The T@blet

News from the Medicines Management Team

Issue 6 December 2018

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PRIORITY INFORMATION

DALTEPARIN – NATIONAL SHORTAGE

We have been informed by Pharmacy at DBTH FT that there is a national shortage of dalteparin (Fragmin ®) injection. It has been agreed that in the short-term an alternative Low Molecular Weight Heparin (LMWH), enoxaparin, will be used for some patients. There are already shortages of the main brand of enoxaparin (Clexane ®) and therefore it has been decided to use the brand **INHIXA** in the short term. The shared care arrangement for the use of LMWH is still valid, however a temporary transfer form has been provided to reflect this change. This has been circulated via email and is available on the Medicines Management website

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INHIXA is a biosimilar and therefore it is essential that if DBTH FT request the brand **INHIXA** that FP10 prescriptions are written for the brand **INHIXA** and not generic enoxaparin or Clexane.

It is not anticipated that the supply problem will continue in the long term and a follow-up email will be sent with further advice when appropriate.

DBTH FT are endeavouring to manage the problem as much as possible by sourcing the LMWH themselves, however it is likely that Primary Care will receive some requests.

If you require any additional information please do not hesitate to contact the CCG Medicines Management Team on:

DONCCG.MedicinesManagementAdmin@nhs.net

PHENYTOIN (EPANUTIN ®) 30MG/5ML ORAL SUSPENSION – NATIONAL SHORTAGE

There is a supply issue with Epanutin 30mg/5ml oral suspension. Pfizer, the sole supplier of Epanutin (phenytoin 30mg/5ml) oral suspension have experienced global delays in manufacturing of this product. As a result, they are anticipating a gap in supply from w/c 29th October 2018 until early December when their next batch arrives.

The MHRA has classified phenytoin as a Category 1 antiepileptic drug, which means there are clear indications that clinically relevant differences between different manufacturers' products might occur. Therefore, changes to a patient's usual brand must be carefully managed and increased monitoring of patient may be required.

Supplies of unlicensed phenytoin suspension are available from specialist manufacturers and also from abroad via specialist importers, for which the strengths and exact formulation may differ. Pfizer have also been able to secure supplies of a Canadian phenytoin suspension, this will be unlicensed in the UK, which will available once Epanutin is depleted although this is a very limited volume.

Guidance with input from neurology and patient safety experts via the MHRA's Central Alerting System (CAS) has been provided. The published CAS alert can be found at the link below:

https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102804

The Medicines Management Team will be able to support Practices in identifying patients currently receiving a prescription for the suspension.

FREESTYLE LIBRE ®

Please see the CCG website for an updated statement regarding Freestyle Libre: http://www.doncasterccg.nhs.uk/10614/flash-glucose-monitoring-support-for-people-with-type-1-diabetes/

ROUTINE INFORMATION

ESMYA ® (ULIPRISTAL 5MG TABLETS) – UTERINE FIBROIDS

Prescribers are reminded that this medication is **GREY** listed, recommending that treatment is not initiated by either Primary or Secondary Care. For women completing a course of treatment the following monitoring should be completed:

LFTs must be performed before starting treatment.

During treatment, LFTs must be performed monthly during the first 2 treatment courses. For further treatment courses, liver function must be tested once before each new treatment course and when clinically indicated.

If a patient during treatment shows signs or symptoms compatible with liver injury (fatigue, asthenia, nausea, vomiting, right hypochondrial pain, anorexia, jaundice), treatment should be stopped and the patient should be investigated immediately, and liver function tests performed.

Patients who develop transaminase levels (ALT or AST) > 3 times the upper limit of normal during treatment should stop treatment and be closely monitored.

In addition liver testing should be performed 2- 4 weeks after treatment has stopped.

https://www.medicines.org.uk/emc/product/3951

AMIODARONE SHARED CARE PROTOCOL (SCP)

A SCP for Amiodarone has been in place since June 2016. Whilst prescribing numbers for amiodarone are relatively low, all Prescribers are reminded of the existence of this document for any newly initiated patients.

WHO CAN REQUEST A SHARED CARE AGREEMENT?

The Area Prescribing Committee has received a general enquiry from a GP asking if Secondary Care Clinical Nurse Specialists can sign a Shared Care Proforma.

The following excerpt is taken from the October APC minutes:

"Both RDASHFT and DBTHFT confirmed that they had discussed the use of the word "Consultant" v "Specialist" at their respective medicines management meetings. It was agreed that nurse specialists could sign a shared care proforma, provided they were themselves an independent prescriber and had sufficient competencies within their particular clinical area.

It was agreed that future documents would not use the word Consultant but would use specialist to allow the proforma to be signed off by the appropriate person."

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DE-PRESCRIBING OF RUBEFACIENTS

NHS-E Items which should not routinely be prescribed in primary care: Guidance for CCGs recommends that rubefacients (this excludes topical NSAIDs) should not be initiated for any new patients, and that CCGs should support prescribers in de-prescribing rubefacients. In response to this advice members of the Medicines Management Team will be approaching Practices to ask consent to undertake this work. Doncaster CCG currently spends £77626 annually on rubefacients and therefore your support in this is appreciated.

Rubefacients are available to purchase Over The Counter where necessary.

REQUESTS TO PRESCRIBE CANNABIS

Following recent press releases Prescribers may receive enquiries from patients on how to access a prescription for Cannabis. The Medicines Management Group have released the following guidance based upon the East of England Priorities Advisory Committee Guidance:

- From 1st November 2018, cannabis-based products for medicinal use (with the exception of cannabis-based oral mucosal spray (Sativex®)) were reclassified as Schedule 2 controlled drugs and are able to be prescribed medicinally where there is an unmet clinical need.
- Due to the limited evidence base and their unlicensed nature, the Government has chosen to restrict the decision to prescribe cannabis-based products for medicinal use to only those clinicians listed on the Specialist Register of the General Medical Council (GMC). This restriction has been set out in regulations.
- Prescribing by GPs is not permitted, even when treatment has been initiated by an appropriate specialist clinician, working in either an NHS or a private setting.
- Patients requesting prescriptions for cannabis-based products who are already under the care of a specialist on the register should be advised to discuss their treatment plan with the specialist. Patients who are not currently under specialist care, should only be referred to a specialist where clinically appropriate and in line with current pathways.
- Information for patients on the availability of cannabis-based medicinal products is available on the NHS website here: https://www.nhs.uk/conditions/medical-cannabis/

GLUTEN-FREE (GF) PRESCRIBING

The Department of Health has now changed the regulations around the prescribing of GF preparations and NHS-E has produced CCG Guidance. The Medicines Management Group would like to take this opportunity to raise awareness again of the local policy and to advise that this policy does fall within the national recommendations which provide CCGs with the ability to tailor local guidance.

PRESCRIBING FOR CHLAMYDIA

The following information has been circulated by the Sexual Health Facilitator for Yorkshire and Humber; Blood Safety, Hepatitis, Sexually Transmitted Infections (STI) and HIV Service, Public Health England;

The British Association for Sexual Health & HIV (BASHH) have updated their recommended first line treatment of uncomplicated urogenital and pharyngeal Chlamydia. First line treatment is now Doxycycline 100mg twice daily for seven days. Single dose azithromycin is no longer recommended as first line treatment. The recommended treatment for rectal infection is unchanged (Doxycycline). Further details can be found in the BASHH statement in current guidelines 'Update on the treatment

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of *Chlamydia trachomatis* (CT) infection', including the rationale for the change (navigate to the Urethritis and Cervicitis section).

The *National Chlamydia Screening Programme Standards (seventh edition)* state that 'All treatment should be in accordance with current BASHH clinical effectiveness group national guidelines.' The standards include a summary box of these treatment recommendations which is now out of date. The standards will be updated as part of the NCSP external peer review process. However, the NCSP position remains that treatment should be in accordance with current BASHH guidelines and please refer stakeholders to the BASHH update statement.

The current Doncaster & Bassetlaw Antimicrobial Guideline recommends either Azithromycin or Doxycycline as 1st line choices. Prescribers are advised to follow the above guidance whilst the local guideline is updated.

COPD GUIDELINE

A Doncaster and Bassetlaw COPD guideline has been agreed and is now available on the Medicines Management website. This guideline has been agreed through joint working with DBTH FT, RDASH FT and CCG colleagues. http://medicinesmanagement.doncasterccg.nhs.uk/guidelines/

BRICANYL (TERBUTALINE) TURBOHALER SHORTAGE

A national shortage of Bricanyl Turbohaler is likely to last until the end of January. Details relating to this can be found here. There is no direct alternative. Practices are advised that patients will require education and training on the use of an alternative Formulary device.

MEDICINES MANAGEMENT TEAM REVIEW

A review of the structure and function of the DCCG MMT has recently been undertaken. As a result of this recruitment is commencing for additional pharmacy technicians and pharmacist(s) to form a practice support team (PST). This will mean a few new faces on the ground. In order to provide practices with resilience the current pharmacists will continue as named locality leads to provide direction and support to the PST working in their locality. The PST team members will no longer be allocated a specific practice, but work across a number of practices as required supporting those practices in the delivery of the CCG medicines agenda. An additional technician lead will be recruited to steer the current team of senior technicians to form a commissioning support team (CST) that will the current technicians will not be as involved as currently in interventions in practices, although they will still provide some limited in practice support.

The CCG is conscious that practices have experienced less support this financial year due to lower colleague numbers in the MMT. The restructure and recruitment aims to rectify this and reduce the risk of repetition. We aim to have the new staff recruitment completed by Q1 2019.

To provide practices with access to a level of commissioning support and answers to queries even if team members are not available due to circumstances, we have set up a new email address which will be monitored by pharmacists working for the MMT. This can be used for commissioning enquiries

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eg: concerns about a request to prescribe a non-formulary drug or about shared care, clinical pathways where clarification is required. Please email donccg.rxline@nhs.net

AND FINALLY……

After several years work in Doncaster Gillian Bradley the Deputy Head of Medicines Management is leaving the CCG for a practice pharmacist role. The MMT is extremely appreciative of work she has done on behalf of the CCG and practices during her tenure here.

We are additionally grateful for the level of engagement the MMT receives from Doncaster Practices and we hope we can continue to work well with you and grow that co-operation into 2019. We would like to extend our thanks for this, along with best wishes for the festive period.

Wishing you all a very happy New Year

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