Somerset CCG Medicines Management Newsletter

February March 2016

Prescribing Formulary and Traffic Lights

Please note that the TLS is and available at: *http://www.somersetccg.nhs.uk/somerset-clinical-commissioning-group/about-us/publications/clinical-resources/prescribing-and-medicines-management/*

The Formulary is now available as a separate website http://formulary.somersetccg.nhs.uk/

Latest News

Somerset tackles the antibiotic problem

Overuse of antibiotics and in particular wide spectrum antibiotics has been in the national headlines for a number of years now, and we challenged practices in Somerset to reduce antibiotic items by 1% and wide spectrum to <11.3% (national target) of total for this year. The encouraging news can be seen below. Hopefully qtr 4 will show a similar improvement. Well done to all whose efforts have contributing to this result. Somerset is now ranked one of the lowest prescribers of antibiotics in the region and nationally.
Lets not be complacent-we still have some practices who remain outliers on broad spectrums, though all are making improvements.

Quarter compared with same period in previous year	Total Antibiotics	Target	Co-amoxiclav Cephalosporins & Quinolones as a proportion of all Antibiotics	Target
Q1 Apr-June 2015	-4%		8.7%	
Q2 July-Sept 2015	-3%	-1%	7.8%	11.3%
Q3 Oct-Dec 2015	-7%		6.3%	

Everyone can help on the battle against antimicrobial resistance – members of the public, healthcare professionals, leaders, students and educators. Start by signing up to the Public Health England Antimicrobial Guardian Campaign http://antibioticguardian.com/

Patient safety MHRA drug safety update

Valproate in pregnancy

Medicines and Healthcare products Regulatory Agency (MHRA) welcomes the launch of a new toolkit to ensure female patients are better informed about the risks of taking valproate medicines during pregnancy.
Valproate (Epilim, Depakote and other generic brands) is a treatment for epilepsy and bipolar disorder and is prescribed to thousands of women. It is associated with a risk of birth defects and developmental disorders in children born to women who take valproate during pregnancy.
MHRA strengthened warnings on the risks of valproate in pregnancy last year, as understanding of the extent of these risks had increased. Up to 4 in 10 babies are at risk of developmental disorders, and approximately 1 in 10 are at risk of birth defects, if valproate is taken during pregnancy. The new toolkit addresses concerns that the risks of valproate are not being adequately explained to female patients.

Valproate▼
Patient Guide

This booklet is for you if you are a girl or a woman taking any medicine containing valproate.

It contains key information about the risks of valproate in pregnancy.

Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia

Monitoring of blood electrolytes is essential in patients co-prescribed a potassium-sparing diuretic and an angiotensin converting enzyme inhibitor (ACEi) or an angiotensin receptor blocker (ARB) for heart failure.
Reminder for healthcare professionals:

- *Concomitant use of spironolactone with ACEi or ARB is not routinely recommended* because of the risks of severe hyperkalaemia, particularly in patients with marked renal impairment
- Use the lowest effective doses of spironolactone and ACEi or ARB if co-administration is considered essential
- Regularly monitor serum potassium levels and renal function
- Interrupt or discontinue treatment in the event of hyperkalaemia
- Suspected adverse reactions should be reported to us on a *Yellow Card*

An Eclipse Live search has shown that we have 27 patients who have potassium >5.3 (and falling eGFR)-do you have any?

News from Somerset Prescribing and Medicines Management committee (PAMM) and SPF (Somerset Prescribing Forum)

Traffic light changes

- **Clopixol Acuphase** to be made **RED**, it is often involved in medication error incidents where the wrong item is prescribed and dispensed because of the similarity in name with other preparations of different salts.
- **Ondansetron 8mg tablets** in addition to existing 4mg **AMBER** with additional information that for chemotherapy, patients should be provided with information around its appropriate use by secondary care.
- **Midodrine.** Approved as **AMBER** with the inclusion of these recommendations: Midodrine (as Bramox®) is recommended for the treatment of severe orthostatic hypotension due to autonomic dysfunction when corrective factors have been ruled out and other forms of treatment are inadequate.
- **Circadin 2mg MR tablets.** Approved as **GREEN** for Parkinson's disease related insomnia on the recommendation of secondary care, and **AMBER** for hemicrania continua.
- **Xultophy (SPC) 100iu insulin degludec + 3.6mg liraglutide per ml.** Approved change to **AMBER** for patients who have successfully been treated by secondary care for three months and are stabilised.
- **Invicorp (25mcg aviptadil + 2mg phentolamine) solution for injection.** Approved as **GREEN** as another option alongside Caverject.
- **Ikervis (Ciclosporin 1mg/ml eye drops)**
  Change to **GREEN**, include caveats around women of child-bearing age.
- **Sacubitril & Valsartan (Entresto)** approved to add to TLS as **AMBER** pre NICE decision.
- **Octreotide** change to **Green** following 24 hours treatment with hyoscine as per NICE NG31.
- **Vortioxetine** recommended by NICE for treating major depressive episodes that have failed to respond to 2 different antidepressants in the same episode. GREEN as per NICE guidance
- **Oral daily 50mg ibandronic acid or IV zoledronic acid**. PAMM approved the unlicensed use of both these bisphosphonates as new nice evidence suggests that for postmenopausal patients using oral 50mg ibandronic acid or IV zoledronic acid also helps prevent the recurrence of breast cancer.

Formulary

- **Ivermectin 1% cream (Soolantra®) for rosacea** – has a place in therapy. Should be used after other more established therapies e.g. metronidazole gel and azelaic acid have failed .
- **Stexerol-D3 25,000iu & 1,000iu**
  25,000iu = £17.00/12 tablets
  1,000iu = £2.95/28 tablets
  Add to formulary along with other vitamin D preparations. **GREEN**

- **Praxbind 2.5 g/50 ml solution for injection/infusion** Formulary to be updated to include the availability of this within the NOAC section.
- **GlucoRx Safety Lancets** approved alongside GlucoRx lancets.
- **NG28: Type 2 diabetes in adults: management.** Diabetic section of the formulary to be reviewed and updated .

New guidance

Sunlight exposure: risks and benefits
NICE guidelines [NG34] Published date: February 2016

NICE type 1 diabetes management, new for 2015

Just a reminder that TSH levels should be measured at annual review to avoid complications. Similarly, offer men with type 1 diabetes the opportunity to discuss erectile dysfunction as part of their regular review.
Offer a phosphodiesterase-5 inhibitor to men with type 1 diabetes with isolated erectile dysfunction unless contraindicated. Choose the phosphodiesterase-5 inhibitor with the lowest acquisition cost i.e sildenafil
Remember to offer all type 1's a statin if over 40 years, had diabetes for >10 years, established nephropathy or has any CVD risk factors.

NICE Type 2 diabetes

Summary of main changes:

* Do not offer antiplatelet therapy (aspirin or clopidogrel) for adults with type 2 diabetes without cardiovascular disease. [new 2015]
* In adults with type 2 diabetes, measure HbA1c levels at 6-monthly intervals once the HbA1c level and blood glucose lowering therapy are stable. [2015]
* For adults with type 2 diabetes managed either by lifestyle and diet, or by lifestyle and diet combined with a single drug not associated with hypoglycaemia, support the person to aim for an HbA1c level of 48 mmol/mol (6.5%). For adults on a drug associated with hypoglycaemia, support the person to aim for an HbA1c level of 53 mmol/mol (7.0%). [new 2015]
* Consider **relaxing the target HbA1c level** for whom intensive management would not be appropriate, for example, people with significant comorbidities. [new 2015]
* Do not routinely offer self-monitoring of blood glucose levels for adults with type 2 diabetes *unless*:
  - the person is on insulin or
  - there is evidence of hypoglycaemic episodes or
  - the person is on oral medication that may increase their risk of hypoglycaemia while driving or operating machinery or
  - the person is pregnant, or is planning to become pregnant. For more information, see the NICE guideline on diabetes in pregnancy. [new 2015]
* Offer standard-release metformin as the initial drug treatment for adults with type 2 diabetes. [new 2015]
* Gradually increase the dose of standard-release metformin over several weeks to minimise the risk of gastrointestinal side effects in adults with type 2 diabetes. [new 2015]
* If an adult with type 2 diabetes experiences gastrointestinal side effects with standard-release metformin, consider a trial of modified-release metformin. [new 2015]
* Prescribe metformin with caution for those at risk of a sudden deterioration in kidney function and those at risk of eGFR falling below 45 ml/minute/1.73m2. [2015]
* Only continue GLP-1 mimetic therapy if the person with type 2 diabetes has had a beneficial metabolic response (a reduction of at least 11 mmol/mol [1.0%] in HbA1c and a weight loss of at least 3% of initial body weight in 6 months). [2015]
* Offer men with type 2 diabetes the opportunity to discuss erectile dysfunction as part of their annual review.
* Consider a phosphodiesterase-5 inhibitor to treat problematic erectile dysfunction in men with type 2 diabetes, initially choosing the drug with the lowest acquisition cost and taking into account any contraindications. [new 2015]

* Reassess the person's needs and circumstances at each review and think about whether to stop any medicines that are not effective. [new 2015]
* If the person's blood pressure is not reduced to the individually agreed target with first-line therapy, add a calcium-channel blocker or a diuretic (usually a thiazide or thiazide-related diuretic). Add the other drug (that is, the calcium-channel blocker or diuretic) if the target is not reached with dual therapy. [2009, amended 2015]
* Assess CVD risk using QRISK2 and offer a statin in risk > 10% (most). **All males above 50 and women above 58 will have this risk even if all other measurables are perfect!**

Our recommended medications for first intensification with metformin **are gliclazide, pioglitazone, empagliflozin or alogliptin**. These offer the best evidence/cost benefit. NICE research suggests that only 15% of patients cannot tolerate or are contraindicated metformin, and that every effort should be made to make metformin the drug of choice. If metformin cannot be given, first line drugs should be **gliclazide, pioglitazone or alogliptin**.

Titration of metformin is important, and the use of modified release metformin may be beneficial in improving tolerance.
Best value modified release are:
as Diagemet XL® 500mg M/R tablets: £1.75 (28)
as Sukkarto SR®500mg S/R tablets: £3.46 (56) 1000mg S/R tablets: £5.54 (56)
Generic 750mg M/R tablets: £6.40 (56)

NG23: Menopause: diagnosis and management

Note that diagnosis should not primarily be made on lab test results.
Diagnose the following without laboratory tests in otherwise healthy women aged over 45 years with menopausal symptoms:

- perimenopause based on vasomotor symptoms and irregular periods
- menopause in women who have not had a period for at least 12 months and are not using hormonal contraception
- menopause based on symptoms in women without a uterus.

Should not be testing for oestrogens in patients <45 years, and use FSH test to diagnose menopause only:

- in women aged 40 to 45 years with menopausal symptoms, including a change in their menstrual cycle
- in women aged under 40 years in whom menopause is suspected

Infection formulary

February update now available on MM website
If Retapamulin stock is unavailable the recommended (unlicensed) alternative is Sulfadiazine cream (Flamazine®) TDS 5-7days.
Topical Fusidic Acid is not recommended due to local high resistance levels.

Cost effective prescribing

These medicines are widely used so even a few pound savings per pack adds up to tens of thousands of savings in a year

Possible annual saving £80k a year

Possible savings £70k a year

Possible savings of £45k a year

Possible savings of £40k a year

Sodium Alginate Compound Suspn (Gaviscon Advance)
500 mg/5ml (250ml aniseed) Pack of 250
£2.56

Peptac
250 mg / 5mls (original) Pack of 500
£1.95
Saving/Prescription: £3.17

Possible savings of £40k a year

Salmeterol/ Fluticasone MDI (Seretide Evohaler)
250 /25mcg (120 dose unit) Pack of 1
£59.48

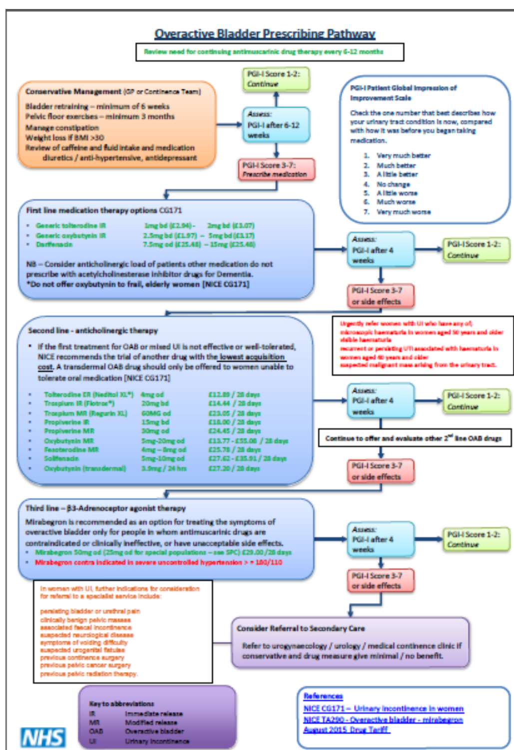
Beclometasone / Formoterol MDI (Fostair)
200 mcg / 6mcg per dose (120 dose unit) Pack of 1
£29.32
Saving/Prescription: £30.16

Possible saving £280k a year

Just these 6 medicines could recycle £527K a year for other activity. Please see your practice pharmacist for what this means for your practice

Buprenorphine patches Butec® is 7-day Buprenorphine Patch which is identical in formulation to Butrans® and has the same manufacturing and supply chain. It is available in the full range of strengths. Prescribing 7-day buprenorphine patches as Butec® will provide a **10% cost saving**. While morphine and fentanyl remain first- choice opiates, we would ask you to consider switching existing patients using Butrans® to Butec®.

Quality improvement



Have you seen the useful ***Overactive Bladder Prescribing Pathway*** in the formulary?

For a legible version see Drugs for Urinary Frequency, Enuresis and Incontinence at http://formulary.somersetccg.nhs.uk/?page_id=1135

Have you ever sat at home wondering if there was a screencast (RCGP Youtube) on management of suspected bacterial UTI in adults or chronic pain relief? Well there is!

http://elearning.rcgp.org.uk/mod/page/view.php?id=2396

Something important to consider-

Early breast cancer: adjuvant bisphosphonate treatment beneficial in postmenopausal women *more*

NHS evidence has published evidence that women with early breast cancer who used bisphosphonates for between 2 and 5 years reduced recurrence and mortality in postmenopausal (but not premenopausal) women. The absolute reduction in postmenopausal women at 10 years was 3% for recurrence (from 25.8%) and 3.3% for breast cancer mortality (from 18%). Currently no bisphosphonates are licensed for this.
Bisphosphonates also reduce the risk of fractures and improve bone health in this group of women, most of whom are taking aromatase inhibitors which may cause a reduction in bone mineral density with a possible consequent increased risk of fracture.

Adjuvant bisphosphonate treatment would seem to provide an achievable gain in improving breast cancer mortality, particularly because most women with breast cancer are postmenopausal. The commentary accompanying this meta-analysis recommended that its publication should lead to widespread adoption of bisphosphonates for the adjuvant therapy of early-stage breast cancer in postmenopausal women.

Both PAMM and Somerset D&T approved the 'off license' use of **daily ibandronate 50mg** (£8.63 per month in primary care) **or 6 monthly i.v zoledronic** acid once approved by each trusts DTC. . While other bisphosphonates will reduce the fracture risk in patients prescribed aromatase inhibitors the evidence base does not currently support alendronate or risedronate for the additional breast cancer reduction. Ibandronate needs to be adjusted for renal impairment, eGFR 30-50 give 50mg alternate days and less than 30 give once weekly.

Patient Online: MAKING THE MOST OF ONLINE APPOINTMENTS AND REPEAT PRESCRIPTIONS…. see more

This guide is designed to provide GP practices with support and guidance to help increase the use of online appointments and repeat prescriptions

1.2.1 Practice benefits

- Fewer transcription errors[1]. Receiving repeat prescription requests online rather than via the telephone may be easier for staff because it avoids opportunities for error when taking down information over the phone.
- Improved audit trails.
- Fewer phone calls and face-to-face transactions with patients which releases time for reception and administration staff to be deployed on other tasks.
- Free up phone lines for patients who still wish to contact the practice using the telephone.
- Easier for patients to cancel or re-book appointments, resulting in reduced "did not attends" (DNAs).

1.2.2 Patient benefits:

- Anywhere, anytime access – 24 hours a day, 7 days a week, at home or abroad using any digital device that can access the internet including a mobile phone.
- Reduces visits and phone calls to the practice.
- Able to give permission to an authorised proxy to manage their appointments and prescription ordering.
- Able to check which medication they should be taking and when.
- Verify that the medication they are taking regularly is put on repeat prescription.
- Accessible information on how to take medication safely (including information on side effects) through links to trusted websites (which can also encourage self-care).
- Able to check appointment times and prescription status.
- Reduces the risks of errors in repeat prescribing.
- Able to order repeat prescriptions irrespective of whether the practice is signed up for the Electronic Prescription Service (EPS).
- Saves time and money, easy-to-use and eliminates the need to visit the surgery or pay for a telephone call.

Sepsis -NHS England guidance

With approximately 123,000 cases of sepsis per year in England and around 36,800 associated deaths, sepsis now claims more lives than lung cancer – the second biggest killer after cardiovascular disease. For those who do survive sepsis, many people may suffer long term physical and mental effects such as post-traumatic stress disorder, chronic pain and fatigue, organ dysfunction, and/or amputations. Useful *checklist* available

Handi app - Paediatric Specialist Advice When and Where You Need it

HANDi Taunton has been developed by the Paediatric team at Musgrove Park Hospital to provide expert support to parents/carers and medical professionals looking after children with the most common childhood illnesses: Parent/career guidance includes illness specific home assessment guidelines, signposting to the appropriate healthcare setting, and illness information. Each of the 6 common childhood illnesses has a home care plan to help parents/carers provide the best support for their child.

The conditions covered are:

- Diarrhoea (Gastroenteritis)
- Chesty Baby (Bronchiolitis)
- Chesty Child (Wheeze and Asthma)
- High temperature
- Abdominal Pain
- Common new born problems

http://www.musgroveparkhospital.nhs.uk/patients-and-visitors/innovation-projects/handi-paediatric-specialist-advice-when-and-where-you-need-it/

For those with an Android phone please either click - https://play.google.com/store/apps/details?id=com.myoxygen.handi.taunton or alternatively search for HANDi Taunton on the Google Play Store. For those with an iPhone please either click- https://itunes.apple.com/us/app/handi-taunton/id969445171?mt=8 or alternatively search for HANDi Taunton on the Apple App Store.

National Diabetes Audit

Only 29 Somerset practices participated in this audit which is a little disappointing, and does not fully represent the Somerset results. The primary objectives are to determine what % of patients are receiving the eight care processes, achieving all three treatment target areas and referral to education. Results below suggest we are lagging behind the all-England figure in all categories, and this is confirmed by NHS England data. For individual practice results visit here or contact your practice pharmacist. Type 2 diabetes is an ever increasing problem, and it is easy to focus on glucose levels at the expense of cardiovascular protection.

NHS England data also says:

Cholesterol. Somerset is about the same as England in keeping diabetic TCL below 5mmol (variation 56-100%in Somerset) yet we still have over 9000 diabetics either not prescribed a statin or having one issued in the last 3 months (excluding declined, not tolerated or C/I). NICE asks us to consider diabetic patients

Blood pressure. We lag behind England on achieving blood pressure targets with only two thirds achieving target. Almost 3000 patients outside the target value at last count.

HbA1c. Again we are behind England on this, with an average of 58% of patients under 59mmol/mol (~7.5%)

Figure 3: Percentage of people receiving the All Eight Care Processes care process, comparision to CCG and Country

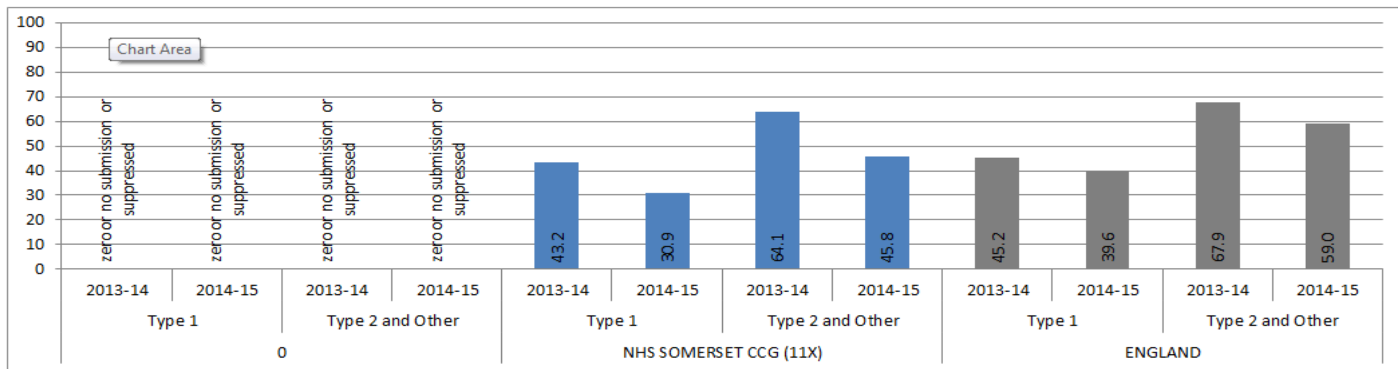


Figure 3: Percentage of newly diagnosed people with Type 2 or other diabetes recorded as being 'offered' or 'offered or attended' a structured education program

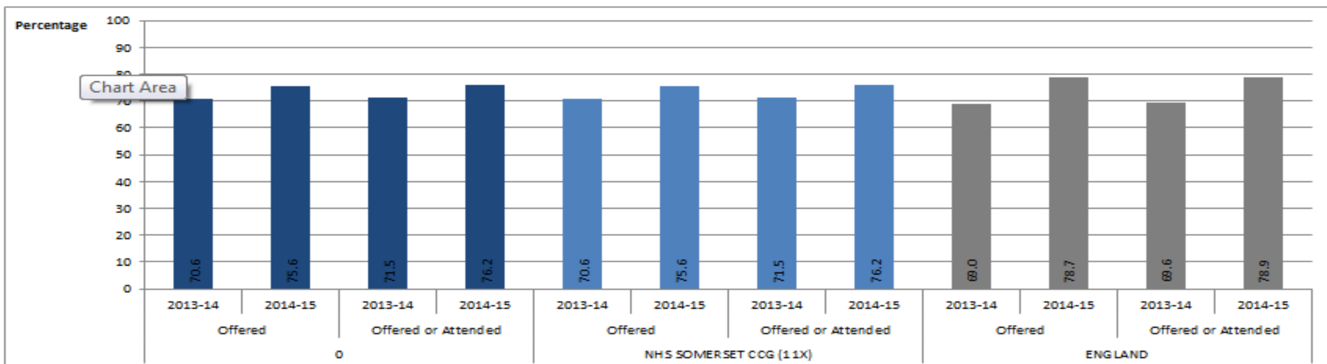
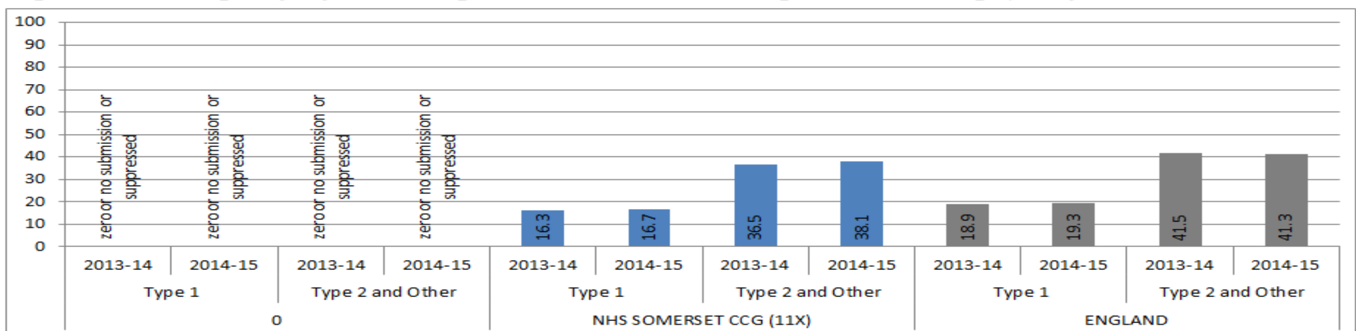


Figure 3: Percentage of people achieving the All Three Treatment Targets treatment target, comparision to CCG and Country



Care Quality Commission Care Home ratings

This tool has been developed to build a picture of services geographically and will help the public, providers and other partners to search for care homes by geographic location or postcode, compare ratings and read the most recent inspection reports.

http://www.cqc.org.uk/content/care-home-ratings-map-launched

Health Visitor and Community PN prescribing.

Please note that most HVs are just 'V100' trained, not full prescribers, so they can only use the Nurses Prescribing Formulary.

No 'off-label' prescribing is allowed for Community Practitioner Nurse Prescribers except for nystatin off-label for neonates.

Long term opioid use associated with new onset of depression

According to a recent study, opioid- related new onset of depression is associated with longer duration of use but not dose. Patients and practitioners should be aware that opioid analgesic use of longer than 30 days imposes risk of new-onset depression. Opioid analgesic use, not just pain, should be considered a potential source when patients report depressed mood.

http://www.annfammed.org/content/14/1/54.abstract

Self-Care Campaign

Practices have recently been sent a resource pack supporting the use of self-care medicines in the community. Now is a good time to consider prescribing policies around hay fever, with cetirizine, loratidine and chlorphenamine adding £90k to the cost of prescribing each year. Similarly medicines for simple everyday ailments should be referred to the pharmacies wherever possible. More information on our website http://www.somersetccg.nhs.uk/about-us/how-we-do-things/prescribing-and-medicines-management/prescribing/

Additional resources: NHS PresQIPP Self Care Webkit
https://www.prescqipp.info/selfcare

This poster is downloadable from PrescQIPP

Congratulations to … Ana Alves on achieving her MSc in Clinical Pharmacy with a distinction in the final dissertation. The project 'De-prescribing of medicines in care homes' was collaboration between NHS Somerset CCG and Cardiff University. It showed that stopping medicines as part of medication optimisation reviews contributes to the clinical safety of patients living in care homes in Somerset and releases significant drug savings. Well done Ana!