Frimley CCG Prescribing Newsletter

"Making the most of medicines"

Volume 12 Issue 11

December 2021

A thank-you note from MOT for your support and effort in prescribing medicines safely, effectively, and efficiently in 2021!

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+++Contacting the Medicines Optimisation Team+++ We are currently not office based so will not be able to receive any written communication by post. If GP Practices need to make contact with the team please could they could either contact via frimleyccg.prescribing@nhs.net or their usual Medicines Optimisation pharmacist – mobile phone numbers and emails, as per the CONTACTS page of the newsletter.

Save the date: 1pm on Wednesday 12th January 2022

Please join us for our next MOTea session at 1pm on Wednesday 12th January 2022. This session will cover Type 2 Diabetes Care and is with Dr Frances Coyle, Consultant in Diabetes and Endocrinology, Frimley Park Hospital.

If you haven't received a TEAMs invite, please e-mail: tim.langran@nhs.net

Xyla Health and Wellbeing Low Calorie Diet- text message and EMIS search

To support practices to find eligible patients with Type 2 diabetes to reduce weight, reduce HbA1c and help achieve remission of diabetes there is an EMIS web search and text message embedded below.

AD786BB8.zip

sample-text-messag e.pdf

Action: Consider running this search in January and send the attached text message to eligible patients.

GUIDANCE UPDATE

NICE update

The Headaches in over 12s: diagnosis and management guideline has been updated. It covers advice on the diagnosis and management of tension-type headache, migraine (including migraine with aura and menstrual-related migraine), cluster headache and medication overuse headache in young people (aged 12 years and older) and adults. This update changed the recommendations regarding metoclopramide or prochlorperazine for acute migraine from 'offer' to 'consider', to better reflect their risks/ benefits.

The Suspected cancer: recognition and referral guideline has been updated. It covers identifying children, young people and adults with symptoms that could be caused by cancer. This update reviewed the evidence on fixed and age-adjusted thresholds for prostate-specific antigen testing and updated the recommendations on referral for suspected prostate cancer.

The Pelvic floor dysfunction: prevention and non-surgical management guideline has been published. It covers the prevention, assessment and non-surgical management of pelvic floor dysfunction in women aged 12 and over. It is noted that this guideline uses the term 'women' throughout, but this should be taken to include those who do not identify as women but who have female pelvic organs.

The Mexiletine for treating the symptoms of myotonia in non-dystrophic myotonic disorders technology appraisal has been published. This treatment is recommended, within its marketing authorisation, as an option for treating the symptoms of myotonia in adults with non-dystrophic myotonic disorders. It is recommended only if the company provides mexiletine (Namuscla®) according to the commercial arrangement. Based on the commercial arrangement it is expected that treatment will be issued by secondary care.

The Liraglutide for managing obesity in people aged 12 to 17 years technology appraisal has been terminated. The manufacturer did not provide an evidence submission therefore NICE is unable to make a recommendation.

Action: Clinicians should be aware of this month's new guidance and implement any necessary changes to practice.

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Antibiotic Guidelines: SCAN MicroGuide Latest Updates

Version 6.1 (14th December 2021)

- **Major** update to COVID-19 Treatment page as per NICE CAS alert 14/12/21 to **NO longer use** inhaled budesonide for COVID-19 unless part of a clinical trial.

Version 6.2 (17th December 2021)

- Clostridioides difficile Infection page updated to include only a reference to NICE guideline until page is agreed across SCAN

- **Major** changes to Acne Vulgaris page, much more information and definitions, updated treatments with much more specific information
- **Major** changes to Cholecystitis page, removed 'When to investigate' etc. - replaced with refer urgently to hospital if symptomatic
- **Major** changes to Infectious Diarrhoea page including lots of information in each section including new alternative treatment options
- Minor changes to Scabies page, information added to General advice
- Page numbers and references to UKHSA document updated on Influenza page

Action: Please access SCAN microguide via https://viewer.microguide.global/SCAN/SCAN.

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SAFETY UPDATE

MHRA Drug Safety Update - December 2021

Elderly patients are at an increased risk of adverse neurological and cardiac effects when being treated with haloperidol for delirium. This reminder follows an analysis of Yellow Card Reports. It is recommended that the lowest possible dose of haloperidol should be used for the shortest possible time, and cardiac and extrapyramidal adverse effects should be closely monitored.

The type 1 diabetes mellitus indication for dapagliflozin has been withdrawn as previously reported.

Action: Clinicians should be aware of this month's new guidance and implement any necessary changes to practice. Further information may be found here.

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Considering the safety and interactions of turmeric

Adverse effects to turmeric are rare, however it has the potential to interact with conventional medicines and herbal supplements. Specialist Pharmacy Services (SPS) have produced guidance on what to advise patients using turmeric.

Action: For further information please read here.

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JOURNAL

Prescribing of long-term antibiotics to adolescents in primary care: a retrospective cohort study

Background Antibiotic overuse is linked to increased risk of antimicrobial resistance. Long-term antibiotics are commonly used for treating acne and prophylaxis of urinary tract infection. Their contribution to the overall burden of antibiotic use is relatively unknown.

Aim To describe the volume of commonly prescribed long-term (≥28 days) antibiotic prescriptions in adolescents and young adults, trends over time, and comparisons with acute prescriptions.

Design and setting A retrospective cohort study using UK electronic primary care records.

Method Patients born between 1979 and 1996 and with data in the Care and Health Information Analytics database were included. The main outcome measures were antibiotic prescription rates per 1000 person-years and antibiotic prescription days per person-year between the ages of 11 and 21.

Results In total, 320 722 participants received 710 803 antibiotic prescriptions between the ages of 11 and 21 years from 1998 to 2017. Of these 710 803 prescriptions, 191 443 (26.93%) were for long-term antibiotics (≥28 days and ≤6 months in duration). Long-term antibiotics accounted for more than two-thirds (72.48%) of total antibiotic exposure (days per person-year). Total long-term antibiotic prescribing peaked in 2013 at just under 6 days per person-year and declined to around 4 days in 2017.

Conclusion Among adolescents and young adults, exposure to long-term antibiotics (primarily lymecycline used for acne) was much greater than for acute antibiotics and is likely to make an important contribution to antimicrobial resistance. Urgent action is needed to reduce unnecessary exposure to long-term antibiotics in this group. Increasing the use of, and adherence to, effective non-antibiotic treatments for acne is key to achieving this.

Reference: British Journal of General Practice 2021; 71 (713): e887-e894. **DOI:** https://doi.org/10.3399/BJGP.2021.0332

MOT Comment: SCAN Microguide treatment of acne vulgaris advises topical treatments over oral antibiotics. Where an oral antibiotic is indicated for moderate to severe acne, a follow up should occur at 12 weeks to assess improvement as per below:

- *If patient taking an oral antibiotic and acne has completely cleared, consider stopping oral antibiotic but continuing topical treatment.*
- *If patient taking an oral antibiotic and acne has improved but not completely cleared, consider continuing both oral and topical treatments for up to another 12 weeks.*
- *Only continue an antibiotic treatment (oral or topical) longer than 6 months if exceptional circumstances. Review at 3 monthly intervals and stop the antibiotic as soon as possible.*
- *If failure to respond, see NICE Acne vulgaris: management [NG198].*

If acne has cleared:

- *Explain that maintenance treatment is not always necessary.*
- *Consider maintenance treatment in people with a history of frequent relapse after treatment.*

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MEDICINES BOARD UPDATE

Care Homes Good Practice Guidelines (GPG)

Medicines Storage, Administration of creams and ointments and Controlled drugs in care homes Good Practice Guidelines have been approved.

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Vitamin D pathway for children

Identifying children in need of Vitamin D supplementation guidance has been approved. Those with levels <25nmol/L may be prescribed a vitamin D supplement, see below, otherwise please give advice on how to obtain vitamin D through lifestyle and purchased supplements containing at least 400 units (10micrograms).

For vitamin D deficiency:

- Age 1–5 months: InVita® D3 25,000units/ml oral solution sugar free. 1ml once weekly for 8 weeks
- Age 6 months–11 years: InVita® D3 50,000units/ml oral solution sugar free. 1ml once weekly for 8 weeks

- Age 12–18 years: colecalciferol 25,000unit tablets. 75,000units weekly for 8 weeks (if unable to swallow tablets then use InVita® D3 oral solution)

Action: Please be aware of these new/ updated guidelines.

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SUPPLY ISSUES

DHSC and NHSE/I online Medicines Supply Tool

- DHSC and NHSE/I have launched an online Medicines Supply Tool
- To access the Tool you will be required to register with the Specialist Pharmacy Service (SPS) website and be logged in due to the commercially sensitive nature of the information

Action: Access the supply tool here.

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Shortage of Estradiol 7.5micrograms/24hours vaginal delivery system

Estring® is licensed for the treatment of atrophic vaginitis (due to oestrogen deficiency) in postmenopausal women. Once inserted it is left in the vagina continuously for 90 days and replaced by a new ring as appropriate.

Where patients have insufficient supplies to last until the re-supply date (approx. Jan 2022), clinicians should:

- review patients to determine if this is still the most suitable therapy; and
- consider prescribing an alternative estradiol or estriol vaginal product

Action: please follow the link to view suitable alternatives. Shortage of Estradiol 7.5micrograms/24hours vaginal delivery system – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

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Shortage of Methylprednisolone acetate and Methylprednisolone acetate + Lidocaine suspension for injection vials (Depo-Medrone®)

- Depo-Medrone® 40mg/ml vials are out of stock until late February 2022.
- Depo-Medrone® 80mg/2ml and 120mg/3ml vials remain available but cannot support an increase in demand.
- Depo-Medrone® with lidocaine 1% 40mg/ml vials are out of stock until early February 2022; 80mg/2ml vials are out of stock from late December until late February 2022.
- Lidocaine 1% injection remains available.

Alternative licensed injectable steroids also remain available. Where these are not suitable, unlicensed imports can be sourced, lead times vary.

Where there are insufficient supplies to last until the resupply date, clinicians should:

- identify where Depo-Medrone® and Depo-Medrone® with lidocaine are used within their organisation.
- following local risk-assessment, prescribe alternative treatment options most appropriate to meet patient requirements
- consider unlicensed products only where licensed alternatives are not appropriate; and
- consider prescribing lidocaine 1% injection separately if a local anaesthetic is required.

Action: please follow the link to view suitable alternatives. Shortage of Methylprednisolone acetate and Methylprednisolone acetate + Lidocaine suspension for injection vials (Depo-Medrone) – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

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Fluad Tetra® Influenza vaccine: Interim Supply to Mitigate Supply Disruption

To support an increase in demand to support co-administration of influenza vaccine with COVID vaccine, Seqirus has obtained approval from the MHRA to supply Great Britain with Fluad Tetra® packed for the Republic of Ireland/Northern Ireland (batch number 8636C1A; batch size 9,958 packs). The product is expected to be on the Great Britain market from approximately 30 November 2021 to 31 May 2022. For further information read the letter in full here.

Action: Please ensure if you are using Fluad Tetra® influenza vaccine that relevant staff are aware of the information.

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Medicines Optimisation in Care Homes (MOCH) Corner

COVID-19 Pandemic: Medicines Re-use Schemes in Care Homes

National guidance was published on 28th April 2020 by the Department of Health and Social Care (DHSC) together with NHS England and NHS Improvement regarding the re-use of medicines in Care Homes and Hospices during the pandemic.

DHSC advise against the re-use or recycling of another patient's medicines as the quality and safety of any medicine that has left the pharmacy cannot be guaranteed. Unused medicines are normally disposed of by returning them to a licensed waste disposal company or community pharmacy.
There are increasing concerns about the pressure that could be placed on the medicines' supply chain during peaks in the COVID-19 pandemic. A medicines re-use scheme for care homes and hospices could potentially ease some of that pressure. By re-using medicines in accordance with the guidance, we aim to ensure everyone receives their prescribed medicines.

Medicines re-use schemes are for medicines where there are known problems with obtaining a supply, or where the current supply process is not quick enough to respond to the immediate care needed for an individual person. **It should be used as a last resort where other options in place have been explored and exhausted.**

Guidance for care homes within the Frimley ICS area and those working with care homes can be found here:
https://www.frimleyccg.nhs.uk/policies-and-documents/medicines-optimisation/care-homes/covid-19

PRINCIPLES OF A MEDICINES RE-USE SCHEME

1. **The care home chooses whether or not to opt into operating a medicines re-use scheme; it is advisable to do so.**
2. **The scheme is time limited and applies to the period of emergency during the COVID-19 pandemic only.**
3. **A medicine must only be utilised through the scheme in a medicines supply crisis.**
4. **The scheme applies to ANY medicine only when:**
   - **medicine is out of stock AND there is no suitable alternative medicine**
   - **the current medicine supply process is not quick enough to respond to the immediate care needs of an individual person AND**
   - **the benefit of re-using a medicine outweighs the risk of the person not receiving a medicine**

5. **It applies only to medicines that are no longer needed by the person for whom they were originally prescribed. Medicines must not be "borrowed" or "shared".**
6. **The medicine being re-used must be authorised as suitable by a registered Health Care Professional e.g. Nurse, Pharmacy Technician, Pharmacist, Community Nurse or GP**
7. **The medicine for re-use must stay and be stored within the same care home.**
8. **The care home must risk assess and keep a robust audit trail for any re-used medicine.**
9. **A prescription must be provided for that resident to the care home before a medicine can be considered for re-use. The prescription in effect replaces the medicine label. The prescription must be retained by the care home for audit trail purposes.**
10. **The re-use of any medicine as part of the scheme must always be safe and in the person's best interests.**

ACTION: If you need further support or information contact the MOCH team directly by phone or e-mail frimleyccg.MOCH@nhs.net with any queries.

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COVID-19 RELATED GUIDANCE UPDATE

- Updated Sections of the Summary of Product Characteristics and Patient Information Leaflet for COVID-19 Vaccine Pfizer/BioNTech to include information about receiving a third/booster dose, added the official international non-proprietary name 'tozinameran' and included two new reagents, sodium hydroxide and hydrochloric acid, which are used in small quantities during the preparation of one of the solutions used in the manufacturing process.

- Read the statement on the expansion of the COVID-19 vaccination booster programme here.

- NICE CAS alert 14/12/21 to **NO longer use** inhaled budesonide for COVID-19 unless part of a clinical trial, see p2 above SCAN update

- The monoclonal antibody (nMAB) sotrovimab (Xevudy®), is available for use as a first line treatment for non-hospitalised patients who are PCR positive and aged 12 and above who are considered at highest risk of progression to severe disease, hospital admission or death. This alternative nMAB option is important, particularly in areas where Omicron has become the prevalent variant, because it is understood that the efficacy of the combination monoclonal antibody casirivimab and imdevimab (Ronapreve), included in the original policy, is likely to be materially compromised against the increasingly prevalent Omicron variant. Eligible patients may receive antiviral therapy if an nMAB is contraindicated. A letter was sent out to all GPs in relation to the launch of our Covid Medicines Delivery Units CMDU's for Frimley ICS and is embedded below.

CMDU GP EmailEB.docx

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OTHER USEFUL CONTACT DETAILS

Controlled Drugs Accountable Officer (CDAO): CDAO (Julie McCann) can be contacted via england.southeastcdao@nhs.net , noting that all general CD concerns, incidents and authorised witness requests should always be raised via www.cdreporting.co.uk . For non-CD medicines safety issues, use julie.mccann3@nhs.net