians

So What?

- Please make use of the resources available when initiating a SGLT2 inhibitor.
- Use either empagliflozin or dapagliflozin as the first line option.

Flash Glucose Monitoring Policy (Freestyle Libre)

Thames Valley Priorities Committee (TVPC) updated the Flash Glucose Monitoring Policy (Policy No. 285/TVPC73) to align with the NHS England guidance. Oxfordshire Clinical Commissioning Group adopted the TVPC policy with some local additions – see updated policy here. Patients should **only** be started on Freestyle Libre by OCDEM or the Cystic Fibrosis Clinic (for patients on insulin treatment for diabetes associated with CF only). The GP will receive a Patient

Agreement Form which will detail the criteria the patient meets and their expected outcomes. The GP can then prescribe the sensors for a 6 month trial. A maximum of 2 sensors per month should be prescribed; patient must secure replacements for faulty sensors via Abbott. The specialist will review the patient at the end of the 6 months and if suitable the GP can continue to prescribe the sensors.

So What?

- Ensure you are only prescribing sensors for patients initiated by one of the appropriate specialist clinics.
- If a patient enquires about Freestyle Libre, check the policy to see if they would potentially be suitable and ask them to raise it at their next **routine** clinic appointment.

OneTouch® Blood Glucose Monitor Meter

LifeScan, the manufacturers of OneTouch® blood glucose meters, will no longer be actively promoting these products in the UK as of April 2019. This means Lifescan will no longer provide free- of-charge new meters (except warranty replacement) for patients, or distribute point-of-care (multi-use setting) meters.

Patients currently using OneTouch meters will be able to continue obtaining OneTouch Select Plus blood glucose test strips and lancets on prescriptions. Support is still available from OneTouch Customer Care for existing meters and point-of-care meters, including warranty replacements for existing meters.

So What?
Customer Care helpline will continue to operate to help Health Care Professionals and users: 0800 121 200.

Probiotics Preparations

VSL#3® and Vivomixx ® are probiotic preparations that are sometimes recommended by gastroenterologists for patients with antibiotic induced pouchitis. Following an update by the Advisory Committee for Borderline Substances (ACBS), these products are no longer available on the Drug Tariff, which means they are not prescribable on the NHS.

NHSE guidance on conditions for which over the counter items should not routinely be prescribed in primary care mentions that probiotics have no clinical evidence to help with the treatment and prevention of diarrhoea. This is consistent with local decision to **blacklist** all probiotics preparations, as per local commissioning policy 125B on "Therapeutic use of probiotics in adults and children" and commissioning policy 88D on "Optimising Self Care by appropriate use of Over-the-counter Medicines".

So What?
All patients prescribed probiotics should be signposted to purchase these products over the counter. If you need any advice please email occg.dietitian@nhs.net.

Updated Hepatitis B PGDs for GP Practices

NHS England has updated two PGDs (Patient Group Directions) for administering Hepatitis B vaccines in GP practices:

1. Administration of Hepatitis B recombinant DNA (rDNA) vaccine (adsorbed) to individuals who are 15 years of age or over and are on haemodialysis, a renal transplantation programme or have chronic renal failure that is likely to require haemodialysis or transplant.

2. Administration of Hepatitis B recombinant DNA (rDNA) vaccine (adsorbed) to individuals considered at increased risk of exposure to hepatitis B virus, at increased risk of complications of hepatitis B disease, or post potential exposure to hepatitis B virus.

So What?
1. Disseminate the updated PGDs to relevant clinical staff for training/implementation.
2. To maintain version control and patient safety, delete the superseded PGDs from your practice systems
3. Ensure the PGDs are signed by both the individual user and their authorising manager before use.

Free Access to BMJ (British Medical Journal) Best Practice

BMJ Best Practice is an online point of care tool offering step-by-step guidance on diagnosis, prognosis, prevention and treatment. It includes information on over 300 topics, a range of calculators and patient leaflets, procedural videos and is integrated with Cochrane Clinical Answers to provide the latest evidence.

All NHS staff now has free access to BMJ Best Practice, online and offline, through the NHS national subscription. It can be accessed through a range of devices – pcs, ipads, mobile phones - with an NHS OpenAthens login.
To login:
1. Go to bestpractice.bmj.com.
2. Sign in with your OpenAthens account details*
3. Once logged you can create a free personal account. Your personal account details will enable you to download the app, access BMJ Best Practice anywhere and to track CPD.

*If you don't have an OpenAthens account you can register at https://openathens.nice.org.uk.

To download the App:
1. Search for 'BMJ Best Practice' on the App Store or Google Play
2. Select the app and start the download
3. Use your personal account details to sign in

So What?
For help and support, contact your local NHS library and knowledge service: https://www.hlisd.org or BMJ support: support.bmj.com.

NICE KTT24 on Suicide Prevention

NICE has published a Key Therapeutic Topic on "Suicide Prevention: optimising medicines and reducing access to medicines as a means of suicide". Some of NICE recommendations include:

- When making decisions about prescribing controlled drugs, the risks of prescribing, including dependency, overdose and diversion should be taken into account. Enough of a controlled drug to meet the person's clinical needs for no more than 30 days should be prescribed.
- Ensure local compliance with national guidance to reduce access to methods of suicide. For example, in the community restrict access to painkillers.
- If a person with a common mental health disorder, in particular depression, is assessed to be at risk of suicide, take into account toxicity in overdose when choosing a medicine as well as potential interactions with other prescribed medicines. If necessary, limit the amount of medicine(s) available.
- Monitor people who are prescribed antidepressants for an increased risk of suicide.

So What?
Health care professionals may consider the following in order to reduce access to means of suicide: restricting availability of medicines for purchase, prescriptions and in the home; reducing stockpiling; and carrying out medication reviews in line with the NICE guidance on medicines optimisation.

MIMS Drug Shortages Live Tracker

MIMS recently launched an on-line drug shortages tracker. The tracker also suggests possible alternatives where appropriate, and a second tracker is available that lists supply issues reported to have been resolved.

So What?
Users will need to register and log in to view. Registration is free for GPs and nurses. Pharmacists based in GP practices can also register for free by emailing gponline.support@haymarket.com.

Supply Issues

Ovranette Tablets

Ovranette tablets (ethinylestradiol 30microgram/levonorgestrel 150microgram) are out of stock until August 2019 due to capacity constraints.

So What?
1. Patients who do not have sufficient supply of Ovranette tablets to last throughout the affected period should be prescribed **Rigevidon, Levest, Elevin or Microgynon 30 tablets**, if clinically appropriate.
2. Prescribers are advised not to switch to Microgynon 30 ED, Leandra or Maexeni during the affected period as they are unable to support.

Diamorphine 5mg Injections

Accord and Wockhardt have notified the Department of Health and Social Care (DHSC) and NHS England (NHSE) that they are experiencing issues with the manufacture and availability of Diamorphine 5mg injections. There is an anticipated out of stock period between 27th May 2019 and w/c 5th August 2019. It is expected that there will be sufficient supplies of Diamorphine 10mg injections to support the forecasted use of the 5mg via usual wholesalers.
Please see the communication from DHSC for further information.

So What?
Prescribers should be aware that only diamorphine 10mg ampoules will be available during this period and ensure that prescriptions specify this preparation. Prescribers should take extra care when calculating the dose to be administered.

Epanutin 50mg Infatabs

Pfizer, the sole supplier of Epanutin (phenytoin base 50mg) Infatabs have experienced global delays in the manufacturing of this product. Next delivery is not expected until early **November 2019**. Pfizer have been able to secure supplies of a Canadian phenytoin base Infatabs (brand name Dilantin 50mg Infatabs), which will be available when

current supplies of Epanutin Infatabs are depleted. However, Dilantin will be considered an unlicensed medicine in the UK

Phenytoin is classified as a Category 1 antiepileptic drug by the MHRA. In the event that a product from a different manufacturer then this must be carefully managed and increased monitoring of the patient may be required as clinically relevant differences between different manufacturers' products might occur.

- The active ingredient in Epanutin 50 mg Infatabs and Dilantin 50 mg Infatabs is the same, however in the absence of bioequivalence data from Pfizer, there may be clinically relevant differences between the two products.
- Switching to alternative presentations should be managed under medical supervision and monitoring of phenytoin serum levels are advised to ensure the correct dosage is being given.
- Epanutin 30 mg/5 ml Oral Suspension remains available, however, supplies are only available to meet normal market demand**,** as such **patients should <u>not</u> be switched to Epanutin Oral Suspension as this may precipitate a shortage of this presentation.**
- Alternative formulations of phenytoin continue to remain available including tablets, capsules and injections

So What?
Prescribers should identify all patients currently prescribed Epanutin 50mg Infatabs. Early contact should be made with the patient or the patient's parent/carer to determine if and when switches are likely to be required during this stock out period.

Hormone Replacement Therapy (HRT) Products

FemSeven Products

- FemSeven Conti and Sequi patches are experiencing long term supply issues affecting both products and expect to be out of stock until late 2019. This supply issue does not affect supplies of FemSeven Mono.

Evorel Products

- All presentations of Evorel transdermal patches are currently available. However, there are restrictions on orders for the Evorel 50 and Evorel Conti (24 pack size) where supplies are lower than normal.

Elleste Range

- Some of the Elleste range (Elleste Solo 1mg, 2mg; Elleste Duet Conti; Elleste Duet 1mg; Elleste Solo MX 40micrograms, 80micrograms patches) are currently unavailable due to manufacturing issues.
- The resupply date for the Elleste range is now expected to be the middle of July.
- The manufacturer, Mylan, has a page which indicates the availability of their products: https://mywayhub.co.uk/range/
- As per UKMi advice, please see the table below for equivalent oral alternatives. Please note the table may not contain the most up-to-date information on stock availability.

Brand	Ingredient(s)	Current Availability	Equivalent	Ingredient(s)	Current Availability
Elleste Solo 1mg	estradiol hemihydrate	Out of stock	Progynova 1mg	estradiol hemihydrate	In Stock
			Zumenon 1mg		In Stock
Elleste Solo 2mg	estradiol hemihydrate	Out of Stock	Progynova 2mg	estradiol hemihydrate	In Stock
			Zumenon 2mg		In Stock
Elleste Duet Conti	estradiol 2mg/ norethisterone 1mg	Out of Stock	Kliofem	estradiol 2mg/ norethisterone 1mg	In Stock
Elleste Duet 1mg	estradiol 1mg/ norethisterone 1mg	Out of Stock	NovoFem	estradiol 1mg/ norethisterone 1mg	In Stock

Other Supply Issues

Adalat LA: There continues to be an interruption to the supply of **Adalat LA 20mg, 30mg and 60mg prolonged-release tablets.** These packs will continue to be out-of-stock with resupply to the UK market expected in 2021. See UKMI shortage memo here: https://www.sps.nhs.uk/articles/shortage-of-adalat-nifedipine/.

Loestrin 20: Loestrin 20 is currently out of stock with no anticipated resupply date and will be unavailable for the foreseeable future.

Epipen : The supply situation for EpiPen and EpiPen Junior continues to improve, and further stock is due in the coming months.

- All preparations of EpiPen, Emerade and Jext adult and junior are currently available via wholesalers.
- Stock of EpiPen Junior is no longer subject to prescription validation and is available to order from wholesalers.
- Limited stock of EpiPen 0.3mg device is available via a prescription validation process. See information about this process on the EpiPen website under the 'Instruction to Pharmacists' section: http://www.epipen.co.uk/.

Safety Alerts

Direct-Acting Oral Anticoagulants (DOACs): Increased Risk of Recurrent Thrombotic Events

MHRA has issued a safety alert which advises of an increased risk of recurrent thrombotic events associated with rivaroxaban compared with warfarin, in patients with antiphospholipid syndrome and a history of thrombosis. Other DOACs may be associated with a similarly increased risk.

So What?

1. Do not prescribe DOACs in patients with antiphospholipid syndrome, particularly high risk patients.
2. Review whether treatment with a DOAC should be continued for at-risk patients, and consider switching to warfarin.
3. Report suspected adverse reactions to DOAC via the Yellow Card scheme, including any thromboembolic events suspected to be due to lack of efficacy.

GLP-1 Receptor Agonists: Diabetic Ketoacidosis when Concomitant Insulin was Rapidly Reduced or Discontinued

This MHRA safety alert warns that serious and life-threatening cases of diabetic ketoacidosis have been reported in patients with type 2 diabetes on a combination of a GLP-1 agonist (e.g. exenatide, liraglutide, and dulaglutide) and insulin, particularly after rapid discontinuation or reduction of concomitant insulin.
GLP-1 receptor agonists are not substitutes for insulin, and any reduction of insulin should be done in a stepwise manner with careful glucose self-monitoring. Abrupt discontinuation or reduction in insulin doses can lead to poor glycaemic control, with a risk of diabetic ketoacidosis. All suspected adverse drug reactions should be reported via the Yellow Card scheme.

So What?

1. Blood glucose self-monitoring is necessary when adjusting the dose of insulin, particularly when GLP-1 receptor agonist therapy is initiated and insulin is reduced.
2. If the insulin dose is to be reduced, a stepwise approach is recommended.
3. Discuss with patients the risk factors for and signs and symptoms of diabetic ketoacidosis and advise them to seek immediate medical advice if these develop.