Think Medicines!
Issue 2
October 2019
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NHS
Cambridgeshire and Peterborough
Clinical Commissioning Group

Joint Prescribing Group

July 2019 Meeting Update

This bi-monthly newsletter will keep you up to date with the latest recommendations agreed by our Cambridgeshire and Peterborough Joint Prescribing Group.

Mobile App

⇒ netFormulary is available as a mobile app on both Apple and Android phones.

⇒ Go to your mobile app store and search for **netFormulary.**

⇒ Click on the app with the logo to the left.

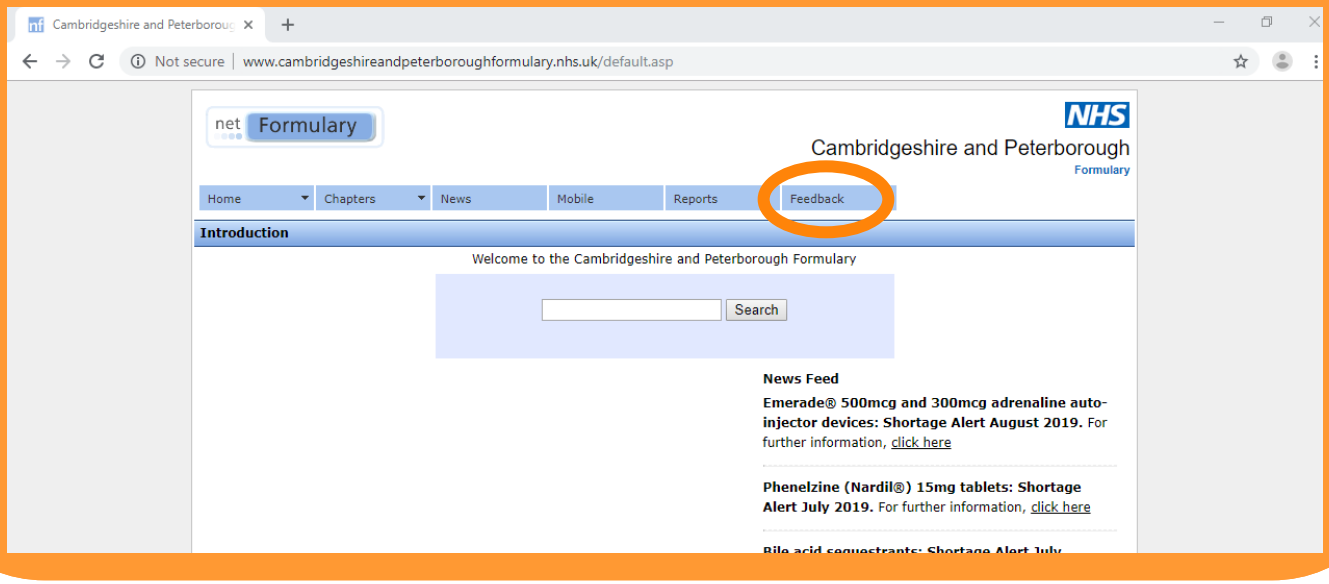
⇒ Install the app.

⇒ Select from the organisation list **Cambridgeshire and Peterborough Formulary.**

⇒ Confirm you have selected the correct formulary.

It is important to ensure that you regularly update the app so that you have the most up-to-date formulary information available to support you in your practice.

Please use the netFormulary **FEEDBACK** tab to make the Medicines Optimisation Team aware of any formulary queries you may have and to **ALERT THE TEAM** to any potential **DRUG SHORTAGE** issues that may have a clinical impact on patients so we can investigate this further.



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WOUND CARE FORMULARY

UPDATED

Smaller size dressings have been added to the formulary to support use in paediatric patients. Wound care products should be ordered in line with the formulary via the NHS Supply Chain.

If you are having any issues with placing an order via the Supply Chain, please contact the CCG Medicines Optimisation team via CAPCCG.prescribingpartnership@nhs.net.

SUPPLY

If the dressing is on the formulary this should be issued from the relevant stock supply (see examples in the table below). Further stock can be obtained from the NHS Supply Chain portal.

If the dressing is not on the formulary, we recommend looking at the formulary for a similar product that is clinically suitable for the patient. If further support is needed to find a formulary alternative product, please contact the Medicines Optimisation team via CAPCCG.prescribingpartnership@nhs.net or Tissue Viability Nurses via cpm-tr.tissueviability@nhs.net.

Patient scenario	Formulary dressings	Non formulary dressings on advice of TVN
Ambulant patient seen by Practice Nurse	Practice stock system	FP10
House bound patient seen by District Nurse	District Nurse stock system	FP10
Resident in care home (with nursing)	Care Home stock	FP10
Resident in care home (without nursing) seen by District Nursing team	District Nurse stock system	FP10
Resident in care home (without nursing) seen by Practice Nurse	Practice stock system	FP10

RECOMMENDATIONS

The following recommendations were made by the Joint Prescribing Group and approved by the Integrated Performance and Assurance Committee on the 27th August 2019. Unless otherwise stated, the new/updated documents referred to within the Newsletter will shortly be available on our CCG website and netFormulary.

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FORMULARY UPDATES

Formulary - can be prescribed in both secondary and primary care GREEN

Activon Honey Tube

⇒ Added to the Wound Care Formulary Guideline and available to order via NHS Supply Chain. This is the preferred ordering route.

⇒ Single patient use and once opened use within 90 days.

⇒ To be used for debriding necrotic tissue.

⇒ May be applied to any wound but particularly: pressure ulcers, leg ulcers, diabetic ulcers, surgical wounds, burns, graft sites, infected wounds, cavity wounds and sinuses.

Ertugliflozin with metformin and a dipeptidyl peptidase-4 inhibitor for treating type 2 diabetes:

⇒ Approved for use in line with NICE TA583.

Oral Contraceptives

⇒ Oral contraceptives have been assigned a 'medal ranking' based upon whether products are first, second or third line choices - see guideline.

⇒ Please routinely prescribe the agents offering greatest overall value to the health economy.

⇒ Oral contraceptives should be prescribed by BRAND to reduce the risk of error as different brands of the same formulation are available and the generic names for different products can look very similar.

⇒ Patients may be given a different brand of oral contraceptive by the Integrated Contraception and Sexual Health service (iCASH) and the equivalent formulary brand should be continued in Primary Care. If further advice is required on the equivalent formulary brand please contact the CCG Medicines Optimisation Team.

Ketotifien 25mcg per 1ml preservative free eye drops (Ketofall) and Olopatadine 1mg/1ml eye drops (Optanol)

⇒ To be used in allergic conjunctivitis where over the counter medication is ineffective or contraindicated.

⇒ Both preparations will replace Lodoxamide on the formulary due to their dual mode of action as both a mast cell stabiliser and antihistamine.

⇒ **Ketotifien 25mcg per 1ml preservative free eye drops are RESTRICTED to patients who clinically require a preservative free formulation.**

Semaglutide and GLP-1 analogue formulary choices

⇒ Semaglutide is the first line formulary choice.

⇒ Liraglutide (1.2mg dose only) and Dulaglutide are second line formulary choices.

⇒ These are prescribable in Primary and Secondary Care in line with NICE guidance NG28.

⇒ Where a GLP-1 analogue is prescribed alongside insulin, prescribing is to remain with secondary care or the community diabetes specialist until the patient is stable.

⇒ Liraglutide 1.8mg dose is to be used in exceptional cases and will be initiated by secondary care or community diabetes specialist.

⇒ Patients currently prescribed other GLP-1 analogues should be reviewed and may be continued on their current therapy where clinically appropriate.

⇒ If the patient does not meet NICE criteria for continuation, deprescribing should be considered.

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Restricted - Hospital ONLY, not to be prescribed in primary care

Hospital

Minocycline

⇒ Prescribers in Primary Care should not initiate minocycline for any new patient with acne.

⇒ Patients currently prescribed minocycline for acne should be reviewed and minocycline deprescribed.

⇒ For non-acne indications in line with local antimicrobial recommendations for use in secondary care only.

Risankizumab for treating moderate to severe plaque psoriasis

⇒ Approved for use in line with NICE TA596.

⇒ Treatment choice to be in line with good biologic stewardship.

Formulary - Specialist initiation without shared care guidance

NO SCG

DEKAs vitamins and minerals for patients with cystic fibrosis

⇒ Formulary choice vitamin and mineral preparation for paediatric and adult cystic fibrosis patients who require daily supplementation with fat soluble vitamins and minerals.

⇒ Available as DEKAs Plus Softgels, DEKAs Plus chewables, DEKAs Plus Essential capsules and DEKAs Plus liquid.

⇒ The specialist responsible for the patient will initiate the most appropriate formulation for the individual patient.

Etoricoxib for spondyloarthritis

⇒ Suitable for prescribing in Primary Care for patients with spondylarthritis only who are unable to take formulary choice non-steroidal anti-inflammatory drugs (NSAIDs).

⇒ **Etoricoxib is BLACK for all other indications.**

Relvar Ellipta for asthma

⇒ Prescribable in Primary Care after Specialist Initiation for patients (paediatrics and adults within medication license) who have poorly controlled asthma, deemed poorly compliant/ concordant to their current regimen.

GLP-1 analogues prescribed alongside insulin

⇒ Prescribing to remain with the secondary care or community diabetes specialist until the patient is stable on their therapy.

⇒ Liraglutide 1.8mg dose is to be used in exceptional cases and will be initiated by secondary care or community diabetes specialist.

Formulary - Specialist Advice, secondary care advice provided for primary care initiation

ADVICE

Hydventia (hydrocortisone) 10mg and 20mg tablets

⇒ All patients currently prescribed hydrocortisone 10mg and 20mg tablets in Primary Care will be switched to the most cost-effective brand, Hydventia.

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Non-formulary – Not to be prescribed in primary or secondary care BLACK

Aliskiren

⇒ Prescribers in Primary Care should not initiate aliskiren for any new patient.

⇒ Patients currently prescribed aliskiren should be reviewed by their specialist/initiating trust and aliskiren deprescribed.

⇒ CUHFT have withdrawn their current shared care guideline.

Dronedarone

⇒ Prescribers in Primary Care should not initiate dronedarone for any new patient.

⇒ Patients currently prescribed should be reviewed by their specialist/initiating trust and dronedarone deprescribed.

⇒ Prescribing should only continue under exceptional circumstances after multi-disciplinary team recommendation but a shared care arrangement would be required.

Emollient Bath and Shower Preparations

⇒ Prescribers in Primary Care should not initiate bath and shower preparations for any new patient.

⇒ These should be deprescribed and, where clinically required, substituted with an emollient that can be used as both a leave-on emollient and a soap substitute.

⇒ Emollients are available over the counter where the patient is willing and able to SELF-CARE.

⇒ Patient information leaflets and a poster to display in your waiting area are available on netFormulary.

Melatonin (Colonis)

⇒ **Melatonin 3 mg film-coated tablets and 1mg/ml oral solution should not be used in children and adolescents due to safety and efficacy concerns.** The safety and efficacy of Melatonin 3 mg film-coated tablets and Melatonin 1mg/ml oral solution in children and adolescents aged 0 – 18 years have not been established.

Etoricoxib for all other indications, except spondyloarthritis

⇒ Etoricoxib is not prescribable for any other indications in Primary or Secondary Care.

⇒ **It is recommended only for patients with spondyloarthritis who are unable to take formulary choice NSAIDs.**

Lodoxamide (Alomide) 0.1% eye drops

⇒ Removed from formulary as superseded by Olopatadine (Optanol) 1mg/1ml eye drops.

Oral Contraceptives (specific brands)

⇒ Please routinely prescribe the agents offering greatest overall value to the health economy - see guideline.

⇒ Oral contraceptives should be prescribed by BRAND to reduce the risk of error as different brands of the same formulation are available and the generic names for different products can look very similar.

⇒ Patients may be given a different brand of oral contraceptive by the Integrated Contraception and Sexual Health service (iCASH) and the equivalent formulary brand should be continued in Primary Care. If further advice is required on the equivalent formulary brand please contact the CCG Medicines Optimisation Team.

GLP-1 analogues (Lixisenatide & Exenatide for new patients)

⇒ Lixisenatide and Exenatide are not recommended for any new initiations.

⇒ Current prescribing should be reviewed and where the patient does not meet NICE criteria for continuation, deprescribing should be considered.

Silk Garments

⇒ Prescribers in Primary Care should not initiate silk garments for any new patient.

⇒ Patients currently prescribed silk garments should be reviewed and garments deprescribed.

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OPTIMISE RX™ SPOTLIGHT

Message ID: 17481 Anticholinergics: review use of anticholinergic burden (ACB) score 3 medications in vulnerable patient groups

Review use of anticholinergic drug with a high anticholinergic burden in patient at risk of harm.

This message will only trigger when:

*Patients prescribed a systemic anticholinergic with an anticholinergic burden score of 3 without a record of palliative care within 13 months; **who either have dementia, or aged 75 years and over, or are aged 65 and over and have fallen (or are at risk of falling) within 10 years**.*

The message will not trigger for low risk patients.

During the week 11 to 15 August this message was triggered 284 times and rejected 243 times (85%). Prescribers accepted the message (took positive action) on 41 occasions.

This means 243 patients identified over these 5 days are at continued risk of side effects. The message will only trigger again upon repeat re-authorisation or if another anticholinergic drug is prescribed.

On 29 occasions prescribers used OptimiseRx to record a "rejection reason".

Rejection Reason	Frequency
Not suitable for this patient Why is a review of anticholinergic drugs unsuitable for the patient?	19
Initiated by specialist Who has calculated the patients ACB score?	8
For short trial (free text) What will happen if trial is successful?	1
Previous surgery - been on 2 years (free text) When will this be reviewed?	1

An increasing number of systematic reviews and meta-analyses report that drugs with anticholinergic effects are associated with an increased risk of cognitive impairment and all-cause mortality in older people.

Medicines Optimisation Team have purchased a training package to help the healthcare team understand anticholinergic burden. This is available at no additional cost via https://moodle.prescqipp.info/login/index.php

The package covers side effects of anticholinergic drugs and the evidence base for cognitive impairment and anticholinergic risk scales and includes three case studies of medication reviews for people with a high burden.

OTHER NEWS

Future Dates

JPG Meeting	IPAC Meeting	JPG Information Newsletter
26th September 2019	29th October 2019	w/c 11th November 2019
21st November 2019	17th December 2019	w/c 6th January 2020

Information in this newsletter is believed to be accurate and true. NHS Cambridgeshire and Peterborough CCG employees accept no liability for loss of any nature, to persons, organisations or institutions that may arise as a result of any errors or omissions.

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