Prescribing Points

Volume 30 Issue 5 June 2020

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.

Volume Issue Date	
Inside this issue:	**Page**

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 Qestions (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 continuoulsy 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.

Launch of MicroGuide SCAN Antibiotic Prescribing Guidelines App

The South Central Antimicrobial Network (SCAN) Guidelines for Antibiotic Prescribing in the Community have been used across many CCGs in the South Region, including Oxfordshire, East Berkshire and Berkshire West for a number of years. These guidelines provide advice on the effective and safe treatment of infections commonly presenting in primary care and are based on NICE and Public Health England advice with input from local experts.

From 15th June 2020, we are pleased to announce that the SCAN guidelines will be available on the digital platform MicroGuide – this can be accessed as an app on a phone or tablet device or via a web viewer on a

desktop computer or laptop. For a transition period these guidelines can also continue to be accessed as a pdf on the www.nhsantibioticguidelines.org.uk website as well as via MicroGuide. To ensure that you have the most up to date version, please use the online link and do not save the pdf version on your computer, or print the guidelines. Please be reassured that both resources will be kept up to date while both are live online.

On your desktop:
The guidelines can be accessed directly through the url https://viewer.microguide.global/SCAN/SCAN
This url will remain the same (even when individual guidelines are updated) therefore consider adding this to your favourites.

On your phone/tablet:
The MicroGuide app is available to download free from the App store (Apple) or Google Play (Android). Search for **MicroGuide** in App Store/Google Play and download (as per icon below).

Once the user agreement has been reviewed you will be asked to create a profile. Many other CCGs and hospital Trusts use this platform for antimicrobial guidance so the appropriate guidance '**South Central Antimicrobial Network'** will need to be selected from the list of guidelines available. Do not select the acute Trust that you are usually associated with as those will be the acute Trust guidelines. Complete other boxes as appropriate. Then click Submit.

Click inside the circle next to the South Central Antimicrobial Network' and finally on top left click 'get selected guide'(for both Apple and Android users).

So What?

- A poster on how to access the MicroGuide Antibiotics Prescribing Guidelines App can be found here.
- Please email any comments to wshnt.SCANguidelinecoordinator@nhs.net. We are interested to know going forward what the best ways of integrating this into your practice would be e.g. desktop icon or whether there could be links to any currently used system.

Prescribing of DOACs

In the light of the COVID-19 pandemic, many patients have been switched from warfarin to a Direct Oral Anticoagulant (DOAC) to reduce the need for frequent International Normalised Ratio (INR) blood tests and coming into GP practices or visits from district nurses. Please note that whilst this switch may be appropriate

for some patients, it is not appropriate for all patients. A careful review of the patient should be carried out prior to switching and in consultation with the patient. There is guidance on how switching from warfarin to a DOAC can be done safely in the document 'Drug Monitoring and Medicines Management during COVID-19' on our ClinOx website here. A full list of cautions and contraindications regarding DOACs can be found by referring to the relevant summary of product characteristics (SPC). Each patient must be counselled by a health care professional about their new anticoagulant prior to starting. The Anticoagulation Team and the Anticoagulation Optimisation Support Service have alerted us to a number of incidences where **inappropriate switches** have been made. These include:

- When the patient has mechanical heart valve

DOACs are not licensed for use in patients with mechanical heart valves. A trial (RE-ALIGN) in this setting was stopped early after both increased bleeding and embolisation when dabigatran was compared against warfarin. This trial included higher doses of dabigatran than those used for AF and VTE. **DOACS should not be used for these patients.**

- When patient's body weight is over 120kg

This is not flagged as a contraindication on EMIS with DOACs as it is not in the associated SPC. However, the OUH recommend that DOACs should not be used in patients who weigh more than 120 kg and instead recommend that warfarin should be used first-line. This is because there is limited clinical data available for patients at the extreme of body weight, and the available pharmacokinetic/pharmacodynamic evidence suggests that decreased drug exposures, reduced peak concentrations and shorter half-lives occur with increasing weight, which raises concerns about under-dosing. In complex cases, where warfarin is not suitable, a risk versus benefit assessment must be performed and counselling provided to the patient to highlight the potential risk of treatment failure. A shared decision should be reached with the patient and clearly documented.

- When the patient has an arterial clot

DOACs are not licensed for arterial thrombosis not due to embolic phenomena. There are concerns that they are less effective than warfarin.

- When the patient is not being counselled appropriately regarding switching to a DOAC

The clinician who is making the switch to a DOAC must ensure the patient is counselled appropriately. Whilst INR blood tests are not needed with DOACs, monitoring is still needed and patients should be made aware of this and other important points to ensure they take their medication correctly and safely. Adherence to DOACs is vital due to their short half-live. A missed dose of a DOAC puts the patient at more risk of under being under-anticoagulated than a missed dose of warfarin. Useful information on counselling patients can be found online via the AF Association, Stroke Association, Thrombosis UK and patient.info.

- When the patient has a target INR >2.5

DOACs cannot be used in patients who require a higher than standard target INR of 2.5 (range 2-3). The clinical trials for all DOACs only tested them against warfarin where the target INR was 2.5. If this information is not

known, please confirm with the anticoagulation service (ac.service@nhs.net) or DOAC pharmacists (doacsupport.ox@nhs.net) before a switch is made.

- When the patient is taking warfarin for secondary prevention of VTE

A diagnosis of antiphospholipid syndrome (APS) should be considered in patients who take warfarin for secondary prevention of VTE. If criteria are met for testing, this should happen prior to switching from warfarin to the DOAC. Guidance can be found in Direct Oral Anticoagulants 'DOACs' for Treatment and Secondary Prevention of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) in Primary Care.

- When the patient has had bowel surgery

Absorption of the DOACs occurs at differing locations in the bowel. If a patient has had bowel resection for inflammatory bowel disease, cancer or have had bariatric surgery, DOACs may not be suitable or the choice may be more limited. The Anticoagulation Optimisation Support Service (doacsupport.ox@nhs.net) can be contacted to provide more information to inform best choice of anticoagulant.

The Prescribing Incentive Scheme 2020-21 includes an element on the review of DOAC prescribing and ensuring its safe prescribing and monitoring. It is important to note that whilst DOACs do not need frequent INR checks like warfarin, there is still essential monitoring that is required to ensure their safe use for patients.

So What?

- Ensure your knowledge is up to date with regard to DOACs and warfarin.
- Refer to guidance: Primary Care Prescriber Decision Support for Direct Oral Anticoagulants 'DOACs' for Stroke Prevention in Atrial Fibrillation
- Refer to guidance: Direct Oral Anticoagulants 'DOACs' for Treatment and Secondary Prevention of Deep Vein Thrombosis (DVT) and Pulmonary Embolism (PE) in Primary Care.
- Contact the Anticoagulation Optimisation Support Service (doacsupport.ox@nhs.net) if you have questions regarding a patient's therapy.

Cost of Dry Eye Ointments

The cost of Simple Eye Ointment has been increasing steadily over time and currently is £45.18 for 4g. We would recommend that all practices switch any prescriptions for Simple Eye Ointment to one of the ocular lubricants in our guidance. Xailin Night ® (£2.56/5g) is the closest in formulation to Simple Eye Ointment. OUH recommend the use of Artelac® Nighttime Gel (£2.96/10g) if a patient is allergic to lanolin, although note that this does contain preservatives. It is also a less greasy option for those who can't tolerate Xailin Night®. All of these products are available to purchase over-the-counter (OTC), so that should be encouraged for occasional prescriptions and only prescribe when used on a frequent basis for a chronic condition. See OTC commissioning policy for more information.

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 March and May 2020:

- **Homely Remedies Guidelines for Care Homes**

The guidelines are primarily intended for staff working in adult care homes, to describe what is 'good practice' when dealing with homely remedies. It is a requirement of CQC, that all care homes have a medicines policy and it is expected that included in the policy, is a description of the process they use for administering homely remedies. This 'good practice guideline' can be used as a framework for the care home's own policy. The guideline is also expected to be useful for other healthcare professionals who are involved in working in care homes, for example practice / PCN pharmacists, Community Nurses and GPs.

- **Sacubitril/Valsartan Shared Care Protocol**

The protocol has been updated to reflect the fact that prescribers within the heart failure team work in collaboration across the organisational boundaries of OUHFT and Oxford Health in order to provide the best care for patients, closer to home when possible. As experience with Sacubitril/ Valsartan has evolved since 2017 it is now being initiated by the HF team in hospital and in community heart failure nurse clinics. Therefore, the heading of 'Specialist' from OUH heart failure team has been updated to Cardiologists/ Heart failure Team. Other updates include:

  - Clarification that, according to NICE guidelines on chronic heart failure, 6 monthly reviews by GPs for any patient with heart failure is recommended, regardless of whether their medications include Sacubitril/ Valsartan or not.
  - Clarification that GP's are not expected to monitor blood results whilst the medication is being up titrated.
  - The paragraph regarding NYHA class IV patients has been removed as this is already within the cautions list
  - Sacubitril/ Valsartan should be discontinued if the potassium is > 6 mmols or greater (an increase from the previous version of > 5.4 mmols)
  - Under the heading of notable drug interactions, a note has been added regarding local experience with concurrent loop diuretics**.**

- **Leuprorelin (Prostap) for Breast Cancer**

APCO has agreed that Leuprorelin Acetate 11.25mg (Prostap 3 DCS®), a three monthly preparation, can be used during COVID-19 for treatment of breast cancer. This is only for patients who cannot attend or will not attend for monthly injections during COVID-19 as evidence base is not as established as monthly goserelin.

- **Trimipramine De-Prescribing Guidance**

A deprescribing protocol of trimipramine is now available to support prescribers in reviewing patients prescribed this antidepressant. This guidance includes details on how stopping or switching trimipramine to an alternative antidepressant may be carried out.

Background:

NICE guidance CG90[1] states that tricyclic antidepressants (TCAs) are not recommended as a first line treatment option in adults with depression by NICE and CG28 state that they are not recommended at all for children and adolescents (aged under 18 years). Selective Serotonin Reuptake Inhibitors (SSRIs) are preferred as they have less side effects, are safer in overdose, require less dosage titration and instead of, need only once daily dosing which may mean better patient adherence. Where a TCA is indicated, trimipramine, a potent antidepressant action similar to that of other which also possesses pronounced sedative action, does not represent a cost-effective choice of TCA as it has been subjected to excessive price inflation. Trimipramine is also listed within NHS England guidance on items that should not be routinely prescribed in primary care.

Comparative costs of trimipramine with other TCA/ SSRI:

Drug	Drug class	Usual daily maintenance dose	Cost per 28 tab/caps*
Trimipramine 10mg tablets	TCA	75-150mg	£179.18
Trimipramine 25mg tablets	TCA	75-150mg	£200.50
Trimipramine 50mg capsules	TCA	75-150mg	£217.50
Imipramine 10mg tablets	TCA	50-200mg	£1.47
Imipramine 25mg tablets	TCA	50-200mg	£2.15
Sertraline 50mg tablets	SSRI	50-200mg	£1.44
Sertraline 100mg tablets	SSRI	50-200mg	£1.77

*Based on Drug Tariff June 2020

Trimipramine prescribing in Oxfordshire, between April 2017 and March 2020:

Financial Year	Number of Prescriptions	Actual Prescribing Costs	Number of Identified Patients	Percentage Reduction in Prescribed Items compared to previous year
2017/18	378	£ 169,474.78	43	NA
2018/19	329	£ 143,751.94	34	13%
2019/20	270	£ 122,666.91	28	18%

- **Nutrition and Hydration Pack for Care Homes to use during the COVID-19 Pandemic**

A pack has been developed to support Care Homes with nutrition and hydration during the COVID-19 pandemic. It focuses on simple measures to help care home staff to identify residents who may be at risk of malnutrition and dehydration and top tips to support them with those identified residents. Parts of the pack can be printed off as posters and will offer a visual reminder to consider nutrition and hydration during the pandemic.

- **Guidance on Structured Medication Reviews**

NICE defined a structured medication review in NG5 'Medicines Optimisation: Safe and Effective use of medicines to enable the best possible outcomes' in March 2015 as being;

"A critical review of a persons' medicines with the objective of:

1. Reaching an agreement with the person about the treatment
2. Optimising the impact of medicines
3. Minimising the number of medication related problems
4. Reducing waste." (and environmental impact – NHS long term plan).

Structured medication reviews have recently gained prominence as they now form part of the Primary Care Network Direct Enhanced Service Specification (PCN DES). They are also part of the new directive from NHS E&I around primary care and community health support to care home residents during the COVID-19 pandemic.

As there will potentially be a variety of clinicians carrying out structured medication reviews, including pharmacists and possibly pharmacy technicians from many different backgrounds supporting the work in care homes, guidance around how to do a structured medication review to ensure consistency across the county has been produced.

- **Vitamin D and Recommendations during COVID-19**

Public Health England has made changes to the recommendations for vitamin D supplementation during COVID-19. It recommends vitamin D throughout the year if people are not often outdoors - if housebound because they are shielding, for example

- People living in a care home
- People who usually wear clothes that cover up most of the skin when outdoors
- People with dark skin may also not be getting enough even if they spend time outdoors.

It is particularly worth taking the opportunity to discuss this with patients who may be at risk during the COVID-19 pandemic and suggesting they purchase an OTC supplement as it could reduce the risk of them developing a vitamin D deficiency.

Vitamin D supplements are available to buy over the counter at pharmacies and supermarkets and this is in line with Oxfordshire CCG Policy 88d 'Optimising Self Care by appropriate use of Over-the-counter Medicines (Restricted Prescribing List.' Vitamin D supplements can be prescribed for patients with a diagnosed vitamin D deficiency (rickets, osteomalacia). More information can be found on the OCCG formulary for adults , pregnancy and vegans or patients with a peanut or soya allergy.

- **Licensed Omeprazole Liquid**

There is now a licensed liquid omeprazole product available. Previously, if a liquid was required then an unlicensed special would be used (if dispersible tablets/orodispersible tablets were unsuitable). However, a licensed product should always be used if one is available. The new licensed liquid requires reconstitution to make a suspension, after reconstitution shelf life is 28 days. The costs are as follows (Drug Tariff May 2020):

- Omeprazole 10mg/5ml oral suspension SF 75ml £92.17
- Omeprazole 20mg/5ml oral suspension SF 75ml £178.35

Omeprazole Liquid has been added to the formulary as Green Restricted - For use in enteral tube patients where a small tube is being used or where blockage problems have occurred with lansoprazole orodispersible tablets/omeprazole dispersible tablets/esomeprazole granules.

- **Managing adrenal insufficiency in patients with acute infection (suspected or confirmed) with COVID-19**

Guidance based on the European Society of Endocrinology and the Society for endocrinology (UK) advice about the treatment of patients with adrenal insufficiency with confirmed or suspected COVID-19 infection has been produced locally and is available here.

- **Melatonin Shared Care**

The melatonin shared care protocol has been amended slightly to state that liquid formulation may now be prescribed for patients with severe oral sensitivity in whom a trial of crushed tablets has been unsuccessful (in addition to those with a small-bore enteral feeding tube).

Please also note that OUH clinicians are currently able to prescribe remotely and this process must be followed by clinicians in the Trust wherever possible. However, remote prescribing can occasionally present issues for patients, particularly noted by the Paediatric Team. As a last resort, the OUH may ask if it is possible for a GP to initiate the prescribing of a shared care drug (for example melatonin) to support patients in difficult circumstances during the pandemic. However, the decision remains with the GP as to whether it is clinically appropriate for them to accept prescribing responsibility at this stage, if they feel it is inappropriate the prescribing should be passed back to the specialist.

Supply Issues/ Updates

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.

New supply issues

Supply Issue	Updated resupply date	Comment
Acetazolamide Slow Release 250mg capsules	Out of stock (OOS) until end of July 2020	Acetazolamide immediate release 250mg tablets remain available
Bupropion (Zyban®) 150mg prolonged release tablets	OOS until end of September 2020	See details below
Fluoxetine 40mg capsules	Resupply date to be confirmed	See details below
Pancreatin (Creon®) 25,000 capsules	Full resupply expected end of June	Creon® Micro and Creon® 10,000 capsules remain available.
Prednisolone 5mg suppositories	OOS until end of July 2020	Unlicensed supplies of prednisolone 5mg suppositories may be available – check with

		chemists
Ranitidine 50mg/2ml injection	Until further notice	
Sulfasalazine 250mg/5ml oral suspension	OOS until August 2020	Sulfasalazine 500mg tablets remain available.
Valaciclovir 500mg tablets (Generic)	Resupply date to be confirmed	Branded version (Valtrex®) remains available.

Unlicensed Phenelzine 15mg Capsules

There has been a long-term supply issue with the UK licensed phenelzine tablet (Nardil®) with no date for re-supply. The unlicensed imports, which have been available over the past year are becoming increasingly difficult to obtain and there are risks of patients running out before imports arrive. There is a UK specials manufacturer now making phenelzine as 15mg capsules. GPs may prescribe this following specialist recommendation, in line with local formulary. For more details on this supply update please see a memo produced by Oxford Health here.

Serious Shortage Protocol (SSP)

- Due to ongoing supply issues, the SSP for fluoxetine 10mg tablets which was introduced on 12 March 2020, is being extended to **Friday 11 September 2020**. (This SSP was previously due to end on 12 June 2020). Please see the link here for more details.
- Fluoxetine 40mg capsules are out of stock with resupply date to be confirmed. Fluoxetine 20mg capsules remain available. A SSP was issued on 20 May 2020 and will end on 20 July 2020. For patients with insufficient supplies, clinicians should consider prescribing an alternative formulation of fluoxetine. Community pharmacists may supply fluoxetine 20mg capsules against the SSP for eligible patients.

Supply Disruption: Zyban® 150mg Prolonged-release Tablets

Zyban® (bupropion hydrochloride) 150mg prolonged release tablets are out of stock until the end of November 2020. Unlicensed supplies of bupropion 150mg prolonged release tablets have been sourced. Champix® (varenicline tartrate) tablets, as well as various nicotine replacement therapies (NRT) which are licensed for the treatment of nicotine dependence, are available through Solutions 4 Health.

In Oxfordshire, Zyban® 150mg prolonged release tablets can be prescribed by GPs as part of the Smoking Cessation Service, on the recommendation by Solutions 4 Health and the provision of the appropriate paperwork from the service. GPs are, therefore, advised to follow the following guidance in managing patients on Zyban® for smoking cessation, in collaboration with Solutions 4 help, where relevant,

- defer initiating new patients on Zyban® 150mg prolonged release tablets until the supply disruption is resolved;
- for patients taking Zyban® as a smoking cessation aid, clinicians should consider alternative pharmacotherapy options (see further advice here) which should be provided by Solutions 4 Health directly or via their Champix® PGD at community pharmacies;

Although Zyban® is rarely prescribed for treatment resistant depression (unlicensed indication), and such prescribing should be carried out by specialists only – it may be necessary for GPs to identify if they have any patients prescribed it for this indication and follow the guidance published within the notice.

Supply Notification: H2-antagonists

Ranitidine film-coated tablets, effervescent tablets and oral solution continue to remain unavailable with no date for resupply. All formulations of ranitidine are affected due to on-going regulatory investigations into the presence of the contaminant, N-nitrosodiethylamine (NDMA), in samples of ranitidine active substance.

An update (29/05/2020) on the PSNC website as confirmed expected resupply dates for the following H2-antagonists:

- Famotidine 20mg tablets have limited availability with no confirmed date of next supply (Tilomed and Teva)
- Famotidine 40mg tablets have limited availability with no confirmed date of next supply (Tilomed) June 2020 (Teva)
- Cimetidine 200mg tablets are in stock (Ennogen) no confirmed resupply date (Medreich)
- Cimetidine 400mg tablets are out of stock until June 2021 (Ennogen) no confirmed resupply date (Medreich)
- Cimetidine 800mg tablets are in stock (Ennogen) no confirmed resupply date (Medreich)
- Nizatidine 150mg and 300mg tablets: End of 2020 (Mylan) No confirmed resupply date (Medreich)

Levodopa/carbidopa/entacapone tablets - various brands and strengths

Teva and Accord the suppliers of Stanek® and Sastravi® tablets respectively, are out of stock of the following presentations:

Presentations Affected	Stanek®	Sastravi®
	Anticipated Resupply Dates	
75mg/18.75mg/200mg tablets		
Pack size 30	Early August 2020	Available
100mg/25mg/200mg tablets		
Pack size 100	Mid-July 2020	Late-June 2020
Pack size 30	Mid-July 2020	Late-June 2020
125mg/31.25mg/200mg tablets		
Pack size 30	Available	Late-June 2020
150mg/37.5mg/200mg tablets		
Pack size 100	Early August 2020	Available
Pack size 30	Available	Late-June 2020
175mg/43.75mg/200mg tablets		
Pack size 100	Out of stock from late June until end of July-2020	Late-June 2020
Pack size 30	End of July	Late-June 2020
200mg/50mg/200mg tablets		
Pack size 100	Early August 2020	Out of stock from late June until end of July-2020

All other Stanek® and Sastravi® presentations remain available during this time. Supplies of Stalevo® tablets, which are considered equivalent, continue to remain available. For patients with insufficient supplies of Stanek® or Sastravi® until the anticipated resupply date, clinicians should consider prescribing levodopa/carbidopa/entacapone tablets generically so that pharmacies can supply an equivalent preparation of an available product.

MHRA and UKMi in consultation with a specialist pharmacist have advised that in practice, medicines for Parkinson's disease are not mandated to be prescribed by brand, as all three brands are considered to be bioequivalent, although some very brittle patients may wish to stay on a particular brand. In the event of a shortage, the maintenance of supply of the drug is more important than the brand; and switching of brands is preferable to changing a patient's regimen. When switching brands, patients should be reassured that they are receiving the same treatment and monitored for side effects/change in disease control. As these combination products are often part of complex regimens and can be confusing to patients in terms of availability of various strengths, patients should be counselled, by the prescriber or pharmacist, on any changes to avoid medication errors, especially for those on more than one strength of Stanek® or Sastravi® tablets.

Discontinuation: GlucoMen LX Glucose and Ketone Test Strips

GlucoMen LX Glucose and Ketone Test Strips are being discontinued later this year. Patients should be switched to one of the cost effective Glucose and Ketone meters:

- Glucomen Areo 2K Glucose and Ketone meter
- GlucoRx HCT Glucose and Ketone Meter
- Caresens Dual Glucose and Ketone Meter

Consider reviewing patients on ketone testing strips to see if they are still required in line with Ketone Testing And Sick Day Rules Guideline. Patients who require glucose testing only should be switched to a cost effective glucose meter (<£6 for 50) e.g. FineTest Lite or GlucoRx Q.

Practices can order the meters free of charge from the individual supplier–the new meter should be given to the patient before switching their test strips over. All diabetes patients should be educated on how to manage their condition when they are ill. To complement the education, the appropriate TREND Sick Day Rules leaflet should be printed and handed to the patient. The links to the leaflets are included in the guideline.

Discontinuation: Danazol Capsules

Danazol 100mg and 200mg capsules have been discontinued in the UK and remaining supplies of both strengths are now exhausted. There is some prescribing in Oxfordshire and the Medicines Optimisation Team has contacted these practices to inform them of the change and actions required. For more details please see the alert here.