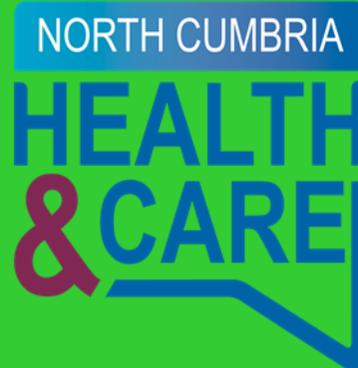


PREScription PAD



Medicines Optimisation
Committee newsletter

December 2019

No. 03

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Primary Care News	Secondary Care News	Updates from the MHRA & NICE	North of Tyne APC and formulary update
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North Cumbria Liothyronine prescribing guideline

North Cumbria has now adopted the North of Tyne Liothyronine (T3) for Hypothyroidism prescribing guideline along with the **GREEN+** RAG rating. The full guidance can be found at <http://www.northofityneapc.nhs.uk/wp-content/uploads/sites/6/2018/10/Liothyronine-prescribing-guidance-v0.4.pdf>

To support our North Cumbria clinicians we have also written a supporting guidance document for use with our patients. This clearly states the secondary and primary care responsibilities around initiation and continuation therapy which includes the use of an appropriate Quality of Life questionnaire. The North Cumbria supporting guidance can be found at: <https://medicines.necsu.nhs.uk/download/north-cumbria-liothyronine-prescribing-and-monitoring-guideline-oct-2019/>

Serious shortages protocol

The Department of Health and Social Care (DHSC) is now producing Serious Shortages Protocols. These are new protocols designed to inform all healthcare providers when there is a serious shortage across England. The Medicines Optimisation team will share any information around these protocols should one be issued. Currently we have just shared one around the supply of fluoxetine capsules.

This information can be found at:

<https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/serious-shortage-protocols-ssps>

Reminder regarding Pneumococcal vaccination

Secondary care have drawn attention to local cases of pneumococcal infection occurring and kindly offer a succinct reminder about Pneumococcal vaccination.

Pneumococcal vaccination is given to anyone in a risk group aged 2y+ and as a one off vaccination for those aged 65y+ (children under 2y are offered a pneumococcal conjugate vaccine (PCV) as part of the routine immunisation schedule). It is normally a one-off vaccination with the exception of those with CKD 4/5 and those with asplenia/ severe splenic dysfunction who require a booster every 5 years.

This is an inactivated polysaccharide vaccine, so has very few contraindications, may be given at the same time as any other vaccine and should be offered to those in the following risk groups: Liver impairment, renal disease, chronic heart disease, chronic respiratory disease, diabetes, immunosuppression, cochlear implants & CSF leaks.

Additional points to note:

- PPV may be given to 64 year olds who will attain 65y by 31st March to facilitate administration alongside the flu vaccine
 - PPV may be administered at any time of the year, it is not necessary to wait until 'flu season'
 - For children requiring PPV, there must be a 4 week gap since their last PCV
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- It may also be offered to those for whom frequent or continuous exposure to metal fumes is an occupational risk (welders) although administration to this group is not covered by the national PGD and will require alternative authorisation (e.g. prescription/ PSD).
-

Anti-viral medicine prescribing

The Department of Health and Social Care issued advice with immediate effect around the prescribing of anti-viral medicines.

Prescribers working in primary care may now prescribe, and community pharmacists supply, antiviral medicines for the prophylaxis and treatment of influenza.

They are most effective if taken within 48 hours of onset of symptoms. It is important that pharmacists ensure antiviral medicines (AVs) are issued to patients promptly, to avoid treatment delay. If unable to fulfil the whole prescription, they should consider how best they can assist patient to gain timely access to AVs e.g. whether other community pharmacists locally have stock. If they do, either arrange for the patient to collect the stock from that pharmacy or get the stock transferred.

All frontline healthcare workers should be vaccinated annually against influenza and observe appropriate infection control measures.

Clinicians should obtain rapid laboratory confirmation, with subtype identification for clinically suspected influenza in hospitalised patients, and not delay treating with antiviral medicines, in accordance with PHE guidance for complicated influenza.

The full advice can be found at:

https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=103358

Self Care – Heartburn and Indigestion

Most people have indigestion at some point. Usually, it's not a sign of anything more serious and can be treated at home without the need for medical advice, as it's often mild and infrequent and specialist treatment isn't required.

Most people can ease symptoms by simple changes to diet and lifestyle, such as losing weight, stopping smoking and avoiding foods that make indigestion worse. (e.g. rich spicy or fatty foods, caffeinated drinks).

Advice is available from pharmacies and over the counter treatments include antacids, alginates and short courses of proton pump inhibitors. People taking non-steroidal anti-inflammatories, with ongoing symptoms, who are pregnant or have a history of stomach problems should consult their doctor.

**Self Care week 2019
successful promotion across
Primary care.**

Self Care Week 2019 kicked off across north Cumbria with a host of activities In GP Practices and Carlisle city centre to help promote the message that self care is important for us all to consider and is for life.

The North Cumbria CCG Medicines Optimisation team filled practices with resources to promote the self care initiative from NHSE leaflets, self care posters and videos for practice waiting room screens. Practices across North Cumbria led by Carlisle Healthcare even took over running the weekly parkrun to use it as a self care promotion opportunity.

Carlisle Healthcare also created a week-long of promotional events from a touring health education bus, to pharmacist talks in practices on self care and they ended the week with a mental health talk by local celebrity DJ Robbie Dee.

Great work by all the practices across North Cumbria, thank you to all involved or who supported, see photo montage below:



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All Medicines Optimisation guidance, Shared Care Guidelines, PGDs and other resources can now be found on the NECS Medicines Optimisation Website.
<http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/>

Secondary Care News

North Cumbria Metolazone prescribing and monitoring guideline

The Cardiology team within NCIC have produced a metolazone prescribing and monitoring guideline for use across both primary and secondary care. The guideline now approved for use gives clear guidance to all clinicians on initiation , monitoring and when to transfer for prescribing and continued monitoring in primary care. With the addition of this guidance we have now been able to adopt fully the **GREEN+** RAG rating for metolazone.

The guideline can be found at: <https://medicines.necsu.nhs.uk/download/ncic-metolazone-prescribing-and-monitoring-guideline-dec-2019/>

Updates from the MHRA & NICE

Ingenol mebutate gel (Picato ▼): increased incidence of skin tumours seen in some clinical studies

(Drug Safety Update Oct 19)

Advise patients treated with ingenol mebutate gel to be vigilant for new skin lesions and to seek medical advice immediately should any occur. Use with caution in patients with a history of skin cancer.

Advice for healthcare professionals:

- several clinical studies have shown an increased incidence of benign and malignant skin tumours in patients using ingenol mebutate gel when compared to those using a vehicle only or an alternative treatment
- advise patients using ingenol mebutate gel to be vigilant for the development of any new skin lesions within the treatment area and to seek medical advice immediately should any occur
- use with caution in patients with a history of skin cancer

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/840565/Oct-2019-PDF.pdf

Yellow fever vaccine: stronger precautions in people with weakened immunity and in those aged 60 years or older

(Drug Safety Update Nov 19)

The Commission on Human Medicines has issued a series of recommendations to strengthen measures to minimise risk with the yellow fever vaccine (Stamaril) following very rare fatal reactions. Key recommendations include new and updated contraindications and strengthened precautions to protect those with a weakened immune systems (including for people aged 60 years or older) and standardised riskbenefit evaluation procedures across UK yellow fever vaccination centres to ensure that people only receive the vaccine after a thorough risk assessment.

Advice for healthcare professionals:

- yellow fever vaccine is a highly effective vaccine to protect against lifethreatening yellow fever infection; however, strict adherence to contraindications and precautions is essential to reduce the risk of very rare but potentially fatal adverse reactions
 - following a review of the benefits and risks of the vaccine, the Commission on Human Medicines (CHM) has made recommendations to strengthen measures to minimise risk
 - key recommendations include new and updated contraindications, strengthened precautions for use in individuals aged 60 years and
-

older, and standardised risk-benefit evaluation procedures across UK yellow fever vaccination centres to ensure that people only receive the vaccine after a thorough risk assessment

- a letter from MHRA, Public Health England, National Travel Health Network and Centre (NaTHNaC), and Health Protection Scotland has been sent to UK yellow fever vaccination centres to inform them of the recommendations and that changes will be made to the product information and standardised pre-vaccination screening tools
- only healthcare professionals specifically trained in benefit-risk evaluation of yellow fever vaccine should administer the vaccine, following their individualised assessment of a person's travel itinerary and suitability to receive the vaccine

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/847878/Nov-2019-PDF.pdf

Ranitidine: all oral formulations
Supply Disruption Alert

All oral formulations of ranitidine are anticipated to be out of stock, with no date for resupply until further notice. An investigation by the Swiss and German regulatory agencies and the US Food and Drug Administration (FDA), has identified a contaminant, N-nitrosodimethylamine (NDMA), in samples of ranitidine active substance. All stock manufactured for the UK using the affected ranitidine active substance has been quarantined, whilst Medicines and Healthcare products Regulatory Agency (MHRA) investigations are ongoing. Although all oral formulations are expected to be out of stock, very limited supplies of unaffected oral ranitidine products may remain available and should be reserved for those patients in whom alternatives are not clinically appropriate. All other patients should be reviewed as repeat prescriptions are requested, and if ongoing treatment is required, be switched to clinical alternatives. Although some IV products are affected, there is sufficient unaffected IV stock available to meet current UK demand.

All healthcare professionals who prescribe or dispense ranitidine, should for:

Licensed use for gastrointestinal conditions:

- Identify current patients prescribed ranitidine tablets, effervescent tablets and oral solutions, and:
 - o Review to establish if ongoing treatment is still required.
 - o If ongoing treatment is still required, then consider switching to an alternative treatment (see table below).
- Please note:
 - o It is recommended that omeprazole is the first-choice proton pump inhibitor (PPI) where clinically appropriate, as there are currently sufficient supplies to manage an increase in demand.
 - o It is recommended that patients are not switched to alternative H₂-receptor antagonists in the first instance as this may exacerbate a shortage of these products. Sufficient supplies will continue to be available to meet current demand.

Specialist indications:

- Consult specialist clinicians who use ranitidine to identify circumstances when ranitidine cannot be substituted with clinical alternatives.
- Reserve any remaining supplies of oral ranitidine for circumstances where specialists consider there are no clinically appropriate alternatives.

Prescribers should work in close collaboration with their pharmacists to understand which clinical alternatives are available.

Updates from NICE

NG138:
Pneumonia
(community
acquired):
antimicrobial
prescribing

This guideline sets out an antimicrobial prescribing strategy for adults, young people, children and babies aged 72 hours and over with a confirmed diagnosis of community-acquired pneumonia. It aims to optimise antibiotic use and reduce antibiotic resistance.

<https://www.nice.org.uk/guidance/ng138>

Visual summary for clinicians: <https://www.nice.org.uk/guidance/ng138/resources/visual-summary-pdf-6903410941>

September 2019

NG139:
Pneumonia
(hospital
acquired):
antimicrobial
prescribing

This guideline sets out an antimicrobial prescribing strategy for adults, young people, children and babies aged 72 hours and over with a confirmed diagnosis of hospital-acquired pneumonia. It does not cover ventilator-associated pneumonia. It aims to optimise antibiotic use and reduce antibiotic resistance.

<https://www.nice.org.uk/guidance/ng139>

Visual summary for clinicians: <https://www.nice.org.uk/guidance/ng139/resources/visual-summary-pdf-6903414829>

September 2019

NG141:
Cellulitis and
erysipelas:
antimicrobial
prescribing

This guideline sets out an antimicrobial prescribing strategy for adults, young people, children and babies aged 72 hours and over with cellulitis and erysipelas. It aims to optimise antibiotic use and reduce antibiotic resistance.

<https://www.nice.org.uk/guidance/ng141>

Visual summary for clinicians: <https://www.nice.org.uk/guidance/ng141/resources/visual-summary-pdf-6908401837>

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<http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/>

North of Tyne APC and formulary update

North of Tyne, Gateshead and North Cumbria APC website: <http://www.northoftyneapc.nhs.uk/>

North of Tyne, Gateshead & North Cumbria Formulary: <http://northoftyneandgatesheadformulary.nhs.uk/default.asp>

Updated and published guidelines:

Guideline for Blood Glucose Monitoring

This is an update of the previous guideline which was due for review. There are no major changes and we are still progressing with our switch of Blood Glucose testing monitors and strips across North Cumbria.

The guideline can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2019/11/Blood-glucose-monitoring-guideline-v1.0.pdf>

Guidelines for prescribing Trans Anal Irrigation as a Treatment for Chronic Constipation and Faecal Incontinence in Adults

This guideline has now been approved for use across North Cumbria.

The guideline can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2019/11/Trans-anal-irrigation-guidelines-for-prescribing-2019-v1.0.pdf>

Primary Care Management of Vitamin D deficiency

This updated version of the current North Cumbria decision aid has been approved for use across North Cumbria. We will be looking early in 2020 at current prescribing across North Cumbria and potentially switching to the updated products.

The quick reference guide can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2019/11/Vitamin-D-Quick-reference-guide-v1.0-October-2019.pdf>

ADHD in Adults shared care guideline This is an update of the previous shared care guideline which was due for review. There are no major changes and the service is still provided by Psychiatry UK.

The shared care guideline can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2019/11/ADHD-Adult-shared-care-v1.0-Sept-2019.pdf>

ADHD in Children and Young adults shared care guideline This is an updated guideline for the North East and North Cumbria, we will be looking at adopting this guideline fully in early 2020 across North Cumbria.

The shared care guideline can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2019/11/ADHD-Children-shared-care-Sept-2019-v1.0.pdf>

Antipsychotic Drugs – Prescribing and Monitoring Information for Primary Care

This prescribing leaflet for clinicians is an updated version of the previous one which was due for review, we will be looking at adopting this aid fully in early 2020 across North Cumbria.

The prescribing leaflet can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2019/11/Antipsychotic-Leaflet-September-2019-v1.0.pdf>

Treatment of Dementia – Information for Primary Care

This prescribing leaflet for clinicians is an updated version of the previous one which was due for review, we will be looking at adopting this aid fully in early 2020 across North Cumbria.

The prescribing leaflet can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2019/11/Cognitive-enhancing-medication-leaflet-for-primary-care-v1.0-Sept-2019.pdf>

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