Prescribing Points

Volume 30 Issue 6 August 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 30 Issue 6 Date: Aug 2020

Inside this issue:

Medicines Safety Portal

The Southampton Medicines Advice Service at University Hospital Southampton and Wessex Academic Health Science Network (AHSN) have jointly published a new Medicines Safety Portal which includes:

- Medicines safety resources (e-learning) – clinical topics include anticholinergic medicines; low dose methotrexate; NSAIDs; and Sulfonylureas. Opioids and DOACs may be added to the topics later on.
- Common queries - resources to help with problem solving on subjects such as interactions, shortages and the safety of herbal medicines.
- Quick reference for all resources available to primary care to answer queries - free online information sources about medicines that may help with decision-making.

First Do No Harm

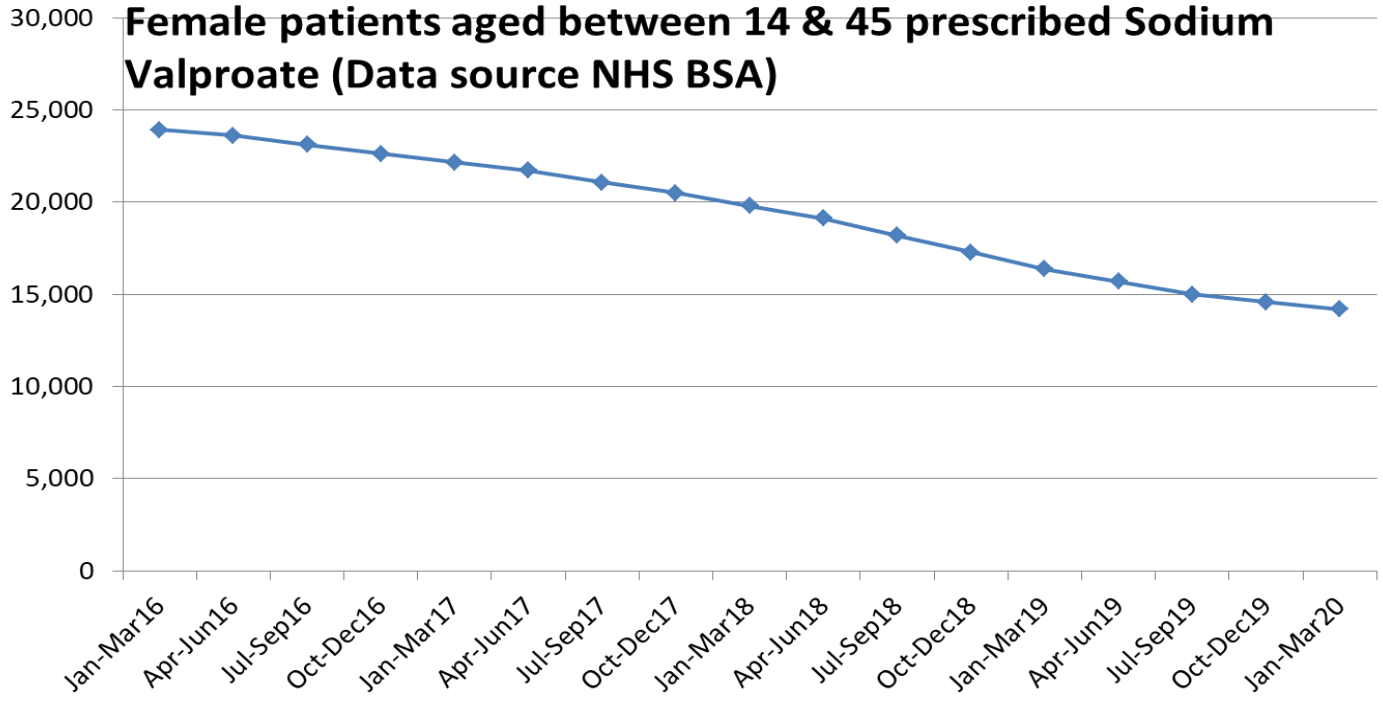
In February 2018, the Secretary of State for Health and Social Care announced a review into how the health system responds to reports from patients about harmful side effects from medicines and medical devices. The announcement was prompted by patient-led campaigns to investigate what happened in respect of two medications and one medical device: Primodos (hormone pregnancy tests), sodium valproate and pelvic mesh implant.

The report of the Independent Medicines and Medical Devices Safety Review, 'First Do No Harm', was published in July 2020 and it contains details of the investigation and includes a set of recommendations and

actions for improvement, which if implemented will improve the lives of people who have been harmed and make the system safer in the future.

Sodium Valproate – reminder

The following graph shows the numbers of female patients aged between 14 and 45 who are being prescribed sodium valproate.



More locally in Oxfordshire, 7.4% of patients receiving prescriptions for valproate products are female aged between 14 and 45 years old (121 out of 1635). Clinicians who seek to prescribe valproate for their female patients are reminded to make sure they are enrolled in the pregnancy prevention programme (PPP). This includes the completion of a signed risk acknowledgement form when their treatment is reviewed by a specialist at least annually. Full advice from the MHRA can be found here. For temporary advice on the Valproate PPP during Covid-19 please see the link here.

Risk of 10 Time Overdose with Alfentanil Preparations

The NHS England and NHS Improvement Controlled Drugs Accountable Officers (CDAOs) have been advised recently of two administration errors where a 10 times overdose of alfentanil has been administered to patients, which resulted in severe harm and/or death being reported as the outcome. On further review there have been 38 patient related errors reported to the CDAOs between June 2018 and June 2020 involving alfentanil.

Prescribers in Oxfordshire are reminded that alfentanil should only be prescribed (for palliative care) after specialist recommendation and the receipt of a Patient Specific Protocol. For information on safe practice

points of alfenatanil injection please see the Care Quality Commission's Controlled Drugs National Group Sub-Groups Newsletter Number 1.

Updated Asthma Prescribing Guideline for Adults

Updated local prescribing guidance for asthma was published in June 2020 and can be found here.

The guidance was developed by representatives from respiratory teams at OUH, OH, primary care and the CCG Medicines Optimisation team. The update is based on national (NICE and BTS/SIGN) and international (GINA) guidelines.

The main changes to the local guidelines are:

- The inhaler options tables have been arranged into:
  - Single Combined Inhaler / Maintenance and Reliever Therapy (MART) Guideline Option
  - Traditional Separate Regular Maintenance Therapy with 'When required' Reliever Option

This reflects the bigger focus put on the 'MART' option particularly by GINA, but also BTS and, to a certain extent, by NICE

- Similar to the recent COPD update, these tables have been split into a dry powder inhaler route or a metered dose inhaler route
- As part of the MART option table, in line with GINA 2019 guidance, patients can start on a low dose ICS/LABA combination to use PRN at step 1 of treatment. It is expected, however, that the majority of patients will still be started on the traditional route of regular ICS plus SABA prn and potentially move to the MART option if needed.
- It is clearer that the starting option for a patient at diagnosis should include ICS and not SABA alone. A general principle of the GINA guidelines is that for safety, SABA alone is no longer recommended for treatment of asthma. This is because ICS-containing controller treatments, either as-needed or regular, reduce the risk of serious exacerbations and improve symptom control.
- Inclusion of Combisal 50 in place of Seretide 50 (more cost effective)
- More information about add on therapies, including expected benefits
- Addition of an ICS Equivalence table highlighting low dose, moderate dose and high dose ICS
- Further guidance on when to refer
- More focus on the carbon footprint of inhalers. The following has been included:
  - Inclusion of Salamol MDI instead of Ventolin MDI due to Salamol containing half the amount of propellant and therefore producing a lower carbon footprint
  - Where possible doses of a higher strength inhaler using a lower number of puffs have been advised to reduce the amount of propellant used e.g. Using Clenil MDI 200mcg 1 puff BD instead of Clenil MDI 100mcg 2 puffs BD
  - A statement from the 2019 BTS/SIGN guidance highlighting the higher carbon footprint of MDIs vs DPIs
  - An appendix giving some practical information about reducing the environmental impact of inhalers

So What?

- Prescribers should familiarise themselves with the updated guidance and consider using 'MART' in appropriate patients. The information about the environmental impact of inhalers should also be considered when making prescribing decisions.
- Please contact occg.medicines@nhs.net if you have any questions

Asthma Guidelines Training

The Integrated Respiratory Team (IRT) will be providing training in the new OCCG Asthma Guidelines via MS Teams as follows;

- Wednesday 19th August 13:00-14:00
- Tuesday 25th August 13:00-14:00

Please e-mail oxfordhealth.oxon.irt@nhs.net to register your interest, stating which meeting you would like to join. The link will be e-mailed out a few days prior to the event.

During the autumn the IRT will be running a series of further training events. Please email your request for specific respiratory topics and preferences for day and time to oxfordhealth.oxon.irt@nhs.net.

Thickener Use in Oxfordshire

- Are you using IDDSI descriptors on EMIS for the prescribing of thickeners?
- Do you regularly review Care Home residents' swallow for patients prescribed a thickener?

Audit findings for 2019/20 showed that only 40.5% of patients who have a thickener listed on Current Meds on EMIS have an IDDSI descriptor recorded. IDDSI is an internationally recognised method to describe levels of thickness and is used by Speech and Language Therapists (SLT) to describe the level of thickness a patient requires after assessment, to be able to swallow fluids safely.

The only thickener for adults on the OCCG Formulary is Resource ThickenUp Clear (see table below for number of scoops needed to achieve each IDDSI level) which is a gum based thickener. This was chosen after discussion between Oxford Health and OUHNHSFT as the safest and most palatable option. By having the same thickener across the two trusts, it means patients do not have to change thickener as they move between primary and secondary care.

IDDSI FRAMEWORK	200ml liquids (water, juice, tea, coffee)	200ml oral nutritional supplements
LEVEL 1/SLIGHTLY THICK	1 scoop/sachet	-
LEVEL 2/MILDLY THICK	2 scoops/sachets	0.5-1 scoop/sachet
LEVEL 3/MODERATELY THICK	4 scoops/sachets	1-2 scoops/sachets
LEVEL 4/EXTREMELY THICK	6 scoops/sachets*	-

Gum based thickeners have gradually replaced their predecessors which were starch based. Gum based thickeners are clearer in appearance, more stable once mixed with fluids and are more palatable. Smaller

quantities of gum based thickener are required than starch based thickener to achieve the same IDDSI level. Consequently less quantity in terms of weight needs to be prescribed. The SLT give clear guidance on the type of thickener, product and PIP code, quantity, IDDSI level (level of thickness), number of scoops needed to achieve the IDDSI level, the correct number of tins to prescribe per month and a record of the swallow assessment in their letters to GPs, once they have assessed patients.

Once patients are established on a thickener, the SLT discharge them back to the care of the GP. Should there be a change in clinical status that affects the swallow (e.g. medical status improves, deterioration of a known condition, new neurological or medical event and infection, including chest infection) re-referral to SLT should be considered to review swallow function. Please contact Adult Speech and Language Therapy for advice if you are unsure whether a swallow review is warranted.

Further information on the Speech and Language Therapy Service can be found on ClinOx.

So What?

- Resource ThickenUp Clear is the only thickener for adults on the OCCG Formulary.
- Patients with a compromised swallow should be referred to the Speech and Language Therapy (SLT) Service for assessment and thickener recommendations, where appropriate.
- IDDSI recommendations from SLT should be recorded on EMIS to ensure safe prescribing of any recommended thickener.
- Any change in a patient's clinical condition that affects their swallow, should result in a re-referral to SLT to ensure optimal management of the swallow and the appropriate IDDSI level used for their changed condition.
- Care Home residents on a thickener should have their swallow considered as part of the holistic MDT management of the patient. Any changes to their condition should precipitate a referral to SLT for reassessment.
- When changing a patient from a starch based to a gum based thickener, check the quantity required to achieve the IDDSI level requested by the SLT – it will be less than previously prescribed.

Advice on Back-up Insulin Prescription for People on Insulin Pump Therapy

Insulin pumps offer a more physiological way of delivering insulin than standard insulin injections. They are indicated for people with type 1 diabetes with elevated HbA1c or problematic hypoglycaemia in spite of optimised injectable insulin treatment. People treated with insulin pumps should be seen in a specialist insulin pump service in line with NICE guidance.

Insulin pumps can suffer technical faults, and problems can develop with the cannula that delivers the insulin. In this event, it is important to have an alternative method for delivering insulin. This ensures that the person using the pump remains safe and is able to manage their diabetes independently. Therefore, prescribers in primary care are asked by the specialist to provide back-up insulin prescriptions. Information on what is required can be found here.

So What?

- Clinicians should prescribe back up insulin for patients with insulin pumps in line with specialsit advice
- Email ouh.oxfordpumps@nhs.net for advice

APCO Updates

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 July 2020:

Dexamethasone for Covid-19 treatment:
Following the publication of the results of the dexamethasone arm of the Recovery trial, which found that low-cost dexamethasone reduces death by up to one third in hospitalised patients with severe respiratory complications of COVID-19; dexamethasone has been included on the OH formulary for treatment of patients with Covid-19 in hospital only. This in line with the guidance published in the CMO letter. Local formulary has been updated to include 'red' indication, i.e. specialist prescribing only for Covid-19 treatment.

Oral Nutrition Updates

EleCare (Abbott) an amino acid based infant formula containing Human Milk Oligosaccharide (HMO) has been added to the OCCG Formulary. This formula has a low osmolality compared to other amino acid formulas which is helpful in babies with eosinophilic gastroenteritis, IBD, pancreatic disease, protein mal-digestion, HIV-advanced disease or other gastrointestinal diseases requiring an elemental diet or short bowel conditions. It also contains medium-chain triglycerides so may be helpful in infants with Cystic Fibrosis who also have a cow's milk allergy. It should only be initiated by secondary care.

Oral Nutrition Products on OCCG Formulary have been reviewed. Many have been removed or have had name or product changes. This is to bring the formulary in line with the Drug Tariff. The products that have been removed are no longer on the Drug Tariff and the products with name changes have been updated on the formulary.

The Commissioning Policy Statement 125b Therapeutic Use of Probiotics in Adults and Children has been withdrawn. Probiotics (VSL#3 and Vivomixx) have been removed from the Drug Tariff due to a lack of significant evidence to support their use. A decision was made at APCO to Black list VSL#3 and Vivomixx so these can no longer be prescribed in Primary Care in Oxfordshire.

So What?

- ElecCare can now be prescribed in Primary Care if initiated by Secondary Care.
- Check OCCG formulary for Oral Nutrition products available to prescribe in Primary Care.
- Probiotics have been Black Listed in Oxfordshire and should not be prescribed in Primary Care but can be purchased OTC if patients wish to take them.
- Please contact occg.dietitian@nhs.net if you have any questions.

Supply Issues

Please note this is not an exhaustive list. Some information on long-term supply issues can be found on Clinox website.

Some Short-term Supply Issues

Supply Issue	Updated resupply date	Comment
Enalapril 20mg tablets	Out of stock (OOS) until August 2020	Alternate strengths of enalapril (2.5mg, 5mg and 10mg) tablets remain available. Unlicensed imports of enalapril 20mg tablets can be sourced.
Ferrous Fumarate 322mg/Folic Acid 0.35mg (Pregaday) tablets	OOS until end of October 2020.	There are no other suitable licensed combination products that contain similar amounts of iron and folic acid, therefore consider prescribing the following separate components: • Ferrous fumarate 322mg tablets and ferrous fumarate 305mg capsules contain approximately 100mg elemental iron • Folic acid tablets (licensed preparations only available in 400 microgram strength) For more information see here.
Fluticasone propionate (Flixotide®) 0.5mg/2ml and 2mg/2ml Nebules	Flixotide® 0.5mg/2ml and 2mg/2ml nebules are out of stock from late June and August 2020, respectively. Re-supplies of both strengths are expected from mid December 2020.	• Clinicians should review the ongoing need for nebulised steroids and consider switching to a steroid containing metered dose inhaler and spacer combination; • If the nebulised route is deemed necessary consider prescribing unlicensed imports of fluticasone nebules; or • prescribe alternative steroid nebules For more information see here.
Imipramine 25mg tablets	OOS until early August	Imipramine 10mg tablets remain available. For more information see here.
Ketotifen (Zaditen) 1mg/5ml oral solution	Resupply date to be confirmed	Zaditen 1mg tablets are currently available
Lodoxamide (Alomide) 0.1% eye drops	OOS until late August	Sodium cromoglycate eye drops, and various antihistamine eye drops remain available.
Metronidazole (Acea®) 0.75% gel	OOS until September	Metrogel® 0.75% gel and Rozex® 0.75% gel remain available
Nabumetone 500mg tablets	OOS until 1st September	Alternative NSAIDs/analgesics remain available Unlicensed imports of nabumetone tablets have been sourced. For more information see here.
Senna with ispaghula husk (Manevac®) granules	250g and 400g pack sizes are OOS until 30 September 2020 and February 2021 respectively.	Individual components of Manevac remain available. For more information see here.
Sodium cromoglicate (Intal®) CFC-free 5mg inhaler	OOS until mid-November	Consider reviewing patients to determine if this is still the most suitable therapy or prescribing unlicensed imports of sodium cromoglicate (Intal®) inhaler, if treatment is considered necessary. See here.

Oral Contraceptive Tablets (Various Brands)

The following oral contraceptive preparations are out of stock at the time of writing. For latest information on availability please check with local pharmacies.

Product affected	Ingredients	Anticipated Resupply Date	Management Advice
Brevinor	Ethinylestradiol/norethisterone 35microgram/500 microgram tablets	Late October 2020	No exact equivalent available
Norimin	Ethinylestradiol/norethisterone 35microgram/1mg tablets	November 2020	No exact equivalent available
Synphase	Ethinylestradiol/norethisterone/ 35microgram/500microgram and 35microgram/1mg tablets	November 2020	Unlicensed imports of Synphase tablets have been sourced; lead times vary.
Yiznell	Ethinylestradiol/drospirenone 30microgram/3mg tablets	TBC	Equivalent alternatives with same composition remain available from suppliers of following brands: Dretine, Yacella, Yasmin, Ellaite and Lucette.
Zoely	Estradiol/nomegestrol 1.5mg/2.5mg tablets	September 2020	No exact equivalent available

So What?

- For patients with insufficient supplies of their oral contraceptive to last until the resupply date, clinicians should consider prescribing an alternative OCP
- Where unlicensed imports are deemed appropriate, prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times vary
- Clinicians (both prescribing and dispensing) should counsel patients regarding the different brand and dosing regimen prescribed, where appropriate.
- Specifically, for patients with insufficient supplies of Synphase® tablets to last until the resupply date, prescribers should consider prescribing:
  a. an alternative phasic oral contraceptive;
  b. an alternative non-phasic oral contraceptive; or
  c. an unlicensed import of Synphase® tablets
- For more information see here.

H2-antagonists (Cimetidine, Famotidine and Nizatidine)

Supply overview of cimetidine, famotidine and nizatidine preparations as follows. Please note we are currently working closely with specialists at the OUH on a switch protocol and this will hopefully be released shortly.

Original MSN reference	Date of original MSN/SDA	Supply issue	Resupply date originally communicated	Updated resupply date as of w/c 3rd August 2020
MSN/2019/020 MSN/2019/020 -U	20-Dec-19 17-Jul-20	H2-antagonists (cimetidine, famotidine and nizatidine)	Famotidine 20mg tablets: out of stock until the end of December 2019	Tillomed: Out of stock. Resupply mid-August 2020.
				Teva: Out of stock. Resupply end-August 2020.
			Famotidine 40mg tablets: out of stock until the end of December 2019	Tillomed Out of stock. Resupply end-August 2020.
				Teva: In stock
			Cimetidine 200mg tablets: out of stock until the end of January 2020	Ennogen: Out of stock. Resupply June 2021.
				Medreich: Out of stock. Resupply to be confirmed.
			Cimetidine 400mg tablets: out of stock until the end of January 2020	Ennogen: Out of stock. Resupply June 2021.
				Medreich: Out of stock. Resupply to be confirmed.
			Cimetidine 800mg tablets: out of stock until the end of January 2020	Ennogen: Out of stock. Resupply June 2021.
				Medreich: Out of stock. Resupply to be confirmed.
			Nizatidine 150mg tablets: out of stock until February 2020	Mylan: Out of stock. Resupply mid-August 2020.
				Medreich: Out of stock. Resupply to be confirmed.
				Relonchem: Out of stock. Resupply end-August 2020.
			Nizatidine 300mg tablets: out of stock until February 2020	Mylan: In stock

So What?

- For patients with insufficient supplies of cimetidine, famotidine or nizatidine for the duration of the out of stock period, prescribers should consider:
  a. reviewing patients to establish if ongoing treatment is still required and if it is consider stepping down to an antacid or alginate;
  b. if ongoing treatment is still required and stepping down to an antacid or alginate is not appropriate, switching to an alternative proton pump inhibitor or alternative H2-antagonist;
  c. prescribing an unlicensed import where a patient specifically requires cimetidine tablets and where the oral solution is considered inappropriate. Prescribers should work with local pharmacy teams to ensure orders are placed within appropriate time frames as lead times may vary.
- For more information on this supply notification please see here.

Drug Safety Updates

Cyproterone Acetate: New Advice to Minimise Risk of Meningioma

A recent French epidemiological cohort study in women demonstrated that the relationship between cyproterone and meningioma is dose-dependent, and the risk increases with increasing cumulative dose. The risk is thought to be rare overall, but is highest for doses of 25mg per day and above. As a result of this, the MHRA issued a drug safety update which advises clinicians on the following:

- do not use cyproterone for any indication in patients with a meningioma or a history of a meningioma
- be vigilant for symptoms and signs of meningioma (changes in vision, hearing loss or ringing in the ears (tinnitus), loss of smell, headaches that worsen with time, memory loss, seizures, or weakness in extremities) in patients taking cyproterone; stop treatment permanently if a meningioma is diagnosed in a patient taking cyproterone
- only use cyproterone for control of libido in severe hypersexuality or paraphilias (sexual deviation) in adult men when other interventions are considered inappropriate.
- advice on use of cyproterone in the management of patients with prostate cancer remains unchanged
- for low-dose cyproterone (2mg) in combination with ethinylestradiol, a risk of meningioma has not been demonstrated but since the risk with higher-dose products appears to be cumulative, use is now contraindicated in patients with previous or current meningioma.

In Oxfordshire, cyproterone is Amber Continuation, meaning GPs may continue prescribing in primary care following specialist initiation.

So What?

- Report suspected adverse drug reactions associated with cyproterone to the Yellow Card Scheme.

Direct-acting Oral Anticoagulants (DOACs): Reminder of Bleeding Risk

Use of DOACs increases the risk of bleeding and can cause serious, potentially fatal, bleeds. The MHRA continues to receive reports of bleeds, often life-threatening or fatal, in association with DOACs in patients in the UK. In many reported cases, patients have underlying factors that suggest they are at increased risk of bleeding events. This safety update is issued to remind healthcare professionals of the following:

- use caution if prescribing DOACs to patients at increased risk of bleeding (e.g. older people or people with renal impairment)
- remain vigilant for signs and symptoms of bleeding complications during treatment, especially patients with increased bleeding risk
- remind patients of the signs and symptoms of bleeding and encourage them to always read the patient information leaflet that accompanies their medicines
- ensure patients with renal impairment receive an appropriate dose and monitor renal function during treatment to ensure dose remains appropriate
- specific DOAC reversal agents are available for dabigatran, apixaban, and rivaroxaban
- monitor the reversal effects of andexanet alfa using clinical parameters; anti-FXa assays should not be used to measure the effectiveness of andexanet alfa as the results may not be reliable.

So What?

- Report suspected adverse drug reactions associated with DOACs via the Yellow Card Scheme, including thromboembolic or haemorrhagic events.