Medicines Management Matters

For Primary Care practitioners working in Surrey

June 2022

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Welcome

Medicines Management Matters is a bimonthly Surrey-wide newsletter for all practitioners working in primary care. Please contact the editor lis.stanford@nhs.net if you have any comments or would like to be added to the mailing list.

Multi-compartment Dosage Aids (MCAs/Dosettes/Nomads/Blister Packs)

In general, the use of **original packs** of medication, along with appropriate support (e.g. medication reminder charts) is the preferred option for most patients as there is limited evidence that medicines compliance aids (MCAs) improve compliance with medicines. This approach is endorsed by The Royal Pharmaceutical Society, NICE and the Care Quality Commission.

The provision of MCAs is not an essential service under the pharmacy contract and there is no renumerated service in Surrey for the provision of an MCA. The community pharmacist is the one who makes the decision on the reasonable adjustment under the Equality Act to enable a patient to take their medication correctly. This could include large print labels, easy to open tops, tick charts, MCAs etc. The pharmacist should assess the patient and decide what would be most suitable for the patient.
The increasing volume of requests for MCAs from carers, family members and other healthcare professionals, can lead to governance and safety issues for the pharmacy. For example, problems due to the size of the dispensary, storage space, staffing etc may compromise patient safety.
Some pharmacies are currently assessing their MCA patients to determine if they are providing them for the correct reason, for example, th the most vulnerable patients.

It is the prescriber's responsibility to determine the appropriate number of days supplied on a prescription. Where patients require frequent medication changes, the prescriber may decide to prescribe in 7 day quantities, to minimise the amount of wastage. If a 28 day prescription has been issued, the pharmacy is not obliged to amend what has already been dispensed when a change occurs. The NHS terms of service for pharmacies does not require pharmacists to modify previously provided MCAs. A new set of prescriptions would need to be issued with a supply of a new compliance aid (discarding the previous one and its contents, following the pharmacy Standard Operating Procedure).
Once medicines have been dispensed by the pharmacist, either into a MCA or in original manufacturer's containers, then no further changes to what has been dispensed should be made.

Advice for HCPs: A joint Local Pharmaceutical Committee (LPC) and Local Medical Committee (LMC) statement has been issued and endorsed by the APC and is available on the PAD.

OptimiseRx Messages

Following regular data review, this month the OptimiseRx working group have focussed on messages with a high hit count and low acceptance rate or with a large cost saving attached. Having reviewed rejection reasons, an explanation around the logic of the messages and why they are important is included below.

Best Practice Message:
Dose reduction of lansoprazole to 15mg is recommended following treatment with 30mg capsules

In the past year in Surrey Heartlands there have been 9735 hits on this message but it has only been accepted 2.6% of the time.
Product licence information only recommends a dose of 30mg lansoprazole for up to 8 weeks for most indications. After this time, patients should trial stepping down to a maintenance dose of 15mg. The message rule logic should ensure that patients with Zollinger Ellison Syndrome, H. pylori and Barrett's oesophagus will not trigger the message. Coding on the clinical system needs to be accurate to reduce messages triggering inappropriately. Doses should be given 30 minutes before breakfast to provide optimal control of gastric pH.

Long term PPIs are not without risk and should be prescribed at the lowest dose possible for the shortest time.

Advice for HCPs: Please follow the links for further information

- BNF indications and doses
- Summary of Product Characteristics
- NICE guidance on Proton pump inhibitors

Cost Saving Message:
Prescribing half a fluoxetine 20mg dispersible tablet or 2.5ml of fluoxetine 20mg/5ml oral solution instead of one fluoxetine 10mg tablet or capsule is more cost effective

There are two OptimiseRx cost saving messages which recommend the use of either 20mg dispersible tablets or 20mg/5ml solution to provide a lower dose of 10mg.
Switching from a 10mg tablet saves £712 per patient per year and switching from a 10mg capsule saves £412 per patient per year.

If these two OptimiseRx messages were accepted, there could be an annual saving across Surrey Heartlands of **just over £107,000.**
There is currently a shortage of fluoxetine 10mg tablets, so there may be more opportunity to implement these recommendations.

Advice for HCPs:

- Identify any patients receiving fluoxetine 10mg tablets or capsules
- Consider changing to either of the more cost-effective preparations. Before prescribing these formulations, please ensure that the patient understands the change and explain that their normal dose is being made up from a different strength tablet/liquid
- To obtain a 10mg dose, a fluoxetine 20mg dispersible tablet can be broken in half and swallowed with a sufficient amount of water or dispersed in water (about half a glass)
- 2.5ml of the 20mg/5ml oral solution has the same bioavailability as a 10mg capsule or tablet
- The patient can ask their community Pharmacist/ Technician for further information which is also included in the patient information leaflet
- Our local Mental Health Trust (SABP) support these recommendations which have also been included in their own newsletter

Reminder—Updating GP & Non Medical Prescribers (NMP) details

Any changes or updates to GP or Non Medical Prescribers (NMP) details, including joining or leaving a practice, must be notified to syheartlandsccg.gpandnmpchanges@nhs.net as soon as possible.
It is ***very*** important that PCSE are informed of any changes as this can affect the GP's pension contributions.

- It is a **GP's responsibility** to notify PCSE via the online portal which GP practice they are joining and if applicable at the same time ask to be removed from their previous practice
- A GP's prescribing code must **only** be used in the one practice that is their main base
- If working on a permanent basis in other practices, a spurious code should be requested by notifying Surrey Heartlands team on the above email
- NMPs can use their prescribing codes over multiple sites as long as they are linked to that practice with the NHSBSA. Inform the Surrey Heartlands team on the above email so the relevant forms can be completed
- Locums and bank staff should prescribe using the prescriber number of another prescriber within the practice. For GPs this may be the senior partner (or perhaps the number of the GP for whom they are providing cover e.g. a GP on maternity leave) . For non-medical prescribers it must be the code of a prescriber with the same prescribing qualification e.g. another nurse prescriber
- Once the forms are received, the CCG will inform the NHSBSA of any changes so the prescribing can be allocated to the correct practice. This is particularly important if a GP or NMP works at more than one practice

Advice for HCPs: Further guidance on managing these changes can be found on the PAD

New from NICE

- **NG128 Stroke and transient ischaemic attack in over 16s: diagnosis and initial management :** Interventions in the acute stage of a stroke or transient ischaemic attack (TIA). The update reviews evidence on blood pressure control for people with acute intracerebral haemorrhage.

- **NG215 Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults** General principles for prescribing and managing withdrawal from opioids, benzodiazepines, gabapentinoids, Z-drugs and antidepressants in primary and secondary care.
  It does not include gabapentinoids prescribed for epilepsy, opioids prescribed for acute or cancer pain, end of life, management of illicit drug dependence.
  Visual summaries inform prescribers how to ensure they are supporting people taking a dependence-forming medicine or antidepressant and making decisions about prescribing and taking a medicine.
  An educational event which will cover the new NICE Guidance has been arranged by the Surrey Heartlands Medicines Safety Committee and will take place on 13th July from 12.15-13.45. Click here to join the meeting or contact lis.stanford@nhs.net for further details

- **NG217 Epilepsies in children, young people and adults** aims to improve diagnosis and treatment for different seizure types and epilepsy syndromes, and reduce the risks for people with epilepsy. It also contains information on MHRA updated safety advice on antiepileptic drugs in pregnancy and Guidance on valproate use by women and girls. The guidance also contains a visual summary of the recommendation for people with epilepsy and a learning disability.

- **NG218 Vaccine uptake in the general population** aims to increase the uptake of all vaccines provided on the NHS routine UK immunisation schedule by everyone who is eligible. It supports the aims of the NHS Long Term Plan, which includes actions to improve immunisation coverage by GPs (including the changes to vaccinations and immunisations detailed in the 2021/2022 and 2022/23 GP contracts) and supports a narrowing of health inequalities.

MHRA Drug Safety Update

The April edition of Drug Safety Update contains the following articles:

- **Pregabalin (Lyrica): findings of safety study on risks during pregnancy.** A new study has suggested pregabalin (which is used in neuropathic pain, generalised anxiety disorder, and as adjunct treatment for some types of seizures) may slightly increase the risk of major congenital malformations if used in pregnancy. Patients should continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary. The summary of product characteristics and patient information leaflet for pregabalin have been updated to reflect this data. In this study, 6 babies in 100 born to women who took pregabalin in the first 3 months of pregnancy had physical birth abnormalities, compared to 4 babies in every 100 born to women who were not treated with pregabalin or other epilepsy medicines in early pregnancy. The study also showed a higher risk of physical birth abnormalities in unborn babies exposed to pregabalin compared to lamotrigine and duloxetine.

Action for HCPs:

- Continue to provide counselling to patients using pregabalin on the potential risks to an unborn baby (see MHRA leaflet Pregabalin and risks in pregnancy - GOV.UK (www.gov.uk) and the need to use effective contraception during treatment (HCP are advised to consider MHRA guidance on contraceptive methods, and take into account the patient's personal circumstances when advising on contraception)
- Continue to avoid use of pregabalin during pregnancy unless clearly necessary and only if the benefit to the patient clearly outweighs the potential risk to the fetus – ensure the patient has a full understanding of the benefits, risks, and alternatives, and is part of the decision-making process
- Advise patients planning a pregnancy or who become pregnant during treatment to make an appointment to discuss their health condition and any medicines they are taking
- In cases where the benefit outweighs the risk, and it is clearly necessary that pregabalin should be used during pregnancy, it is recommended to use the lowest effective dose and report any suspected adverse drug reactions, including for the baby, via the Yellow Card scheme

Reminder for prescribers of ANY antiepileptic drug

- At initiation and as part of the recommended annual review for patients with epilepsy, discuss the risks associated with antiepileptic drugs and with untreated epilepsy during pregnancy and review their treatment according to clinical condition and circumstances – see advice for antiepileptic drugs in pregnancy
- Urgently refer anyone planning a pregnancy or who is suspected to be pregnant for specialist advice on their antiepileptic treatment
- if a patient is planning to have a baby, offer 5mg per day of folic acid before any possibility of pregnancy

The May edition of Drug Safety Update contains the following articles:

- **Denosumab 60mg (Prolia): should not be used in patients under 18 years due to the risk of serious hypercalcaemia.** Serious and life-threatening hypercalcaemia has been reported with denosumab 60mg (Prolia) in children and adolescents in clinical trials for osteogenesis imperfecta and during off-label use. Rebound hypercalcaemia cases occurred during treatment or up to nine months after the last dose.

Action for HCPs:

- Denosumab 60mg (Prolia) should **not** be used in children and adolescents younger than 18 years.
- Primary care data has shown that there are currently no under 18s being prescribed denosumab 60mg in general practice in Surrey Heartlands
- Any patients on Prolia who are younger than 18 years, and their parents or caregivers, should talk to their specialist about what this means for them
- Denosumab 120mg (Xgeva) remains authorised for skeletally mature adolescents with giant cell tumour of bone. Although it is a **RED** drug, data shows that there has been some prescribing in primary care which is being investigated.
- Patients on denosumab should be advised to carefully read the Patient Information Leaflet and Patient Reminder Card and speak to a healthcare professional if they are concerned about side effects

Area Prescribing Committee Update

The recommendations from the February, March, April & May meetings of the **Surrey Heartlands Prescribing Committee (APC)** with relevance to primary care are listed below.

Name of drug/group	Indication	Traffic light status
Estradiol (Transdermal spray) Lenzetto®	Menopausal disorders	**GREEN**
Sativex Oro-mucosal spray®	Multiple sclerosis	**BLUE**
Dapagliflozin (Forxiga® Xigduo®)	Type 1 diabetes mellitus. Do not initiate in new patients.	**AMBER (existing patients only)**
Upadacitnib (Rinvoq®)	Psoriatic arthritis	**RED**
Fremanezumab (Ajovy®)	Migraine	**RED**
Solriamfetol (Sunosi®)	Narcolepsy	**RED**
Palforzia®	Peanut allergy in children and young people	**RED**
Oxybutynin	Hyperhidrosis - Off label use • Immediate release (IR) preferred choice antimuscarinic treatment option • Modified release (MR) preparation may be used for patients with intolerable side effects to IR preparation.	**BLUE**
Oxybutynin	Hyperhidrosis - Liquid and patches formulation	**NON-FORMULARY**
Propantheline	Hyperhidrosis - Licenced Offered after oxybutynin if intolerable side effects or inefficacy to that treatment	**BLUE**
Glycopyrronium oral	Hyperhidrosis - Off label use • Treatment choice after oxybutynin and propantheline if they have not been tolerated or have not been effective • More expensive than other treatment options in primary care, although significantly less costly in secondary care	**RED**

New on the PAD!

- ORBIT: Bleed risk scoring tool for anticoagulation in Atrial Fibrillation (AF)
- Rheumatoid Arthritis: Moderate Treatment pathway in adults.
- Psoriatic Arthritis: immunomodulator treatment pathway in adults
- Interface Prescribing Policy for financial year 2022/2023

Lenzetto® Transdermal Spray

The Medicines Optimisation team has received numerous queries about Lenzetto® (estradiol) transdermal spray which has now been approved by the APC with a Green traffic light status. Patients may be switched for the duration of other HRT product shortages and then have the option of remaining on Lenzetto® or reverting to previous treatment.

Advice for HCPs:
The patient information leaflet contains information on how to use the spray which should be applied to the inner forearm. As the instructions are quite complex, please ensure that the patient understands how to use the spray correctly

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Produced by Nesha Shah and Edited by lis.stanford@nhs.net

North West Surrey Alliance Local News

NWS Alliance Pharmacy Meetings

The NWS Alliance pharmacy meetings will be **restarting from** July and will be held on the 3rd Thursday of **alternate months** between 12.30-1.30pm.

The format of the meetings will include

- Update on new local guidelines and APC decisions from the NWS Medicines Optimisation Team
- Safety Updates including learning from reported incidents
- Case study based learning to support pharmacy teams in practices with practical advice – led by members of the group

The following sessions have been currently organised.
21st July - Green inhalers
15th September - CVD update

17th November - Medicines for people with swallowing difficulties

For further information on each session, look out for the TEAMS invites shortly arriving in your inbox

NICS COVID Home Oximetry Service

The NICS COVID home oximetry service is open and would be delighted to support any patient with COVID who would benefit from remote monitoring for silent hypoxia. Patients can be referred using the new referral form here, which can also be found in EMIS. The service SOP is also available for your

Maternity Care Referrals

Following the launch of the new fully digital referral system in April there are still numerous patients being told to call to be referred for pregnancy care. If a patient contacts you, please direct them to the online self-referral form as there is no longer any other means of self-referral. Please do not ask them to contact by phone. If your practice does not have a midwife clinic, they will contact the patient directly to arrange a booking appointment when their referral has been received. Maternity Self Referral Form -

Prescribing Incentive Scheme 22/23

Representatives from the Medicines Optimisation Team will shortly be making contact with practice Prescribing Leads in order to book in appointments (either face to face or virtual), to discuss this year's prescribing scheme.

The elements this year include

- Two educational sessions
- A quality audit around colecalciferol subscribing
- A review of two prescribing areas using the Prioritisation Tool where the practice is an outlier.