

Prescribing Points



Volume 30 Issue 8 October 2020



Oxfordshire

Cinical Commissioning Group

Volume 30 Issue 8 Date: October 2020

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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.

Medicines Optimisation Induction Pack

The OCCG Medicines Optimisation team have created an Induction Pack for all pharmacists and related allied health professionals working in a Primary Care Network (PCN) or practice pharmacy team. The pack provides detailed explanation to the roles and function of the MO team, and how we can help and support PCN or practice work in order to promote more collaborative working. This pack can be found on the Clinox website [here](#).

So What?

- Please contact occg.medicines@nhs.net if you have any feedback or questions about the induction pack.

Prescription Requests

As patients start to prepare for winter during the continuing coronavirus outbreak, general practice is reminded **not** to increase prescription quantities or allow issues earlier than usual. Sudden increases in demands for medicines can disrupt the supply chain, cause shortages and add pressure to community pharmacies. There is a very strong message from NHS England and NHS Improvement that normal prescribing patterns must be maintained, including those for inhalers.

Encouraging patients to seek advice from a community pharmacist and/or buy over-the-counter (OTC) products for minor conditions can lead to savings in GPs' time and reduce footfall in to GP practices. See our commissioning policy on [Optimising Self Care by appropriate use of Over-the-counter Medicines](#).

Patient Information Leaflets to Support “Off Label” Use of Medicines in End of Life Care

In palliative care, medicines are commonly used for conditions or in ways that are not specified on the licence and information on ‘off-label’ use is often not included in the standard Patient Information Leaflets (PILs) from the manufacturers. In order to support conversations with patients and carers about using medicines outside of their license for better understanding of the medicines that they are receiving; the Palliative Care Team have produced PILs for medicines commonly used as “Off Label” in End of Life care, as below:

- Hyoscine Butylbromide Injection
- Hyoscine Hydrobromide Patch
- Hyoscine hydrobromide Tablets
- Levinan Levomepromazine
- Lorazepam
- Midazolam Oromucosal Solution
- Morphine Sulphate Concentrated Solution
- Morphine Sulphate Solution
- Olanzapine
- Oxycodone Concentrate Solution
- Risperidone

The leaflets can be found [here](#) and there is also a link to the leaflets in the [End of Life Symptom Management Guidelines During COVID 19](#).

Medicines Optimisation Resources for COVID-19 – A Reminder

In preparation for the second wave of COVID-19 outbreak, the Medicines Optimisation team have reviewed COVID-19 related guidelines on the [OCCG website](#) to ensure all guidance and information are still relevant and up-to-date. The [FAQ Document](#) has also been updated, changes include;

- Updates in line with most recent guidelines
- Advice on patients who are extremely clinically vulnerable updated in line with government policy
- Added FAQs on:
 - Running a medicines reuse scheme in care home setting
 - Sending Direction to Administer (DTA) electronically

- Resources available to patients recovering from Covid-19
- Is a nebuliser an aerosol generating procedure (This answer isn't finalised though as awaiting respiratory team input)
- Use of dexamethasone

Please refer to the FAQ document for any COVID-19 related questions on prescribing, or contact the team on occg.medicines@nhs.net.

MHRA Guidance on Warfarin and Other Anticoagulants – Monitoring of Patients during the COVID-19 Pandemic

Supratherapeutic anticoagulation was observed during the pandemic and the MHRA has issued a [guidance](#) to remind healthcare professionals (HCPs) of the following:

- Acute illness may exacerbate the effect of warfarin tablets and necessitate a dose reduction. Continued INR monitoring is important in patients taking warfarin or other vitamin K antagonists (VKA) if they have suspected or confirmed COVID-19 infection so risk of bleeding can be clinically managed at an early stage.
- Some patients taking warfarin may have been switched to DOACs during the pandemic to avoid regular blood tests for INR monitoring; HCPs should be aware of drug interactions with anticoagulants and ensure patients are informed accordingly.
- Be aware of the potential for drug-drug interactions between oral anticoagulants and certain antibiotics and antivirals that may be used to treat patients with COVID-19; and follow existing advice in product information, including advice on the need for INR monitoring in patients taking VKA who have recently started taking new medications.
- Ensure that warfarin treatment is stopped before DOACs are started to reduce the risk of over-anticoagulation and bleeding.
- Give the following advice/ reminders to patients taking VKA:
 - Patients attending for INR tests or who are collecting prescriptions for VKA should be asked to let their GP and healthcare team know if they have symptoms of or confirmed COVID-19 infection, because it is important that they continue to have their INR monitored while they are ill.
 - Inform GP and healthcare team about any recent changes to their diet (including alcohol consumption), smoking habits, any new medicines or supplements they are taking, and of the need to carefully follow the instructions for use for anticoagulant medication.
 - Inform GP and healthcare team if they are ill with sickness or diarrhoea or have lost their appetite, or are unable to attend their next scheduled blood test for any reason, including because they feel unwell.

So What?

- Locally, the anticoagulation team have been keeping a very close eye on patients who are suspected or who test positive for Covid-19. They have not yet seen a supratherapeutic effect in these patients, but will continue to monitor closely. It is important for all HCPs to be aware of this potential issue and follow the guidance above.

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 were approved by APCO in September 2020:

Sumatriptan 3mg/0.5ml

This is a new sumatriptan product containing 3mg per 0.5ml injection indicated for the acute relief of migraine attacks with or without aura, for patients aged 18 – 65 years old. According to the [BNE](#), the recommended treatment dose is 6 mg for 1 dose initially, followed by 6 mg after at least 1 hour if required, to be taken only if migraine recurs. Using the 3mg formulation would cost significantly more at this dose than using the normal 6mg formulation. APCO concluded that there is no strong evidence to support the use of a 3mg dose and therefore, the new 3mg/0.5ml formulation has been [BLACK-listed](#).

Treclin

Use of a topical antibiotic PLUS Benzoyl Peroxide OR Topical Retinoid is currently recommended in [SCAN guidance](#) for moderate acne (with risk of scarring). Treclin has therefore been added as **GREEN** to the [formulary](#) in line with SCAN guidelines.

Treclin contains 1% clindamycin and 0.025% tretinoin and is used to treat acne vulgaris in patients 12 years or older. A pea-sized amount of medication should be squeezed onto one fingertip, dot onto the chin, cheeks, nose, and forehead; then gently rubbed over the entire face. Treatment with Treclin should not exceed 12 weeks of continuous use without careful evaluation. Topical retinoids are contraindicated in pregnancy.

Paediatric Growth Hormone Shared Care Protocol

This is an update to the [protocol](#) originally written in 2012. The indications, doses and specialist/ GP responsibilities remain the same. The first line options continue to be Omnitrope® (practical device but does need to be refrigerated) and Genotropin® (option which does not need to be refrigerated). The key changes in this update is the inclusion of second line choices below; these choices have been used locally in recent years but have now been formally added to the guideline and formulary:

- Norditropin® for those experience unacceptable stinging affecting compliance
- Zomacton® for needle phobic patients
- Saizen® reserved for major compliance issues

The update also clarifies that thyroid function tests are completed by the specialist at the first clinic appointment after starting the growth hormone.

Oseltamivir for Prevention of Influenza and Related Morbidity in at-risk Patients during Outbreaks in Care Homes and Similar Settings: Evidence Summary and Review of Risk-benefits

Since 2017, CCGs have been required by NHSE to commission post-exposure antiviral prescribing services for management of flu outbreaks in care homes and similar settings both in-season and out of season. Although this approach is recommended by NICE and Public Health England (PHE), there are often questions raised about the evidence for the use of antivirals in this way. Therefore, PHE has prepared a concise summary of the evidence base supporting antiviral use of transmission interruption and treatment in influenza outbreaks in closed settings, which is now available on the flu update section of the CCG website [here](#).

Please note that this evidence summary also includes a recommendation from the British Geriatrics Society that where there is uncertainty in renal function of care home residents, pragmatic dose reduction can be used.

Supply Issues

Priadel Update – Obtaining Stock in Community Pharmacies

Essential Pharma has informed the Department of Health and Social Care (DHSC) of its decision to reverse the discontinuation of Priadel 200mg and 400mg tablets from the UK market with immediate effect.

Essential Pharma has confirmed supplies of Priadel 200mg and 400mg tablets are sufficient to meet current UK demand and whilst Priadel 200mg and 400mg tablets do remain available, Essential Pharma are aware that ordering quotas have been exceeded earlier than expected, resulting in limited supplies available across the UK. Ordering quotas will remain in place across wholesalers (based on historic demand) for the foreseeable future to ensure supplies continue to be available for all patients. Please note, quotas are reset on the 1st of each month.

For those with insufficient supplies of Priadel tablets who require stock urgently and cannot wait until the 1st of each month, please contact Movianto directly (tel: 01234 248 500 / e-mail: orders.UK@movianto.com). Please note, you will be required to create a Movianto account to obtain supplies.

New System-wide Drug Shortages Update

OCCG is currently working with Berkshire West and Buckinghamshire CCGs on a system-wide drug shortages bulletin that can be updated regularly and shared with GPs and other allied HCPs in primary care. The drug shortages bulletin will be published on our Clinox [website](#) when ready; and a link to this will be provided on subsequent 'Prescribing Points' newsletters and on Net Formulary [home page](#).

Supply Issues Affecting Primary Care

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

Supply Issue/ Manufacturer	Resupply date	Comment
Bisacodyl (Dulcolax) 5mg suppositories/ Sanofi	Out of stock (OOS) until early December 2020	<ul style="list-style-type: none"> Dulcolax 10mg suppositories and other laxatives remain available. There are alternative laxatives that can be used via the oral or rectal route for constipation. Please refer to the BNFc for further information.
Colestipol (Colestid) plain 5g granules/ Pfizer	Limited supply until w/c 2 nd November 2020	<ul style="list-style-type: none"> See information below on Colestid Orange sachets. UKMi have prepared a clinical memo containing further information on alternative bile-acid sequestrants.
Fluoxetine 30mg capsules/ Advanz	OOS until mid-December 2020.	Fluoxetine 10mg and 20mg capsules remain available.
H2-antagonists/ Various brands	Various updates	<ul style="list-style-type: none"> Please refer to the local Ranitidine Switch Protocol for use in primary care. See here for updates on resupply dates.
Oral contraceptive tablets/ Various brands	Various updates	See here for more information.
Ferrous Fumarate 322mg/Folic Acid 350mcg (Pregaday) tablets/ Recipharm	Late November 2020 (updated)	<ul style="list-style-type: none"> There are no other suitable licensed combination that contain similar amounts of iron and folic acid, therefore consider prescribing the following separate components: <ul style="list-style-type: none"> ➤ 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.
Sulfasalazine gastro-resistant (Salazopyrin EN-tabs) 500mg tablets/ Pfizer	OOS until early December 2020	Sulfasalazine gastro-resistant 500mg tablets remain available from Genesis Pharma and can support the full market demand.
Zonisamide 25mg, 50mg and 100mg capsules/ Teva and Glenmark	<p>Teva - 25mg and 50mg capsules OOS until February 2021; 100mg capsules OOS until December 2020.</p> <p>Glenmark - 50mg and 100mg until w/c 19 October and w/c 16 November 2020, respectively</p>	<ul style="list-style-type: none"> All strengths of zonisamide capsules remain available from Eisai Ltd. Updated MSN to follow

Drug Safety Updates

Opioids: Risk of Dependence and Addiction

Opioid medicines provide relief from serious short-term pain; however long-term use in non-cancer pain (longer than 3 months) carries an increased risk of dependence and addiction, even at therapeutic doses. Following a national review, the Commission on Human Medicines (CHM) has issued new recommendations for HCPs, see [here](#) for more details.

Locally in Oxfordshire, there is a targeted effort to review and reduce high dose opioid (>120mg oral morphine or equivalent per day) prescribing for non-cancer pain as part of the [Prescribing Incentive Scheme 2020/21](#). It is recommended that the new MHRA advice is taken into consideration when making treatment decisions and developing action plans.

Transdermal Fentanyl Patches for Non-cancer pain: Do Not Use in Opioid-naive Patients

Following a review of the risks associated with use of opioid medicines for non-cancer pain, the CHM has recommended that fentanyl transdermal patches are contraindicated in opioid-naive patients in the UK. This is because there is considerable risk of respiratory depression with the use of fentanyl especially in opioid-naive patients; and also significant risk with too rapid an escalation of dose, even in long-term opioid users.

In Oxfordshire, fentanyl patches are listed as 'brown' on formulary, meaning it is restricted for **patients who have stable pain and are unable to take medication orally**, in line with [Opioid Prescribing Guidelines for Non Cancer Pain](#). Prescribers are reminded to follow the local guideline and also the latest CHM advice [here](#) when prescribing fentanyl.

Methotrexate Once-weekly: New Measures to Reduce Risk of Fatal Overdose

In autoimmune conditions and some cancer therapies, methotrexate should be taken once a week; however, the MHRA continue to receive reports of inadvertent overdose due to more frequent dosing (including daily administration). New measures have been implemented to prompt HCPs to record the day of the week for intake and to remind patients of the dosing schedule and the risks of overdose. Key recommendations in this [safety update](#) include:

- Prescribing advice
- Changes to the instructions and packs
- [Patient card](#) and [educational materials](#) for HCPs.

Insulins (All Types): Risk of Cutaneous Amyloidosis at Injection Site

Injection of insulin (all types) can lead to deposits of amyloid protein under the skin (cutaneous amyloidosis) at the injection site, which can interfere with insulin absorption; and administration of insulin at an affected site can affect glycaemic control. In this update, HCPs are advised to remind patients to rotate injection sites within the same body region to reduce or prevent the risk of cutaneous amyloidosis and other skin reactions (for example, lipodystrophy). Please see more details [here](#).