

Prescribing Points



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Cinical Commissioning Group

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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.

OCCG COVID-19 Website

The CCG has set up a dedicated area for primary care in the restricted staff zone of the CCG's [website](#) and on [Clarity TeamNet](#). For those who cannot access the staff zone (N3 connection required) or Clarity (password required), the document on medicines related Frequently Asked Questions (FAQs) can also be found on [ClinOx](#). Clarity TeamNet will be used to post key information, links to national updates and responses to FAQs. ClinOx contains all COVID-19 medicines related guidance approved by APCO. Our team are continuously updating the medicine related FAQs document with the most current information, if you have further questions please email occg.medicines@nhs.net.

Please note any general COVID-19 queries should be directed to the central email address at occg.emergencycontrol@nhs.net.

SGLT2 Inhibitors and COVID-19

Observations from some centres in the UK suggest that people with diabetes and COVID-19 infection are at increased ketosis risk. People with diabetes who take SGLT2 inhibitors may be at particularly high risk for DKA if they contract COVID infection. DKA co-existing with Covid-19 is particularly dangerous. Clinicians are reminded that normal warnings and advice around SGLT2 inhibitors apply especially to patients during the COVID-19 pandemic:

- The usual advice and sick day rules apply. See [patient information leaflet](#), [primary care warning](#) and [Checklist](#)

- In a person with type 2 diabetes taking metformin or an SGLT2 inhibitor who is vomiting or has diarrhoea, advise them to stop the medication until they have recovered. If a patient develops symptoms of COVID-19 they should get their ketones checked (by nurse/GP) and if they become unwell or have ketones about 1.0mmol/L they should stop their SGLT2 inhibitor until they have fully recovered.
- All people with diabetes who are undergoing any surgery or procedure which will require them to be nil by mouth should stop SGLT2 inhibitors 72 hours prior to the surgery. SGLT2 inhibitors can be restarted 7 days after discharge or when clinically stable (whichever is later).
- All people with type 1 diabetes should stop their SGLT2 inhibitor, even if they are well and use adjusted doses of insulin until the pandemic has resolved.

Overseas Patients

The Medicines Optimisation Team are receiving an increase in the number of queries regarding medicine supply for overseas patients who are having to remain in the UK due to travel restrictions. If you require any advice regarding specific patient scenarios, please contact occg.medicines@nhs.net.

Electronic Prescribing Service Phase 4 (EPS4)

The release of EPS4 has been fast-tracked as a result of the COVID-19 pandemic and is now available to every practice in Oxfordshire. It is anticipated that this development should help to reduce the footfall of patients in practices as the overwhelming majority of scripts will be sent electronically to nominated pharmacies or to the NHS Spine for pharmacies to pull down for patients on request. For full details on EPS4 and the activation process please visit the following link :

<https://www.oxfordshireccg.nhs.uk/professional-resources/eps.htm>

Electronic Repeat Dispensing (eRD)

Primary care is being asked to increase the use of eRD, in suitable patients, as part of the pandemic response. Increasing eRD will have the following benefits in the current situation:

- reducing footfall to both the practice and community pharmacy, supporting social distancing
- reducing workload for prescribers, allowing better prioritisation of resources
- controlled management of the supply chain reducing the number of temporarily unavailable medicines.

The NHS BSA is supporting this initiative by helping GP practices to identify patients who may be appropriate for transfer to eRD. They are doing this by creating individual practice lists of NHS patient numbers identified from their dispensing information to be suitable for eRD. Many of you will have received these lists already, please note that some patients on this list will not be suitable for eRD, so must be reviewed carefully.

Practices wanting to increase eRD are recommended to already have a tried-and-tested, robust process in place for eRD before implementing for large numbers of patients. Collaboration is key to the successful

implementation of eRD. OCCG have discussed plans on moving patients to eRD with the local pharmaceutical committee (LPC) who are supportive. Practices moving to eRD are expected to discuss their plans with local community pharmacies.


The Medicines Optimisation Team is now able to provide remote support to practices requiring help with transferring patients to eRD. The team will be in touch with practices individually to offer support.


So What?

- Please contact occg.medicines@nhs.net if you have any questions or suggestions on how we could support your practice remotely in this process.

DM + D Switches

The NHS Dictionary of Medicines and Devices (dm+d) is the standard for transferring medicine and medical device information between clinical systems. The dm+d codes are a coding set used on the Spine to standardise medicine and device definitions between different prescribing and dispensing systems. Prescriptions cannot be sent electronically for any items which do not have an appropriate dm+d code. Non-dm+d mapped drugs are identified with this icon on the medication screen in

EMIS Web . The medication item, quantity *and* unit of measurement must match the dm+d description. If you have used local descriptions for medication items, they can't be mapped automatically; you will need to end the course, and then re-add the item using the correct description. More information on how to resolve the common issues with non dm+d mapped drugs can be found [here](#).


Recently we have been informed that Aspire Pharma, the manufacturers of the EPIMAX[®] range, have updated the names of their products (see [here](#)). The manufacturers have said the products remain unchanged. This will result in the prescriptions for these three items to be Non –dm+d mapped  and they will need prescribing by their new names before the prescription can be sent by EPS.

The update will affect the following three products:

- EPIMAX[®] Original Cream (previously Epimax Cream)
- EPIMAX[®] ExCetra Cream (previously ExCetra Cream)
- EPIMAX[®] Isomol Gel (previously Isomol Gel)

The Medicines Optimisation Team is now able to provide remote support to practices and can assist with the switching of the above creams to the new names. The team will be in touch with practices individually to offer support.

So What?

- Please review any Non dm+d mapped drugs  and change to the appropriate format to allow EPS.
- Please contact the Medicines Optimisation Team on occg.medicines@nhs.net if you have any questions or require support with this.

Ordering Repeat Prescriptions

To reduce the number of patients visiting GP surgeries and pharmacies, patients should be encouraged to order their repeat prescriptions from home. To enable patients that do not have access to Online Services or the NHS App to request their repeat medications you may want to consider updating your websites to allow online medication requests if this is not already available. You may also wish consider **temporarily** allowing telephone or email requests during the Coronavirus pandemic. If you do currently restrict ordering from third parties (e.g. pharmacies), this should be reviewed urgently, as it may not support people to meet guidance on social distancing and isolation and may delay shielded patients from receiving their medicines.

NHS England & NHS Improvement (NHSE&I) has created a [useful graphic to encourage patients to order repeat prescriptions from home](#), without visiting a GP surgery or pharmacy.

So What?

- Please consider, if you haven't already done so, adding this message on practice websites to encourage patients to order their repeat medications online from home.

OptimiseRx Activation – Update

As a result of the COVID-19 pandemic BOB STP took the decision to temporarily postpone the activation of OptimiseRx which had been due to go live 1st April 2020. The rationale behind this was to allow practices to concentrate the vital work being undertaken to treat patients.

We have been contacted by a number of practices to indicate they feel the time is now right for OptimiseRx and, indeed, that they feel they would benefit from the system being active on their clinical system.

Discussions have taken place and it has been agreed that **activation will now take place 1st June 2020**. This is an early notification to practices that this will occur and, in due course, further communication will be provided to assist in the activation process

So What?

- In the meantime if you have any further questions please contact the Medicines Optimisation team via occg.medicines@nhs.net.

Extended Access to Medicines Complete for Primary Care

The Specialist Pharmacy Service have worked with the Pharmaceutical Press and Health Education England to ensure pharmacy professionals in general practices across England have access to essential resources required for their roles through Medicines Complete. Pharmacists in general practice are now able to access the following resources on Medicines Complete through a free NHS OpenAthens account:

- Drug administration via enteral feeding tubes
- Drugs in Pregnancy and lactation

- Palliative care formulary
- Stockley's drug interactions
- Stockley's Herbal Medicines Interactions
- Herbal Medicines

For registration, please visit <https://openathens.nice.org.uk>. The registration form will prompt you to enter your organisation. General practice staff should pick the "GPs and practice staff" for their area. Type "gps" into the search box and a pick-list should appear. This package will also be available to pharmacists working in NHS 111.

So What?

- See also: <https://www.rpharms.com/about-us/news/details/All-pharmacists-in-GP-surgeries-in-England-with-access-to-MedicinesComplete>

Sip Feeds for Patients after an Acute admission for COVID-19

It has been [reported](#) that patients who have been discharged after an acute admission for COVID-19 are likely to require a sip feed (ONS) to help regain weight and muscle mass. Weight loss can be up to 20% and muscle loss 15% during hospitalisation for COVID-19. Prescribing of sip feeds post discharge should follow OCCG Guidance which can be found [here](#).

If a sip feed is required it should be for a predetermined amount of time with clear treatment goals and a clear dosage (BD is the lowest therapeutic dose). Powdered shakes are OCCG first line: Aymes Shake or Ensure Shake and should be made up with whole milk. If a powdered shake is contraindicated (e.g. lactose intolerance, CKD5, tube fed) a ready to drink 1.5kcal/ml ONS can be prescribed as above (Aymes Complete or Ensure Plus Milkshake style – **NB Ensure Plus Milkshake is not the first sip feed on the EMIS drop down list under Ensure Plus, so keep scrolling down!**).

So What?

- Patients discharged after an acute admission for COVID-19 are likely to require a sip feed to help regain weight and muscle mass.
- **First line** sip feed should be a powdered shake (**Aymes Shake** or **Ensure Shake**) made up with whole milk to maximise the benefit of the sip feed.
- **Where a powdered shake is contraindicated** a ready to drink 1.5kcal/ml should be prescribed (**Aymes Complete** or **Ensure Plus Milkshake**).
- The patient should have **clear treatment goals** for being on the sip feed (e.g. weight gain of xkg; weight goal 55kg – based on pre-COVID-19 weight; y days supply and **reviewed** at the end of this period).
- Please contact occg.dietitian@nhs.net if you have any questions.

Anticoagulation service - DOAC switches

The anticoagulation service has been receiving a significant number of requests to transition patients from warfarin to DOACs in light of COVID-19. The service is very happy to carry out transitions, but would like to remind practices of recent guidance on essential safety measures that must be in place prior to transition:

- Assessment of patient's suitability for DOACs local guidance '[Drug Monitoring and Medicines Management During COVID-19](#)'; if you are unsure please contact haematologyregistrar.enquiries@nhs.net or doacsupport.ox@nhs.net)
- Assessment of patient's need to switch to a DOAC – please note [national guidance](#) which recommends prioritising patients with TTR of <65% and those who do not have access to their own point of care testing machines. *Patients with a TTR of >80% requiring INR tests every 10-12 weeks or who have their own point of care testing devices may be safest continuing on warfarin to protect supplies of DOACs and to prevent the risks of transitioning from one anticoagulant to another.*
- Clinician to communicate to patient intention to transition to a DOAC
- Arrangements made to provide patient with counselling

The anticoagulation service will telephone the patient to provide additional DOAC counselling in order to help ease these transitions and reduce pressure on primary care.

So What?

- If you would like to discuss any of the above please don't hesitate to contact the service at:

The Oxfordshire anticoagulation service

Phone: 01865 857555 Email: doacsupport.ox@nhs.net

Continuation of injections of Vitamin B12

We had previously gathered opinions on this subject in the FAQ document produced by the medicines optimisation team. The British Society of Haematology (BSH) has updated their guidance on this on 24th April and so we have updated our [FAQ document](#) accordingly.

The [BSH guidance](#) recommends a different approach to patients who are vitamin B12 deficient due to diet or non-diet related reasons. It suggests the need for intramuscular (IM) hydroxocobalamin should be discussed with each patient individually and alternatives to attending the GP practice should be explored including using oral treatment or district nurse administration, but they do not recommend a patient switching to self-administration during the COVID-19 pandemic since instruction is likely to be difficult.

The BMA and RCGP guidance on workload prioritisation during COVID 19 puts this activity at amber and recommends that we consider teaching appropriate patients to self-administer and ensure frequency is not more than 12 weekly.

There is [evidence](#) to support that changing from a three monthly injection to 1,000 micrograms orally daily of vitamin B₁₂ will maintain a patient level adequately. However, there are no licensed preparations of this dose available in the UK currently and pharmacies would need to order parallel imports. The supply chain of the parallel import will be affected if the whole country switches.

So What?

- Review patients receiving hydroxocobalamin IM injections on an individual basis.
- Explore options to reduce patients attending GP practices where clinically appropriate during the pandemic

Rebrand of VitA-POS[®]

The CCG has been informed of some forthcoming changes during the rebrand of VitA-POS[®] eye ointment to **HYLO NIGHT[®]**. The ointment ingredients and composition for HYLO NIGHT[®] remain the same as VitA-POS[®]. GP systems are likely to be updated in May with the name change.

Although VitA-POS[®] is not included on OCCG formulary, a low level of prescribing has been reported. Prescribers are therefore reminded to follow the local [ocular lubricant prescribing guideline](#).

So What?

- Prescribe Xailin Night[®] or Artelac[®] Nighttime gel for treating dry eye syndrome, in line with local guidance.

APCO Updates

During the COVID-19 pandemic APCO will meet on a weekly basis to approve any urgent guidelines. Any guidelines or advice published by OCCG that include information on prescribing must be approved by APCO before publication, please email occg.medicines@nhs.net to submit work to the committee. The following guidelines and formulary updates have been approved by APCO in April 2020:

[End of Life Care Symptom Management During COVID-19](#)

Guidance on end of life symptom management has been produced to support care during COVID-19. The table includes a standard practice route and an alternative in case the regular option is not available.

[Lithium information for healthcare professionals](#)

Oxford Health has produced information on how to manage lithium patients during the COVID-19 pandemic.

[Clozapine information for healthcare professionals](#) and [Clozapine Primary Care Pathway](#)

Oxford Health has produced information on how to manage clozapine patients during the COVID-19 pandemic. A Primary Care Pathway has also been produced to support prescribers in Primary Care.

[OCCG Sip Feed Prescribing in Primary Care during COVID-19](#)

The purpose of this guideline is to clarify prescribing of sip feeds during Covid-19. Clinicians should discourage stock piling, encourage use of current stocks and use the sample services when establishing which flavours are preferred. For the duration of COVID-19, Care Homes/Nursing Homes can use powdered shakes for patients recovering from Covid-19 where there has been significant weight loss (assessed using the MUST tool). Powdered shakes must only be used if Food First and/or homemade milkshakes approach is unsuccessful.

[DOACs in VTE](#)

The local guidelines have been updated to reflect the British Society of Haematology recommendation that new patients with an unprovoked VTE at higher risk of Antiphospholipid Syndrome (APS) are tested for this condition. Please note during COVID-19 pandemic testing requirements are different – during the pandemic please follow the advice in the [Drug Monitoring and Medicines Management During COVID-19](#) document.

[Desogestral](#)

Generic desogestral has been updated on the Oxfordshire Formulary to Green in line with the other Progesterone Only Pills (POPs) (previously restricted to those who could not manage the 3 hour window

necessary with the standard POPs). Generic desogestral is now priced in line with the other POPs and may have potential benefit over traditional POPs because ovulation is inhibited in up to 97% of cycles and it has a 12 hour window for missed pills. Please note, the brand Cerazette is 3.5 times more expensive than the generic.

Supply Issues

Please note this is not an exhaustive list. Some information on long-term supply issues can be found on [Clinox website](#). Please check the [COVID-19 Medicines Related FAQ document](#) for information on shortages related to the pandemic.

Some Short-term Supply Issues

Supply Issue	Updated resupply date	Comment
Atorvastatin 80mg tablets (Pfizer)	August 2020	Other generic versions are currently out of stock too
Lipitor 80mg tablets	End of May 2020	
Betamethasone (Vistamethasone) 0.1% eye drops	October 2020	Betnesol eye/ear 0.1% drops currently available
Calcium Folate 15mg tablets	July 2020	Specialist importers can source unlicensed products, lead times vary
Cycloserine 250mg capsules	No resupply date	
Diazepam (Diazemuls) 10mg/2ml emulsion for injection	Q4 2020	
Glycerin Supps 4G Adult (Martindale Pharma)	End of May 2020	
Lyrica 150mg Capsules	End of May 2020	
Medroxyprogesterone (Provera) 400mg tablets	Mid-June 2020	All other strengths currently available

Update on Evorel® Range

Evorel 50 Available ; **Evorel Conti** Available ; **Evorel 25** available; **Evorel 75** available ; **Evorel 100** available; **Evorel Sequi** May 2020

EpiPen® 0.15mg and 0.3mg Adrenaline Auto-Injectors

Supply has stabilised further in the UK and there is good availability of both EpiPen Jr 0.15mg and EpiPen 0.3mg AAs. The prescription validation process previously applied is no longer in place.

So What?

- Prescribers are reminded that two injection devices should be prescribed and carried at all times to treat symptoms until medical assistance is available.

Clenil® Modulite® 100mcg (beclometasone): release of batch specific variation

To address the current increased demand of Clenil Modulite 100mcg (beclometasone), additional batches are to be released into the UK supply chain following authorisation by the Medicines and Healthcare products Regulatory Agency (MHRA) for a batch-specific variation. The first seven batches are due to come into circulation from 11th May 2020.

Summary of key information related to batch variation:

- These inhalers contain the same medication as before, beclometasone, and therefore require no change to either the way prescriptions are written, or the way patients manage their asthma.
- Medicine is provided in the same inhaler device (pressurised metered dose inhaler; pMDI).
- The only differences in the batch variation are related to the appearance:
 - The colours of the plastic actuator and protective cap are beige and yellow respectively (instead of brown and beige respectively; see images below);
 - The beige actuator is not embossed;
 - There is no dose indicator, however patients who received Clenil 100mcg prior to September 2019 (when this feature was added to the inhaler) may not notice that a dose indicator is not included.
- The differences have no effect on the safety profile (adverse effects) of the medicine, however, patients should confirm the dosage on the labelling of the outer package and canister.



Clenil 100mcg inhaler
subject to the batch-specific variation



Clenil 100mcg inhaler from a regular batch

If dispensing this product, healthcare professionals should:

- Check carefully the dosage of the Clenil 100mcg inhaler written on the labelling on the packaging, prior to dispensing as the Clenil 100mcg; this medicine is a very similar colour to Clenil 50mcg. Patients/caregivers should also be advised to check the dosage on the labelling on the package and the canister.
- As usual, recommend that patients keep track of when they start to use their inhaler – each Clenil 100mcg inhaler (irrespective of batch) contains 200 doses of medication so if a patient is taking two puffs of their inhaler twice a day, this means the inhaler will last for over a month.
- Clarify to patients and caregivers that, as with all strengths of Clenil, the inhaler can be used with a Volumatic® Spacer Device.
- Remind your patients to clean their inhaler once a week as usual, referring to the package leaflet for cleaning instructions.

So What?

Please do not hesitate to contact the Customer Services team via email (CustomerServices.UK@chiesi.com) should you have any further questions or require additional information.