Prescribing Points

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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.

Coroner's Prevention of Future Deaths Report – Adrenaline Auto Injectors

Following a Coroner's Prevention of Future Deaths Report in relation to the death of a patient from acute anaphylaxis; the CGG have reviewed its messages on Optimise Rx to ensure appropriateness, and would like to remind all prescribers and healthcare professionals on a few important points when prescribing adrenaline auto-injectors (AAIs):

- It is recommended that two AAIs are prescribed, which patients should carry at all times.
- Prescribers should specify the brand to be dispensed
- Ensure that people with allergies and their carers have been trained to use the particular AAI that they have been prescribed – techniques vary between injectors
- Encourage people with allergies and their carers to obtain and practise using a trainer device (available for free from the manufacturers' websites)
- Ensure appropriate doses have been prescribed (See prescribing information on the Resuscitation Council (UK) and the BNF).

Antibiotic Prescribing Guidelines – Microguide reminder

Since 15 June 2020, the SCAN Antimicrobial Prescribing Guidelines for primary care have been available on the digital platform MicroGuide –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 have also been available as a pdf at www.nhsantibioticguidelines.org.uk and on Clinox. Following feedback from the survey circulated last week, it has been decided the pdf version will remain available for a longer period of time and a date for it's withdrawal will be circulated when this has been agreed. In the meantime, prescribers are encouraged to start using Microguide and information on how to access the microguide app and the webviewer is available here

Red Whale Webinar on Chronic Pain: Why it can only be in the brain

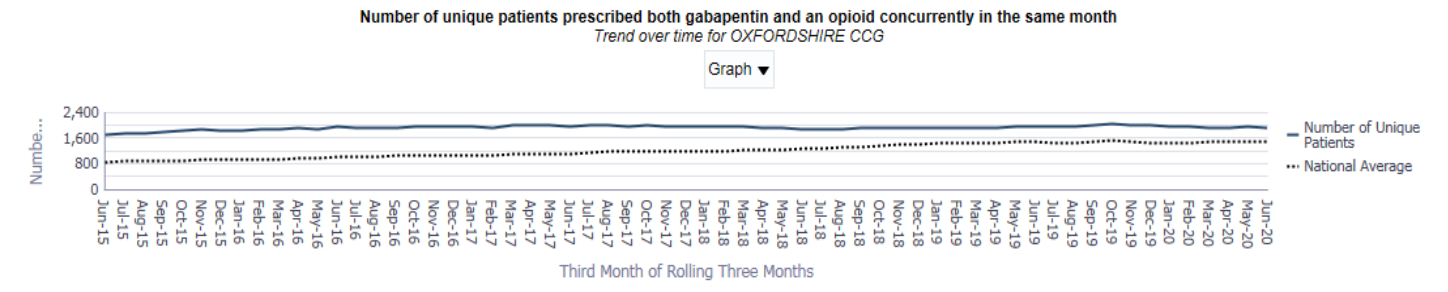
The Chronic Pain: Why it can only be in the brain webinar, hosted by Red Whale, was first broadcast on 3rd December 2019 and is available here. They discuss a radical new perspective on the neurolobiology of chronic pain and how this can revolutionise practice, which can be a useful resource for clinicians participating in the Prescribing Incentive Scheme element on Prescribing of High Dose Opioids. Topics covered include;

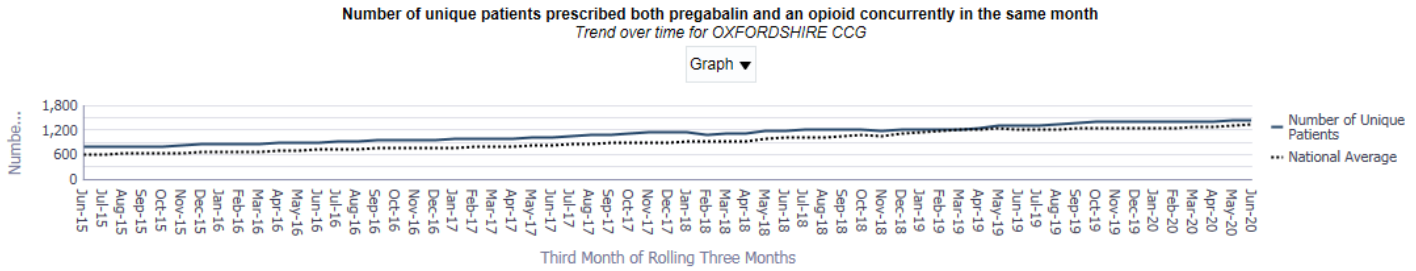
- How chronic pain poses a major challenge in modern medicine.
- Understanding of the neurobiology of chronic pain.
- How this changes the support you can give chronic pain patients.
- Subject of much media attention: the downsides of opiates and pentinoids.
- New tips and strategies for managing chronic pain.

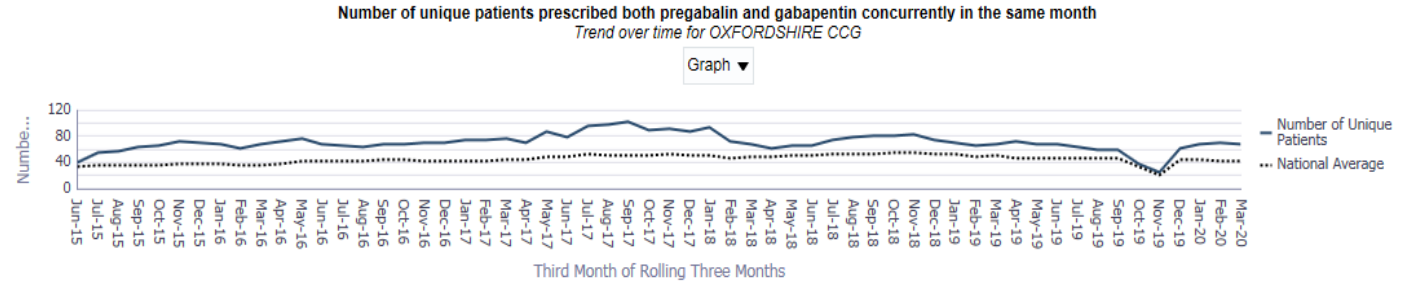
Gabapentinoids

The prescribing incentive scheme searches available on EMIS also include a search on gabapentinoids. Although this is not directly part of the incentive scheme, it is an important area to consider when reviewing your chronic pain patients. Pregabalin and gabapentin can offer effective pain relief for some people with neuropathic pain, e.g. post-herpetic neuralgia and diabetic peripheral neuropathy. Red Whale recently published an article (Aug 2020) summarising the considerations when prescribing gabapentanoids including risk of harm, abuse and misuse and effectiveness.

The ePACT Safer Management of Control Drug dashboards look at prescribing of gabapentaoids. Oxfordshire CCG are above national average on the concurrent use of pregabalin/gabapentin with an opoid and use of gabapentin and pregabalin concurrently. This may be an area you wish to review in your practice.







Prescribing Intervals

In the PIS meetings we mentioned 7 day prescriptions and pharmacies requesting shorter interval prescriptions for various reasons. It has become apparent that some GP's/Prescribers are not aware that this is happening. Below we outline some useful pointers to remember about 7 day prescribing (Please also refer back to your prescribing report).

7 day prescribing should be reserved only for the following cases:

- There is a clear clinical need to restrict the quantity of medication that a patient holds at any one time e.g. concerns over misuse or overdose.
- There are frequent changes to medication. This will reduce the amount of waste medication as a result of changes. When dose/medication stability is achieved the patient should be reverted back to a minimum of 28 day scripts.
- Patients are receiving Monitored Dosage Systems (MDS) from a community pharmacy and these trays are being provided on a weekly basis due to concerns over safety e.g. the patient suffers from dementia and it may be deemed unsafe to leave them with 4 weeks of trays at the same time.

7 day prescribing should **not** be used for the following:

- As a method of payment to community pharmacies for the provision of MDS. If a patient has been assessed under the Equality Act 2010 and deemed to require an MDS then pharmacies are required to provide this via the funding that they already receive. If a patient does not qualify for an MDS under the Equality Act 2020 then there is no requirement for the community pharmacy to provide these trays. It is acceptable for them to provide MDS for non-qualifying patients and make a charge for this service but it would be expected that this is paid for by the patient and not through the provision of 7 day scripts.
- To boost the dispensing fees within community pharmacies or dispensing practices.

So What?

- Please contact occg.medicines@nhs.net if you have any concerns about inappropriate requests of 7 day scripts from community pharmacies.

Primary Care Prescribing Protocol to Support the Diagnosis and Management of People with Dementia

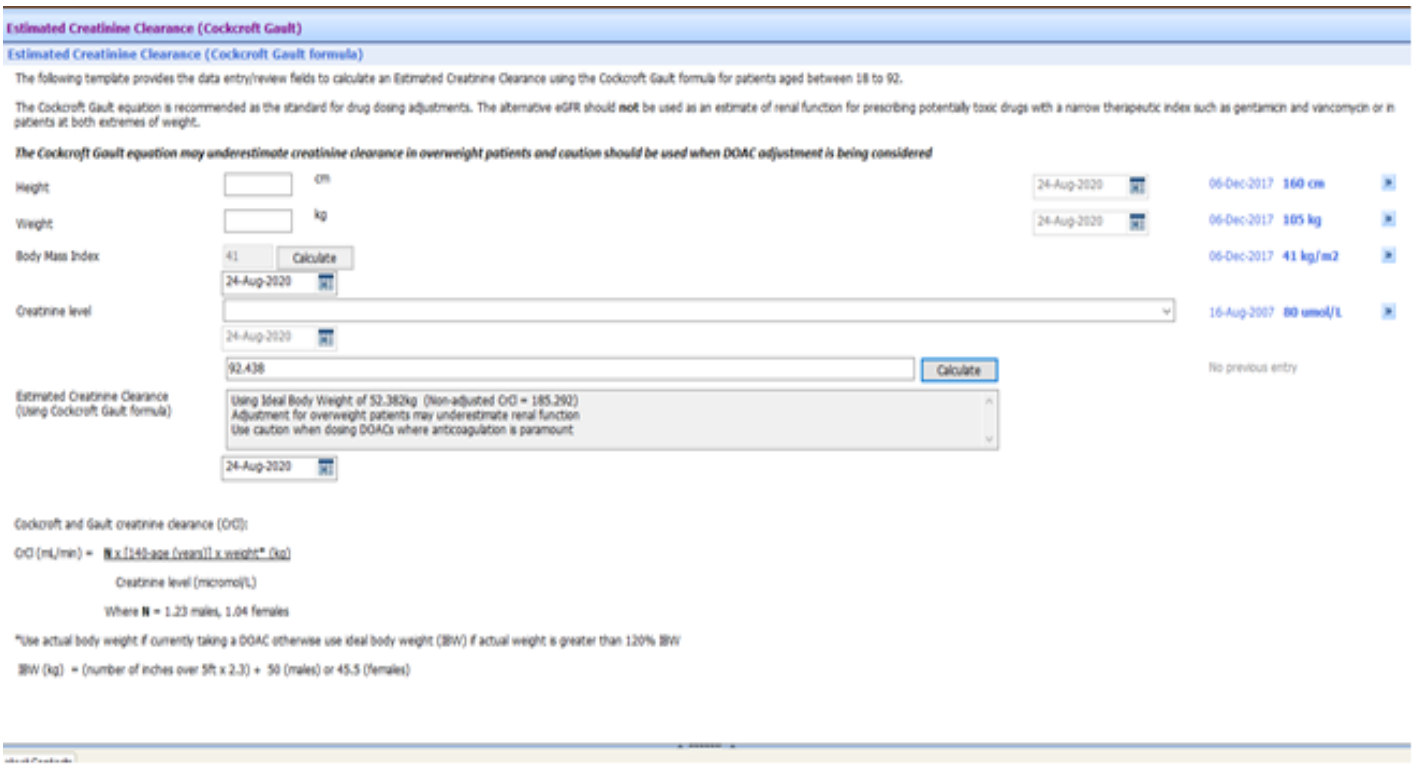
There have been no new updates made to this protocol. However Oxford Health (OH) specialists will be more closely following the recommendations previously approved within this document.

This relates to Section C: Ongoing Monitoring and Management: "Only stable patients should be discharged from the specialist Memory Clinic and this may be arranged after the 3 month review. The Memory Clinic may retain prescribing for the initial 3 months, or alternatively GPs may be asked to issue the first prescription following diagnosis. Thereafter, patients should be reviewed annually."

This may result in the Memory Clinic retaining the prescribing for 3 months in a smaller number of patients and consequently more requests being made to GPs to issue the first prescription following diagnosis. When secondary care do ask GPs to prescribe the medication from the offset, the specialist will still be reviewing the patients within the 3 months of medication starting. If patients are settled after 3 months the patient will then be discharged back to GP care.

Calculating creatinine Clearance for Patients Prescribed a Direct Oral Anti Coagulant (DOAC)

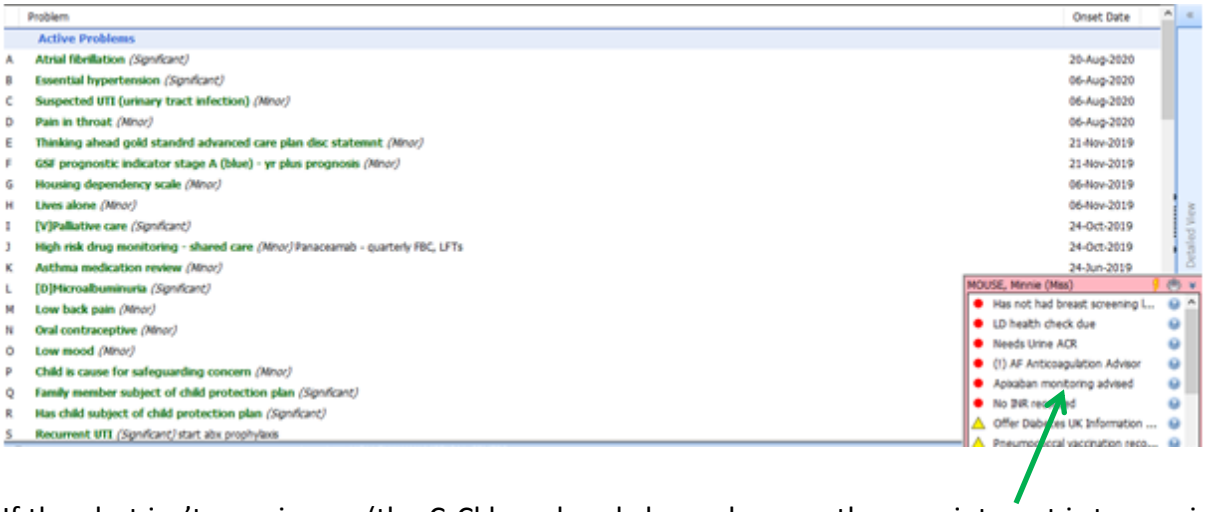
We have had a number of queries from practices regarding calculating creatinine clearance (CrCl) for patients prescribed a DOAC e.g. apixaban, rivaroxaban, edoxaban or dabigatran. OUH currently report plasma creatinine levels rather than serum creatinine levels. For the purposes of calculating CrCl for assessing DOAC doses and monitoring, serum and plasma creatinine are interchangeable and therefore plasma creatinine levels can be used. It is important to use the Cockcroft and Gault formula when calculating CrCl for DOACs and our guidance contains links to MDcalc to do this. EMIS also contains a creatinine calculator using the Cockcroft Gault formula:



The following links may help if you are unsure about how to calculate CrCl using the tools embedded in EMIS:

- Cockcroft-Gault Creatinine Clearance Equation template - The main guidance on the calculation of the CrCl within EMIS (including information on how to calculate CrCl in overweight patients).
- DOACs clinical safety alerts - Details about when the DOAC clinical safety alerts trigger within EMIS for each drug .
- Atrial Fibrillation Advisor - Details about the new Atrial Fibrillation Advisor recently released by EMIS, which calculates CHADS2-VASC and HASBLED based on patient record (unfortunately this pulls the serum creatinine, and in Oxfordshire plasma creatinine is reported).

If the patient is already prescribed a DOAC the templates will pop up with an alert:



If the alert isn't popping up (the CrCl has already been done, or the appointment is to consider a DOAC before starting one) then the CrCl template can be accessed by going to:
Investigations tab →arrow under add button → select 'add data using template → search for estimates creatinine clearance (Cockcroft Gault) → select it and the template will pop up.

So What?

- Familiarise yourselves with how to calculate CrCl for patients indicated for DOACs.
- Clinical judgement may be needed when working out CrCl in overweight/obese patients. Please contact the Anticoagulation Optimisation Support Service for further advice if needed (doacsupport.ox@nhs.net).

Running a Medicines Re-use Scheme in a Care Home Setting

In April 2020 the Department of Health and Social Care (DHSC) in conjunction with NHS England and NHS Improvement, issued a Covid-19 Standard Operating Procedure (SOP) 'Running a medicines re-use scheme in a care home or hospice setting'. It allows care homes and hospices in England to use medicines labelled for one person who no longer needs them for another person. The guidance has been developed in response to increasing pressure on the medicines supply chain during the Covid-19 pandemic. The recommendations override the normal practice of disposing of any unwanted medication. This will enable people to receive essential medicines if they cannot be obtained via normal routes within the required time frame.

The Medicines Optimisation in Care Homes (MOCH) team have developed some guidance and FAQs which have been approved for use by the OCCG Area Prescribing Committee (APCO), to supplement the national SOP. Within the guidance document, there is information specifically for prescribers, community nursing teams and community pharmacies.

Some of the main principles of the scheme are:

- The medicines re-use scheme only applies during the Covid-19 pandemic
- Medicines should only be re-used in a crisis, when the benefits outweigh the risks and
    - there is no stock available **and**
    - there is no suitable alternative **or**
    - medicines cannot be obtained in a timely manner due to the immediate needs of the patient
- Any medicine may be considered for re-use, but care homes are requested to prioritise medicines which are likely to be required in an emergency, are in high demand or for which there have been stock shortages.
- Only medicines that are no longer needed by the original recipient can be considered for re-use. Medicines cannot be borrowed.
- Medicines must be approved for re-use by a registered healthcare professional
- A prescription must be issued for the patient before a re-used medicine can be administered. This is so that the care home has clear instructions for the MAR chart.
- The care home can choose whether to implement the medicines re-use scheme.

So What?

- Healthcare professionals who are involved with prescribing, supplying or administering medicines to care home residents should be aware of the medicines re-use scheme and be familiar with the role they may be required to play in the event of an outbreak of Covid-19 within a care home.
- For further information about the Medicines re-use scheme, please contact the MOCH team medicines.care-homes@oxfordhealth.nhs.uk.

Directions to Administer – Electronic Signatures during COVID-19

The Specialist Pharmacy Service (SPS) has issued advice on the use of electronic signatures during COVID-19, including the advice to use personal NHS.net email addresses, and also clarifies the distinction between prescriptions, Directions to Administer (DTA) forms and Medication Administration Record (MAR) sheets. Key points as follows:

- A prescription against which a supply of medication is made (usually by a pharmacist) must comply with all legal requirements for prescriptions and controlled drugs (where applicable).
- A MAR (medication administration record) is a document to record the administration of a medicine. This is intended for social care staff to record administration. There is no requirement for the MAR to be physically signed by the prescriber.
- A direction to administer (DTA) is an instruction from a prescriber, which can be a patient specific direction, an FP10 prescription or the label on a box of medication. All of these confirm that a prescriber has intended the medication for that individual. The written instruction enables the administration of a patient's medication by a suitably trained and competent person. The direction to administer will state the patient details, prescriber details and medication details, strength, dose etc.

Where the label does not specify dose e.g. insulin, medication administered via a syringe driver or where the dose may have changed since the supply was made a direction to administer is needed.

- A physical signature being required especially during COVID-19 can result in delayed patient care. It is therefore recommended that the direction to administer can be safely transferred via **secure email (e.g. nhs.net) from the prescriber's email address** to the healthcare professional/generic team address without the need for a physical signature. The printed name of the prescriber on the direction to administer must match that on the sender's email as assurance that it has come from the right person.

PINCER Training

PINCER has been included in the 2020-21Prescribing Incentive Scheme. The training provided last year by the Oxford AHSN is being repeated in an online format for new practice/PCN pharmacists. Practices can sign up to a PINCER action learning set through the Eventbrite hyperlinks below, please book by **18th September 2020**.

- ALS1 – static online learning, available on the PINCER Resource Centre. Access the PINCER Resource Centre **here** (you will need to log in)
- ALS2 – live online learning with pre reading
- ALS3 – live online learning with pre reading

For further information please contact bucks.mmt@nhs.net or James.Rose@OxfordAHSN.org

Session	Access
Action Learning Set 1 eLearning module Complete prior to attending ALS2	For login details contact Ferdinand.Manansala@oxfordahsn.org
Action Learning Set 2 Webinar 3rd November 12.00am – 2.00pm Password: PINCER1	https://www.eventbrite.co.uk/e/pincer-action-learning-set-2-online-tickets-119593036993
Action Learning Set 3 Webinar 16th December 12.00am – 2.00pm Password: PINCER1	https://www.eventbrite.co.uk/e/pincer-action-learning-set-3-online-tickets-119590720063

Supply Issues

Priadel discontinuation April 2021

Priadel® (Lithium carbonate) 200mg and 400mg modified-release tablets will be discontinued, with supplies expected to be exhausted by April 2021. Please see the CAS alert from the MHRA for more details. In Oxfordshire, Lithium is under shared care and therefore the Medicines Optimisation team is in discussion with Oxford Health on how to best support and switch patients. We will issue local guidance on this in due course

with enough time to ensure patients are appropriately switched before supplies run out next April. **Please do not start to switch patients to alternative brands until local guidance has been issued.**

Some Short-term Supply Issues

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

Supply Issue	Resupply date	Comment
Desmopressin acetate (Octim) 150microgram nasal spray	Out of stock (OOS) until March 2021	• Unlicensed imports can be sourced via Mawdsley's Unlicensed. • Alternatively, Octim 15mcg/ml injection remains available
Diazepam (Diazemuls) 10mg/2ml emulsion for injection	February 2021	Updated resupply date
Flixotide nebules	Mid December 2020	Updated resupply date
Lodoxamide (Alomide) 0.1% eye drops	No resupply date	Updated resupply date
Nabumetone 500mg tablets	Early November 2020	Updated resupply date
Oral contraceptive tablets (various brands)	Various updates	See here for more information
Pethidine 50mg tablets	No resupply date	Unlicensed supplies of pethidine 50mg tablets have been sourced. For more information see here.
Prednisolone 5mg suppositories	Early November 2020	Updated resupply date
Sodium cromoglycate (Intal) 5mg inhaler	OOS until mid-November 2020	Parallel imports are available through Phoenix or directly from DrugsRUs.

H2-antagonists Supply Update

A Ranitidine Switch Protocol was approved by APCO in July 2020 for use in primary care. The following table shows the latest resupply dates for H2-antagonists:

Famotidine 20mg tablets	Tillomed: In stock
	Teva: Out of stock. Resupply mid-September 2020.
Famotidine 40mg tablets	Tillomed Out of stock. Resupply end-September 2020.
	Teva: In stock
Cimetidine 200mg tablets	Ennogen: Out of stock. Resupply June 2021.
	Medreich: Out of stock. Resupply to be confirmed.
Cimetidine 400mg tablets	Ennogen: Out of stock. Resupply June 2021.

	Medreich: Out of stock. Resupply to be confirmed.
Cimetidine 800mg tablets	Ennogen: Out of stock. Resupply June 2021.
	Medreich: Out of stock. Resupply to be confirmed.
Nizatidine 150mg tablets	Mylan: In stock
	Medreich: Out of stock. Resupply to be confirmed.
	Relonchem: Out of stock. Resupply September 2020.
Nizatidine 300mg tablets	Mylan: In stock
	Medreich: Out of stock. Resupply to be confirmed.
	Relonchem: Out of stock. Resupply September 2020.

Serious Shortage Protocol (SSP)

The Serious Shortage Protocol (SSP) for fluoxetine 40mg is being extended to Friday 25 September 2020. In addition, the SSP for fluoxetine 10mg tablets is being extended to 31 March 2021. See here for more details.

Drug Safety Updates

National Patient Safety Alert Steroid Emergency Card To Support Early Recognition And Treatment Of Adrenal Crisis In Adults

The omission of steroids for patients with primary or secondary adrenal insufficiency can lead to adrenal crisis; a medical emergency which if left untreated can be fatal. If these patients become acutely ill or are subject to major body stressors, such as from trauma or surgery, they require higher doses of steroids to prevent an adrenal crisis. While substantial resources exist, clinical staff are not always aware of the risk of adrenal crisis, or the correct clinical response should one occur. The NPSA issued a safety alert which recommends several actions for organisations including general practices and community pharmacies, to be completed as soon as possible and no later than 13 May 2021.

Stimulant Laxatives Available Over-the-counter: New Measures to Support Safe Use

Medicines available in the UK over-the-counter (OTC) are bisacodyl (such as Dulcolax), senna and sennosides (isolated, as calcium salts; such as Senokot), and sodium picosulfate (such as Dulcolax Pico). The safety of stimulant laxatives has been under close review by the MHRA for many years following concerns relating to misuse and abuse. Previous measures have included the addition of warnings to some products to advise that laxatives do not aid weight loss and that long-term use may be harmful. Following a national safety review, the MHRA has issued a safety update which includes the following new measures to support safe use:

- pack size restrictions
- revised recommended ages for use
- new safety warnings for OTC stimulant laxatives (orally and rectally administered)

Emollients and Risk of Severe and Fatal Burns: New Resources

On 29 July 2020, MHRA in partnership with the National Fire Chiefs Council, charities, and organisations from across health and social care launched a campaign to raise awareness of this important risk. A toolkit of resources is now available for health and social care professionals to support the safe use of emollients. The resources are freely available for download from here.

For more information of this safety update please see the link here.

Isotretinoin (Roaccutane▼): Reminder of Important Risks and Precautions

In this safety update, healthcare professionals are reminded that isotretinoin should only be used for severe forms of acne resistant to adequate courses of standard therapy with systemic antibacterials and topical therapy. Prescriptions of isotretinoin should be supervised by specialist dermatologists with a full understanding of the potential risks and monitoring requirements.

Between January and June 2020 (6 months), 6 items have been prescribed by GP practices in Oxfordshire. Prescribers are reminded that isotretinoin is listed as 'red' meaning it is for prescribing by dermatologists only in secondary care, for severe acne or acne unresponsive to oral antibiotics after 6 months. GPs are recommended to review any prescribing of isotretinoin and repatriate the patients to secondary care where possible.

Denosumab 60mg (Prolia): Increased risk of Multiple Vertebral Fractures After Stopping or Delaying Ongoing Treatment

An increased risk of multiple vertebral fractures has been reported in patients within 18 months of stopping or delaying ongoing denosumab 60mg treatment for osteoporosis; cases have been reported in patients in the UK. The MHRA has therefore issued a safety update which contains the following advice to healthcare professionals:

- patients with a previous vertebral fracture may be at highest risk
- evaluate a patient's individual factors for benefits and risks before initiating treatment with denosumab
- patients should not stop denosumab without specialist review
- the optimal duration of denosumab treatment for osteoporosis has not been established; re-evaluate the need for continued treatment periodically, particularly after 5 or more years of use
- risks of long-term treatment with denosumab include rare cases of osteonecrosis of the jaw and atypical femoral fractures; osteonecrosis of the external auditory canal has also been reported in association with denosumab
- NICE rapid guidance (30 April 2020) advises not to postpone ongoing treatment with denosumab during the coronavirus (COVID-19) pandemic.

Clozapine and Other Antipsychotics: Monitoring Blood Concentrations for Toxicity

The MHRA has received 2 separate reports from Coroners raising concerns regarding the need for monitoring of clozapine blood levels in one report and monitoring antipsychotic blood levels during long-term high-dose antipsychotic use in the other. As a result of these reports, the MHRA has issued the safety update which contains advice for healthcare professionals in relation to the monitoring and prescribing of clozapine and other antipsychotics.

In Oxfordshire, Clozapine should only be prescribed on a Shared Care basis; while many other antipsychotics can be prescribed following specialist recommendation/ initiation (Amber Continuation), in line with local prescribing guideline. Prescribers are advised to contact OH Medicines Advice Service (medicines.advice@oxfordhealth.nhs.uk) for specialist advice as necessary.