

# The T@blet

## News from the Medicines Management Team

Issue 7 September 2019

### CONTENTS

Priority information .....	1
<b>QS186 Lyme Disease - NICE GUIDANCE</b> .....	1
<b>Drug safety Update – Articles of interest</b> .....	2
<b>No Deal Brexit</b> .....	2
Information .....	3
<b>Potential risks for GP surgeries to consider when working with private organisations</b> .....	3
<b>Shortage of Evorel Hormone Replacement Therapy (hrt) Patch Range</b> .....	3
<b>Allergy and Immunology - Pharmaceutical Journal</b> .....	3
<b>OTC Update</b> .....	3
<b>APC prescribing Committee AUGUST UPDATE</b> .....	4
<b>Epipen Educational risk minimisation materials</b> .....	4
<b>Freestyle Libre Update</b> .....	5

### PRIORITY INFORMATION

#### QS186 LYME DISEASE - NICE GUIDANCE

This standard is based on NG95 and should be read in conjunction with QS121.

**Statement 1** People presenting with erythema migrans are diagnosed and treated for Lyme disease based on clinical assessment, without laboratory testing.

**Statement 2** People with suspected Lyme disease without erythema migrans who have a negative enzyme-linked immunosorbent assay (ELISA) test carried out within 4 weeks of their symptoms starting have the test repeated 4 to 6 weeks later if Lyme disease is still suspected.

**Statement 3** People with Lyme disease have initial antibiotic treatment, with the antibiotic, dosage and duration determined by their symptoms.

**Statement 4** Local authorities organise health promotion activities in conjunction with organisations in their area to raise public awareness about how to prevent Lyme disease.

For access to the implementation tool [Click here](#)

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## DRUG SAFETY UPDATE – ARTICLES OF INTEREST

•**Direct-acting oral anticoagulants (DOACs)**: increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome

•**GLP-1 receptor agonists**: reports of diabetic ketoacidosis when concomitant insulin was rapidly reduced or discontinued

For full Drug safety update June 2019 [click here](#)

•**Febuxostat (Adenuric)**: increased risk of cardiovascular death and all-cause mortality in clinical trial in patients with a history of major cardiovascular disease

•**Rivaroxaban (Xarelto ▼)**: reminder that 15 mg and 20 mg tablets should be taken with food

For full Drug safety update July 2019 [click here](#)

**HRT therapy press release**; [HRT users to discuss its risks and benefits at their next routine appointment as new study highlights persistent risk of breast cancer](#)

**MHRA cascade; Hormone replacement therapy (HRT): further information on the known increased risk of breast cancer with HRT and its persistence after stopping**

New data have confirmed that the risk of breast cancer is increased during use of all types of HRT, except vaginal estrogens, and have also shown that an excess risk of breast cancer persists for longer after stopping HRT than previously thought.

Prescribers of HRT should discuss the updated total risk with women using HRT at their next routine appointment.

<https://www.gov.uk/drug-safety-update/hormone-replacement-therapy-hrt-further-information-on-the-known-increased-risk-of-breast-cancer-with-hrt-and-its-persistence-after-stopping>

## NO DEAL BREXIT

Prescribers should continue to prescribe as usual and should resist requests to increase prescribing quantities or durations in the run up to a no deal Brexit. A national team is in place to identify areas of over-ordering. Patients can be advised however to allow more time for pharmacies to supply – at least 72 working hours.

Patients should routinely look to try around 3 different pharmacy/appliance providers in the event of a stock shortage before returning to a practice for an alternative item. This becomes more important in the event of leaving with no deal. If, after trying a few pharmacies, patients do return please report the stock shortage to the MMT on the address in the footer.

For medical devices there is no action needed. CE marks will remain valid in the UK for existing and new devices. From Exit Day, all medical devices and IVDs placed on the UK market must be registered with MHRA. There is a 4-12 month grace period, depending on risk class.

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## INFORMATION

### POTENTIAL RISKS FOR GP SURGERIES TO CONSIDER WHEN WORKING WITH PRIVATE ORGANISATIONS

The guidance document has been updated and supports GP practices when considering working with private organisations.

The document can be found on the MMT website [click here](#)

### SHORTAGE OF EVOREL HORMONE REPLACEMENT THERAPY (HRT) PATCH RANGE

Evorel Conti and Evorel Sequi. patches are due to go out of stock from mid-September. The estradiol only patches (Evorel 25, 50, 75 and 100) are due to go out of stock from the beginning of October. Janssen is unable to provide resupply dates at present. This memo discusses alternative treatments in the interim.

For SPS article [Click Here](#)

### ALLERGY AND IMMUNOLOGY - PHARMACEUTICAL JOURNAL

More patients may seek advice on hay fever in the future, as NHS England has advised GPs not to routinely prescribe products that are available over the counter for this condition. The Pharmaceutical Journal has produced a useful summary of hayfever OTC management.

For full article in the Pharmaceutical Journal [Click Here](#)

GP practices are still prescribing hayfever treatment – prompts to not prescribe these were rejected 991 times in July.

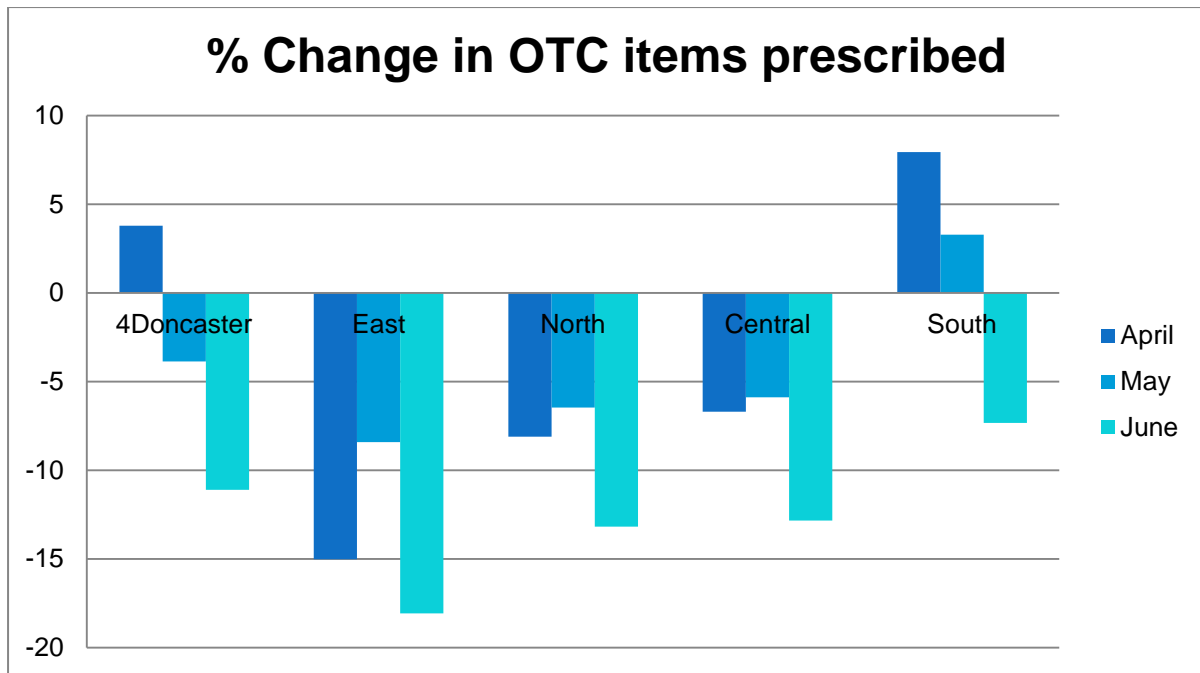
### OTC UPDATE

Most OTC preparations have now been categorised as GREY 5 TLS - should not be routinely prescribed in Doncaster. Please refrain from prescribing these items of OTC conditions except in exceptional circumstances (which do not include NHS fee exempt patients, children and the elderly, or care home residents). The minor ailments service remains available to assist patient who might otherwise struggle. OptimiseRX has been updated.

Positively all PCNs in Doncaster have for the first time since launch prescribed fewer OTC items than last year in June:

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There remain significant opportunities to reduce prescribing for treatment for dry eyes – 619 rejections of the prompt – eye drops start at £0.79p to buy, and vitamins and minerals – 574 rejections of the prompt. Vitamins and minerals are generally not licensed medicines and good dietary advice and practice should be first line treatment for patients

#### APC PRESCRIBING COMMITTEE AUGUST UPDATE

- **Minocycline** (all brands) used to treat acne has been categorised as **Grey 1** in line with the NHS England 'Items which should not be routinely prescribed in primary care' guidance; <https://www.england.nhs.uk/medicines/items-which-should-not-be-routinely-prescribed/>
- **Ravulizumab** (Ultomiris) used for paroxysmal nocturnal haemoglobinuria (PNH)-adults has been categorised as **RED 1,2,3**
- **Rituximab** used to treat refractory focal segmental glomerulosclerosis in the native kidney has been categorised as **Grey 2**

#### EPIPEN EDUCATIONAL RISK MINIMISATION MATERIALS

Educational Risk Minimisation Materials are provided on the EMC website for EpiPen, this includes an EpiPen carry card, trainer pen order form, travel certificate, Guide to Use, checklist for prescribers and Expiry Alert Service to help reduce the risk associated with using epinephrine. Link below;

[EpiPen Adrenaline \(Epinephrine\) Auto-Injector \(both strengths\) – educational risk minimisation materials](#)

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## FREESTYLE LIBRE UPDATE

There have been some additional criteria added to the eligibility of Type 1 diabetes patients for Freestyle Libre to bring the CCG into line with the new NHS England recommendations. Also, it has been agreed that the specialist service will now provide patients with the first month's supply for the device and then write to practices to ask that they continue to prescribe. Monitoring and decisions about continuing suitability of the devices for the patient will continue to remain with the specialist service until month 12. The specialist service will contact the practice should the use of the devices need to be stopped in the first year.

Please see the [MMT website](#) for the updated guidance.

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