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.

Please let us know if you are receiving this newsletter and it is no longer relevant to you by contacting OCCG.medicines@nhs.net.

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ClinOx – New Pages Added

Two new pages have been added to the Medicines section on ClinOx:

- Medicine Supply Information – this page answers common questions on supply issues that patients may ask. It also includes some information on current supply issues or directs clinicians to where they may be able to find more information.
- Pharmacists in GP Practice – this page contains information on the Pharmacist Network Events held at Jubilee House every quarter.

So What?

- Please visit the pages for more information.
- If you are unable to find the information you are looking for, please contact occg.medicines@nhs.net.

Important update on Prescribing Incentive Scheme 2019/20

There has been a significant update in the current Prescribing Incentive Scheme and communication has gone out to GP practices via email. Details on the scheme are available via the link here. If you have any queries please contact the Medicines Optimisation Team on occg.medicines@nhs.net.

Scriptswitch Patient Record Integration

One of the frequent conversations OCCG has with practices concerns the frequency of Scriptswitch alerts. Alerts are set to activate at several distinct points:

- Acute medication issue
- New repeat cycle
- Repeat reauthorisation
- Medication review

One issue raised by practices is that the same alerts can trigger for the same patient if a consultation is followed shortly after by a medication review. There has been a concern raised by some practices that any missed saving generated from both alerts will be counted twice.

Optum has released additional functionality which ensures repeat activations do not occur for patients who have had a switch or information message displayed and rejected. This should considerably reduce, not only the number of messages being displayed to prescribers, but also the missed saving figure caused by duplicate triggers. Once a switch has been rejected this will not be displayed again for 12 months.

A further positive from the activation of this functionality is that Scriptswitch will have the ability to offer switches and information messages more intelligently by considering patient's gender and age. Therefore, as an example, a suggested switch for a 2 year old child from liquid to capsule preparation may no longer be displayed as the system is able to use the patient's age to determine that this switch is not sensible and will stop it from firing.

The advantages to this functionality are as follows:

- GPs will see fewer messages and the practice's offer rate will decrease
- Improved quality through reduction of inappropriately offered switches
- The acceptance rate is likely to increase
- Missed savings will reduce

Over the course of the next 2 weeks each practice will be contacted by Optum in order to discuss whether you would like to activate this feature on ScriptSwitch. Activation does not require a visit from an Optum engineer and can be done simply by the practice through EMIS Web in less than 2 minutes. Optum will provide full instructions on this alongside supporting documents for prescribers and practice teams.

If you have any further questions in the meantime please contact Ross Burton ross.burton@nhs.net.

Degaralix – Addition to the Near Patient Testing LCS

Following some discussions with practices and at the Area Prescribing Committee (APCO) meeting, it has been agreed to include degaralix (Firmagon) for treating advanced hormone-dependent prostate cancer in the Near Patient Testing Locally Commissioned Service (LCS). This drug is amber continuation on the formulary and is currently used for 25-30 patients in Oxfordshire (only in line with NICE TA404). It is not subject to additional monitoring and therefore the inclusion in the LCS is to cover the administration of the drug. As no phlebotomy is required, the drug has been included in table 2 of the service specification and will need to be coded '66P8' when it is administered in order for it to be picked up for payment. This change will be back dated to 1st Oct 2019.

Updated GLP-1 Receptor Agonist in Type 2 Diabetes Guidelines

APCO recently approved an update to the GLP-1 Receptor Agonist in Type 2 Diabetes Guidelines. The Agreement Form and Checklist has also been updated in line with the new guidance. The previous GLP-1 Guidelines, developed in 2017, recommended lixisenatide first line due to it being the most cost effective GLP-1 agonist available. However, there are now newer GLP-1 receptor agonists available, as well as evidence of cardiovascular benefits in existing GLP-1 agonists. Therefore, lixisenatide whilst remaining the cheapest GLP-1 is no longer considered the most cost-effective when taking in to account cardiovascular benefits.

This updated guidance aims to support GPs in deciding on the most appropriate GLP-1 agonist for their patients, taking in to account cost, effectiveness, side effects and practical considerations. The formulary options include semaglutide, dulaglutide and liraglutide.

Patients who are on lixisenatide or exenatide (neutral cardiovascular effect) can remain on their current treatment if they are benefiting in terms of weight loss and HbA1c and are not at high risk of cardiovascular disease. For patients at high risk of cardiovascular disease, you may wish to consider the alternatives at the next routine appointment.

So What?

- Ensure all relevant clinicians are aware of the new guidance.
- Use the Agreement Form and Checklist at appointments.
- Consider reviewing patients on lixisenatide or exenatide who are at high risk of cardiovascular disease.
- When agreeing to shared care, make sure all three parties understand their responsibilities.

Nordimet (Methotrexate) Pre-filled Pen

Currently there are four different brands of methotrexate parenteral products available in the UK: Metoject, Nordimet, Zlatal and Methofill. Metoject PEN is the first choice methotrexate injections in Oxfordshire, and recently Nordimet has been approved as second line to Metoject, to be used in patients who are unable to use or experience compliance issues with Metoject device. Zlatal and Methofill should not be used in Oxfordshire.

The first line, Metoject, is slightly more bulky and is designed with a release button for administration. Patients with rheumatoid arthritis may have problems with manual dexterity which can impact on their ability to use the release button on Metoject. The Nordimet device is newer and may be easier to use for some patient groups. There are some important differences between Metoject and Nordimet devices, as summarised in the table below (source).

Product (manufacturer)	Strength	Presentations	Device	Needle safety guard	Licensed indications	Method of administration
Metoject PEN (GmbH)	50mg/ml	7.5mg/0.15ml 10mg/0.2ml 12.5mg/0.25ml 15mg/0.3ml 17.5mg/0.35ml 20mg/0.4ml 22.5mg/0.45ml 25mg/0.5ml 27.5mg/0.55ml 30mg/0.6ml	Pre-filled pen with release button	Yes	Rheumatoid arthritis, juvenile idiopathic arthritis, severe psoriasis, and Crohn's disease	The device is firmly pushed onto the skin at a 90° angle which unlocks the release button. The button is pressed with the thumb and an auditory indicator ("click") marks the start of injection. Injection can take up to 5 seconds; during which the device needs to be held against the skin until all of the medicine is injected. There is no second auditory indicator ("click") to mark the completion of injection.
Nordimet (Nordic Pharma Ltd.)	25mg/ml	7.5mg/0.3ml 10mg/0.4ml 12.5mg/0.5ml 15mg/0.6ml 17.5mg/0.7ml 20mg/0.8ml 22.5mg/0.9ml 25mg/1.0ml	Pre-filled auto-injecting pen (also comes in pre-filled syringes)	Yes	Rheumatoid arthritis, juvenile idiopathic arthritis and severe psoriasis	The device is placed against the skin at a 90° angle and downward pressure is applied until the device audibly clicks and vibrates to indicate the start and end of injection. The injection lasts about 10 seconds.

Currently in Oxfordshire, only 41% of methotrexate injections are prescribed by brand name. **Please ensure all prescriptions for methotrexate injections in your practice are prescribed by brand name** to help reduce the likelihood of selecting a different methotrexate product to the one that is intended. The local SCP will be updated shortly to reflect this change.

So What?

- To avoid any potential safety concerns in case of intentional or unintentional switching between these products, ensure all methotrexate injections are prescribed by brand. Please review the prescribing in your practice.
- Patients should be trained and supported to ensure they can effectively administer the brand of methotrexate that they have been prescribed.

Melatonin Products

Circadin 2mg MR tablets are the current formulary option in Oxfordshire for children as per Shared Care Protocol (SCP). Circadin is a licensed product, but is not licensed for the indications covered in the SCP. A number of new licensed melatonin products are now available (listed in the table below) including a licensed liquid product. All liquid products available previously were unlicensed, however the new product contains propylene glycol and ethanol at levels that are unsafe for use in children and the product manufacturer specifies that it should not be used in children due to safety and efficacy concerns. It is also more expensive than the original unlicensed liquid options. Slenyto prolonged release tablets are licensed for a very specific paediatric group, but like Circadin the license does not cover all the indications in the current SCP.

These products have been reviewed at the recent APCO meeting and the formulary has been updated as below:

Slenyto (melatonin) 1mg and 5mg prolonged release tablets	Non-formulary	Non formulary until further review in January as part of SCP review. Licensed for a very specific paediatric group, does not cover all the indications in the current SCP.
Melatonin 3mg tablets	BLACK	Circadin remains formulary option
Melatonin 1mg/ ml oral solution	BLACK	Not licensed or recommended for use in children (contains Propylene glycol and ethanol at levels that would be not safe). Circadin remains formulary option.

So What?

- Circadin remains the most cost effective product and is the preferred choice in Oxfordshire.

Formulary Update on NHS England 'Low Priority Items'

NHS England has published a number of updates to the items that should not be routinely prescribed. The items below have been reviewed in the recent Area Prescribing Committee (APCO), the formulary has been updated to reflect NHS England recommendations and the following have been black listed:

- Fentanyl (Abstral Tabs), Fentanyl buccal film (Breakyl), Fentanyl sublingual tablets
- Co-proxamol
- Glucosamine and Chondroitin
- Minocycline for acne
- Rubefacients (excluding topical NSAIDs and capsaicin)
- Travel Vaccines (vaccines administered exclusively for the purposes of travel)

So What?

- Review patients who are being prescribed the drugs listed above and consider desprescribing or switching to other suitable alternatives.
- For any queries or support please contact occg.medicines@nhs.net.

The Role of Pharmacists in Primary Care Networks (PCNs)

The Royal Pharmaceutical Society, the Royal College of General Practitioners and the British Medical Association have issued two joint statements on the role of pharmacists (clinical and community) in PCNs. Regarding clinical pharmacists, there is strong support for the contribution that pharmacists can make within PCNs, practices and the wider primary care team, and support for the expansion of the workforce within general practice and care homes.

'Keep Antibiotics Working' National Campaign

Public Health England (PHE) have relaunched the national campaign for the second time on 5 November 2019 across England. The campaign aims to support the Government's efforts to reduce inappropriate prescriptions for antibiotics by raising awareness of the issue of antibiotic resistance and reducing demand from the public. Updated and new resources are available here.

So What?

- Prescribers are advised to use the regional antibiotic prescribing guidance for both adults and children.
- Prescribers are encouraged to share 'Treating Your Infection leaflets' (for urinary and respiratory tract infections) available on TARGET Toolkit with patients to improve their confidence in self-caring as well as to advise them about backup antibiotics prescription.

Supply Issues

Please note the list below is not exhaustive and healthcare professionals are advised to check with their local chemists for the most up-to-date information. A useful tool for GPs, nurses and pharmacists is the on-line LIVE drug shortages tracker launched by MIMS. Registration is required for access (free), see more information here.

Loestrin Tablets

As you may be aware Loestrin 20 and Loestrin 30 have been out of stock for a number of months. The manufacturer has announced that both products are being discontinued. There will be no further supplies of Loestrin 20 or 30 to the UK market.

Colestyramine (Questran)

Questran is out of stock and with no further supplies expected until mid-2020. Limited supplies of Questran Light are currently available through Alliance Healthcare (stock allocated to branches every fortnight). Mylan have also recently launched a generic colestyramine light 4g sachet that is available via the usual wholesaler route. For more information see the link here. Locally in Oxfordshire we have issued a bulletin article recently on this issue which is available here.

So What?

- If you need advice from a specialist you can email oxon.gastroenterologyadvice@nhs.net.

Extended Use of EpiPen 300 mcg, Jext 150 mcg and Jext 300 mcg Auto-Injectors

There has been an ongoing interruption in the supply of adrenaline auto-injectors in the UK. The overall market supply of adrenaline auto-injectors is being monitored by the Department of Health and Social Care.
To make sure patients can access their medicines during the supply shortage, MHRA has allowed an extension of use 4 months beyond the expiry date for certain batches of EpiPen 300 mcg, Jext 150 mcg and Jext 300 mcg adrenaline auto-injectors.

The auto-injectors of these specific lots will continue to work safely and as intended within the extended use by date. This does not apply to other lots of Epipen and Jext auto-injectors not listed. At the end of the extended use, a new auto-injector will still need to be obtained.

So What?

- Tell patients and caregivers about the extended use-by date of the specified lots of auto-injectors as listed in the links above.
- Show patients and caregivers where to find the lot numbers on their devices and encourage them to sign up for the Expiry Alert Service.
- Reassure patients and caregivers that their device will continue to work safely over the extended use period.
- Remind patients and caregivers that they should still obtain a new device at the end of the extended use period.
- All suspected adverse drug reactions should be reported via the Yellow Card scheme.

Supply of Unlicensed Jext 300 mcg in Austrian Packaging

There are supply issues affecting some brands of adrenaline auto-injectors on the UK market. To support and maintain an overall adequate supply, ALK-Abello Ltd (manufacturers of Jext) has obtained acceptance from the MHRA to import a quantity of Jext 300mcg from Austria. This stock has an Austrian German language pack, label and patient information leaflet. Although not licensed in the UK, it is equivalent to the UK licensed product. Each device will be supplied in a clear envelope which will also contain a UK Patient Information Leaflet. There is no difference in administration between the UK and Austrian Jext 300 mcg devices.

So What?

- For patients who require Jext 300 mcg, prescribers may consider prescribing an unlicensed device.
- When prescribing a product that is not licensed in the UK prescribers must indicate on the FP10 prescription that an unlicensed product is required. This can be done by annotating the prescription with the following wording: “special order”.
- All suspected adverse drug reactions should be reported via the Yellow Card scheme.

Salofalk (mesalazine) 500mg and 1g suppositories

Salofalk 500mg suppositories are out of stock until w/c 16th December 2019 and Salofalk 1g suppositories will be out of stock from late November until w/c 16th December 2019. Pentasa (mesalazine) 1g suppositories remain available during this period. For patients without sufficient supplies of Salofalk suppositories to last until the resolution date, prescribers may consider switching to Pentasa suppositories. The below table can be used to support dose conversion between brands:

Salofalk: Existing regimen	Pentasa: Proposed regimen
1g daily	1g daily
500mg twice daily	1 g daily
500mg three times daily	Either 1 g daily (within licence) or 1g twice daily (off label)
2 x 500mg suppositories twice daily	1g twice daily (off label)
2 x 500mg suppositories three times daily	1g three times daily (off label)

So What?

- Clinicians (both prescribing and dispensing) should counsel patients regarding the different dosing regimen prescribed, where appropriate.
- See the UKMI memo for further information.

Hormone Replacement Therapy

Mylan, the manufacturer of Elleste range, created a new promotional page called MyWay HRT Overview and Stock Availability which details of their range of HRT products, stock availability and options to switch patients to alternative products where appropriate. For more information on local specialist advice and national guidance on product availability see the published article in Prescribing Points (October).

Safety Alerts

Prescribing Medicines in Renal Impairment

The MHRA has published advice on the appropriate renal function measures to use to determine potential dose adjustments in patients with renal failure. Whilst eGFR measures are appropriate in the majority of situations, creatinine clearance (CrCl) should be calculated using the Cockcroft-Gault formula to determine dosage adjustments for:

- direct-acting oral anticoagulants (DOACs)
- patients taking nephrotoxic drugs (examples include vancomycin and amphotericin B)
- elderly patients (aged 75 years and older)
- patients at extremes of muscle mass (BMI <18 kg/m^2 or >40 kg/m^2)
- patients taking medicines that are largely renally excreted and have a narrow therapeutic index, such as digoxin and sotalol

So What?

- Consult the Summary of Product Characteristics when dose adjustment based on CrCl is important and no advice is provided in the relevant BNF monograph for a drug.
- Reassess renal function and drug dosing in situations where eGFR and/or CrCl change rapidly, such as in patients with acute kidney injury.

Ingenol mebutate gel (Picato)

The MHRA has now provided an update on ingenol mebutate gel (Picato) for the treatment of actinic keratosis, following the EMA's recent review and advice on the increased incidence of skin tumours seen in some clinical studies. Whilst a safety review is underway, the advice is to use the treatment with caution in patients with a history of skin cancer.

So What?

- Provide patients with the current updated patient information leaflet for Picato.
- Advise patients to be vigilant for the development of any new skin lesions (any new scaly red patches, open sores, or elevated or warty growths) within the treatment area, and seek medical advice immediately should any occur.
- All suspected adverse drug reactions should be reported via the Yellow Card scheme.