

# The T@blet

## News from the Medicines Management Team

**Issue 10 Dec 2019**

### CONTENTS

Priority information .....	1
<b>Product Shortage Guide</b> .....	1
<b>OTC Update</b> .....	1
Information .....	2
<b>SMART GUIDE TO MEDICINES MANAGEMENT</b> .....	2
<b>APC prescribing Committee November 2019 UPDATE</b> .....	2
<b>MHRA Drug Safety update</b> .....	3
<b>Proton-pump inhibitors (PPI) use</b> .....	3

### PRIORITY INFORMATION

#### PRODUCT SHORTAGE GUIDE

##### [NHS England Guide to Managing Medicines Supply and Shortages](#)

This guide aims to support NHS professionals with managing supply of medicines to patients and details national, regional and local management and escalation processes and communication routes for medicines supply issues to consolidate practice across industry, government and the NHS.

#### OTC UPDATE

Here is the contract information on which we are basing our advice to prescribers. This information continues to be available in the GP resource pack and the position statements available on the MMT website.

Regulation 94 of The National Health Service (General Medical Services Contracts) Regulations 2015 and Regulation 86 of The National Health Service (Personal Medical Services Agreements) Regulations 2015 and Paragraph 7 (v) of The Alternative Provider Medical Services Directions 2016 state that contractors must have regard to all relevant guidance issued by NHS England. The NHSE OTC guidance includes specific reference to prescribers, and requires prescribers to reflect local policies in prescribing practice.

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Contractors are therefore required to have regard to this guidance and are able to follow the guidance and exercise judgement about when it is (and is not) appropriate to prescribe OTC items, without any risk that they will be in breach of their contract.

Therefore by choosing to follow our guidance and not provide a medicine but ask somebody to buy, your clinical justification being that if it is a self-limiting condition on the national list then you are not in breach of contract.

The GMC document Good practice in prescribing and managing medicines and devices (2013) states:

'Prescribing' is used to describe many related activities, including supply of prescription only medicines, prescribing medicines, devices and dressings on the NHS and advising patients on the purchase of over the counter medicines and other remedies. It may also be used to describe written information provided for patients (information prescriptions) or advice given.

This means that for self-limiting conditions by giving advice, including asking somebody to purchase an over the counter medicine, you are "prescribing" and fulfilling your obligations.

Finally the BMA standpoint:

For OTC medicines, we believe that it is already an intrinsic part of a GP's job to help patients to care for their own minor illnesses, and to explain the availability and proper use of over-the-counter preparations. GPs must continue to treat patients according to their individual circumstances and needs, and that includes issuing prescriptions where there are reasons why self-care is inappropriate. This guidance does make it clear that such requirements continue to apply in individual situations.

Therefore the appropriate circumstances for issuing a prescription for a self-care item are those where there are valid and justifiable reasons the patient cannot self –are. Where a patient can self-care they fall outside of such appropriate circumstances.

## INFORMATION

### SMART GUIDE TO MEDICINES MANAGEMENT

The updated Smart Guide to Medicines Management has been added to the Medicines Management website, this is a useful aid for health care professionals and could be used for staff inductions in practice.

To access the smart guide [Click Here](#)

### APC PRESCRIBING COMMITTEE NOVEMBER 2019 UPDATE

- **Melatonin - Slenyto** brand has been added to the existing **RED 1,2** classification
- **Ertugliflozin** (Steglatro) has been classified as **Green G** for type 2 diabetes

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- **Pitolisant** (Wakik) used for narcolepsy has been left as **Grey 1** until discussed further
- **Naldemedine tosylate** (Rizmoic) used for the treatment of opioid-induced constipation is still awaiting a NICE TA and so will take the holding position of **Grey 2**.
- Medicinal cannabis is to remain as **Grey 2** until further information is available
- The wound care formulary needs update and this will be taken forward

**Red and Grey** drugs data was received and discussed. Prescribers should be aware that prescribing of drugs traffic lighted Red or Grey is outside of the support or scope of APC and not advised. The priority Grey drugs highlighted to review patient's on in order of priority are;

- 1) Agomelatine
- 2) Targinact
- 3) Omacor
- 4) co-Proxamol
- 5) Movelat

The Medicines Management team take these reports to Practice locality meetings and will continue to advise and support Practices in reviewing the prescribing of these items.

## MHRA DRUG SAFETY UPDATE

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

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.

### **Prescribing medicines in renal impairment: using the appropriate estimate of renal function to avoid the risk of adverse drug reactions**

For most patients and most medicines, estimated Glomerular Filtration Rate (eGFR) is an appropriate measure of renal function for determining dosage adjustments in renal impairment; however, in some circumstances, the Cockcroft-Gault formula should be used to calculate creatinine clearance (CrCl).

### **Adrenaline auto-injectors: recent action taken to support safety**

Healthcare professionals should be aware of alerts and letters issued about adrenaline auto-injectors in September and October 2019. This article provides a summary of recent advice issued to healthcare professionals, including information to provide to patients, to support safe use of adrenaline auto-injectors.

For full information on these articles [Click Here](#)

## PROTON-PUMP INHIBITORS (PPI) USE

Proton-pump inhibitors (PPIs) are widely prescribed and many patients remain on them long-term. In some patients, the long-term use of PPIs may be well justified; for example, in those with oesophageal stricture, Barrett's oesophagus or a history of a bleeding gastrointestinal ulcer, or to provide gastro-protection in those at high risk of gastrointestinal complications from taking NSAIDs. There is increasing evidence about the adverse effects associated with long-term use of regular PPIs,

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such as increased risks of fragility fracture, clostridium difficile, and hypomagnesaemia. Prescribers are therefore encouraged to use PPIs judiciously. Treatment with PPI should be given at the lowest effective dose that controls symptoms and for the minimum period of time. The use of short courses, as-needed doses, and encouraging people to self-treat with antacid and/or alginate therapy should be commonplace unless there is a recognised indication for long-term PPI treatment.

For more information, the following resources can be referred to:

[Safe use of Proton Pump Inhibitors, by All Wales Medicines Strategy Group \(February 2018\)](#)

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