

# Think Medicines!

Issue 3

March 2020

Page 1 of 9



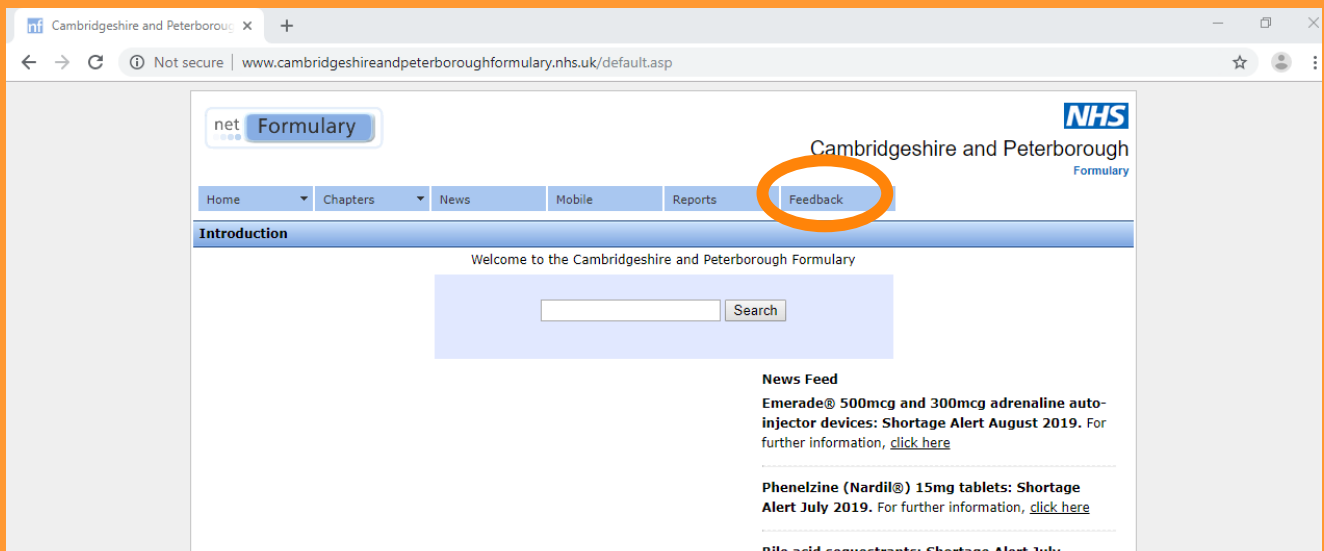
Cambridgeshire and Peterborough Clinical Commissioning Group

# Joint Prescribing Group

## WINTER 2019 MEETING UPDATES

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

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.



### Updated Traffic Light Status

Status	Description
<b>OTC</b>	Available Over the Counter. Consider Self Care
<b>GREEN</b>	Formulary - Can be prescribed in both secondary and primary care.
<b>ADVICE</b>	Formulary - Specialist Advice, secondary care advice provided for primary care initiation.
<b>NO SCG</b>	Formulary - Specialist initiation without shared care guidance.
<b>SCG</b>	Formulary - Specialist initiation with shared care guidance.
<b>Hospital</b>	Restricted - Hospital only, not to be prescribed in primary care.
<b>SWITCH</b>	Not recommended for prescribing. Switch to alternative cost-effective option.
<b>BLACK</b>	Not recommended for prescribing in primary or secondary care.
<b>GREY</b>	Not recommended as no formal application made for addition to the formulary. Contact relevant pharmacy team for further information.

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# Joint Prescribing Group

## UPDATED TRAFFIC LIGHTS

### Available Over the Counter - Consider Self Care

OTC

Based upon your feedback, the GREEN+ icon has been updated to a PURPLE, OTC icon. When a medicine or medical device is available to purchase over the counter, self-care should be considered where the patient is both willing and able, in line with our UPDATED SELF-CARE POLICY. We hope this NEW traffic light will be more distinguishable and will support your discussions with patients locally regarding self care.

UPDATED

### Not Recommended for Prescribing - Switch to Alternative Cost-Effective Option

SWITCH

This is a new icon for where a medicine or medical device has been reviewed by the Joint Prescribing Group and does NOT promote cost-effective prescribing.

NEW

Within the monograph, it will be stated which equivalent medicine does support cost-effective prescribing locally and OptimiseRx™ will be tailored to support prescribers to switch to the most cost-effective brand where clinically appropriate.

### What does the BLACK traffic light actually mean for my practice?

The BLACK traffic light means NOT RECOMMENDED for prescribing in primary or secondary care.

This traffic light may appear for one of the following reasons:

- The medicine/medical device has been agreed locally for Cambridgeshire and Peterborough by the Joint Prescribing Group that it should NOT be prescribed in primary or secondary care due to safety concerns, lack of efficacy or cost-effectiveness.
- This could be recognised NATIONALLY as an item that should not be prescribed in primary or secondary care due to evidence, efficacy and safety concerns.
- It is listed within the Drug Tariff Chapter XVIII A commonly known as the BLACKLIST. Any item listed here is not permitted on an NHS prescription.

The Medicines Optimisation Team are continually reviewing netFormulary and OptimiseRx™ to ensure you are provided with the most up-to-date information to promote safe and effective prescribing for our population.

Where a medicine or medical device has a BLACK traffic light we will endeavour to specify in the drug monograph the reasoning as to why this traffic light has been denoted.

If presented with a BLACK message on OptimiseRx™ and you are uncertain as to the reasoning behind this, we would urge you in the first instance, to view the netFormulary monograph in question for further supportive advice.

**If you become aware of any BLACK traffic light monographs without the appropriate explanation, please notify our team using the FEEDBACK tab on netFormulary so we can investigate this further.**



# Joint Prescribing Group

## FUTURE DATES

JPG Meeting	IPAC Meeting	JPG Information Newsletter
23 <sup>rd</sup> January 2020	25 <sup>th</sup> February 2020	w/c 16 <sup>th</sup> March 2020

## RECOMMENDATIONS

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

## GUIDELINES

### [Vitamin D Deficiency in Paediatrics](#)

This pathway describes the diagnosis, treatment and prevention of vitamin D deficiency in children. It recommends prescribing only for patients who are confirmed as vitamin D deficient. Parents/guardians of patients with insufficient levels of vitamin D should be advised to self-care where willing and able.

NEW

### [Hypertonic Saline Prescribing Recommendations](#)

This summary is to support the prescribing of hypertonic saline inhalation solutions by the most cost-effective BRAND, following secondary care initiation. Secondary care will prescribe generically and supply the most cost effective brand on contract at that time.

NEW

### [Policy on Prescribing of Medicines that are Available for Purchase](#)

Our self-care policy has been updated to include an expanded list of medicines which are available for patients to purchase over the counter, where patients are both willing and able.

UPDATED

### [Melatonin prescribing in paediatric patients - formulation choice](#)

This guideline supports the prescribing of both prolonged release (1<sup>st</sup> line) and immediate release (2<sup>nd</sup> line) melatonin in paediatric patients, following secondary care initiation.

NEW

### [Camouflage \(covering\) creams and powders - Prescribing Policy](#)

Patients can purchase camouflage creams and powders on the high street, on-line and via local community pharmacies.

UPDATED

Cambridgeshire and Peterborough Clinical Commissioning Group does not routinely commission cosmetic treatments.



# Joint Prescribing Group

## FORMULARY UPDATES

Available Over the Counter - Consider Self Care

OTC

### Vitamin D Insufficiency

- ⇒ Children who require vitamin D supplementation for insufficiency or aligned to national prevention recommendations, parents/guardians should be requested to purchase over the counter, where the parent/guardian is willing and able.
- ⇒ Healthy Start Children's Vitamin Drops are available from local distribution points for those that qualify.

Formulary - Can Be Prescribed in Both Secondary and Primary Care

GREEN

### Fluticasone/Salmeterol Metered Dose Inhaler

- ⇒ **Combisal®** is the formulary choice metered dose inhaler (MDI) in paediatric patients, containing the active ingredients fluticasone and salmeterol and it has the same licensing as the originator MDI (Seretide® MDI) and is more cost-effective.
- ⇒ **Sereflo®** is the formulary choice metered dose inhaler (MDI) in adult patients, containing the active ingredients fluticasone and salmeterol and it has the same licensing as the originator MDI (Seretide® MDI) and is more cost-effective.

### Vitamin D deficiency in Paediatrics

- ⇒ Thorens® 10,000units/ml oral drops are the preferred formulation for daily dosing in paediatrics from 1 month of age. See guideline for dosing according to age.
- ⇒ If concerns about compliance, Invita D3® 25,000units/ml as a single dose oral solution are the preferred formulation for weekly dosing in paediatric patients from 1 month of age. See guideline for dosing according to age.
- ⇒ The FULL course of treatment should be prescribed as an ACUTE prescription.
- ⇒ Patients requiring maintenance doses of vitamin D for insufficiency should be recommended to SELF-CARE.
- ⇒ Healthy Start Children's Vitamin Drops are available from local distribution points for those that qualify.

### Dosing of Thorens 10,000 I.U./ml oral drops

- ⇒ The dropper supplied with Thorens 10,000 I.U./ml oral drops is calibrated to deliver a dose in drops only. 1 drop contains 200 I.U. colecalciferol.
- ⇒ Please note that a dose administered in millilitres or not delivered using the dropper supplied (i.e. an 1ml oral syringe) would be outside the terms of product license.

Age Appropriate Dose (Vitamin D international units)	Treatment dose in drops using dropper supplied with Thorens 10,000 I.U./ml oral drops	Treatment dose in millilitres using an 1ml oral syringe provided by the pharmacy (outside of the terms of the product license)
Age 1 - 5 months: 3,000 IU daily for 8 - 12 weeks	15 drops once daily	0.3ml once daily
Age 6 months - 11 years: 6,000 IU daily for 8 - 12 weeks	30 drops once daily	0.6ml once daily
Age 12 - 17 years: 10,000 IU daily for 8 - 12 weeks	50 drops once daily	1ml once daily



## Formulary - Specialist Initiation without Shared Care Guidance

NO SCG

### Sodium Chloride Inhalation Solutions

- ⇒ Sodium chloride inhalation solutions are specialist initiation for prescribing to be continued by the prescriber in Primary Care for patients in the community.
- ⇒ On initiation of therapy, a test dose is supervised by an appropriate professional (e.g. respiratory physiotherapist) to check for bronchospasm.
- ⇒ GP to prescribe up to 1 month supply at a time acutely, for at least 3 months, until patient has demonstrated benefit from treatment before adding to their repeat prescription.
- ⇒ If any issues with the effectiveness of the treatment or patient unable to complete effective chest clearance techniques refer back to the patient's consultant responsible for their care.
- ⇒ Prescribe sodium chloride 0.9% solution as Respi-Clear® 0.9%.
- ⇒ Prescribe sodium chloride 3% solution as PulmoClear® 3%.
- ⇒ Prescribe sodium chloride 7% solution as Respi-Clear® 7%.
- ⇒ Please note secondary care clinicians will prescribe generically, as contract prices may vary.

### Toujeo DoubleStar

- ⇒ Toujeo® Doublestar is recommended for patients requiring a daily dose of > 20 units of Toujeo® Solostar. Prescribable in Primary Care after specialist initiation.
- ⇒ **CAUTION PRODUCT SELECTION - Toujeo® DoubleStar Strength 300units/ml. Each pen contains 900units/3ml. This device uses 2-unit dosage step increments.**
- ⇒ Toujeo® SoloStar 300units/ml. Each pen contains 450units/1.5ml. This device uses a 1-unit dosage step increments.

### Co-trimoxazole prophylaxis

- ⇒ Suitable for prescribing in Primary Care after specialist initiation for immunocompromised adult patients post heart and/or lung transplant and prophylaxis against infective exacerbations in adult patients with cystic fibrosis or bronchiectasis, where considered the most suitable agent by the consultant in charge of the patient's care.

### Dapagliflozin with insulin for treating type 1 diabetes (NICE TA597)

- ⇒ Suitable for prescribing in Primary Care after specialist initiation for treating type 1 diabetes in adults with a body mass index (BMI) of at least 27 kg/m<sup>2</sup>, when insulin alone does not provide adequate glycaemic control despite optimal insulin therapy under certain circumstances.
- ⇒ All patients to be reviewed by initiating trust at 6 months in line with the [NICE TA597](#).





# Joint Prescribing Group

## Formulary - Specialist Initiation with Shared Care Guidance

SCG

### Slenyto® is licensed only for children with the specific indication of Autism Spectrum Disorder or Smith-Magenis syndrome

- ⇒ This is the only cohort of patients that Slenyto® should be prescribed for.
- ⇒ *Shared Care Guideline being updated currently.*
- ⇒ Existing patients maintained on other brands of melatonin may remain on these where their condition is stable.
- ⇒ Current formulary brand of melatonin tablets for paediatric patients is Circadin® modified release tablets, unless the patient has the specific diagnosis Autism Spectrum Disorder or Smith-Magenis syndrome.
- ⇒ Where an immediate release formulation is required and off-label use of Circadin® is not clinically acceptable to the patient, and the rationale is documented in the patient's clinical notes (justification for an unlicensed preparation vs. off-label) then an unlicensed melatonin oral solution / suspension could be considered. See [Melatonin prescribing in paediatric patients - formulation choice](#) for further information.
- ⇒ Prescribing of melatonin in adults for any indication is **NOT RECOMMENDED** in primary care.

## Restricted - Hospital ONLY, Not to be Prescribed in Primary Care

Hospital

### Low Molecular Weight Heparins (LMWH)

- ⇒ Paediatric patients, under 16 years of age, who require a LMWH, that both the PRESCRIBING and MONITORING should remain with the HOSPITAL responsible for the patient.
- ⇒ Patients, irrespective of age, requiring administration of a LMWH, where their dose cannot be obtained using a pre-filled syringe, that both the PRESCRIBING and MONITORING should remain with the HOSPITAL responsible for the patient.

### Psoriasis Biologics Pathway

- ⇒ This pathway supports the use of biologics in line with good stewardship.
- ⇒ It is important that medicines prescribed and supplied directly by secondary care clinicians are recorded and dated on GP clinical systems.

### Teriparatide Biosimilars

- ⇒ Approved in line with the Group Prior Approval.
- ⇒ It is important that medicines prescribed and supplied directly by secondary care clinicians are recorded and dated on GP clinical systems.
- ⇒ This will ensure prescribers have all the relevant clinical information available if an adverse reactions is suspected. Information on how to do this can be found on page 6 of the first edition [Joint Prescribing Group \(JPG\) newsletter](#).

## Non-formulary - Not Recommended for Prescribing in Primary or Secondary Care

BLACK

### 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.



# Joint Prescribing Group

## Not Recommended for Prescribing - Switch to Alternative Cost-Effective Option

**SWITCH**

### Desogestrel 75mcg tablets

⇒ Desogestrel 75mcg generic and the brands: Aizea®, Cerazette®, Cerelle®, Desomono®, Desorex®, Feanolla® are not recommended for prescribing.

⇒ **Prescribe as Zelleta® 75mcg tablets.**

Please note that this advice is currently opposing the Medicines Optimisation dashboard advice which recommends generic prescribing.

However, Zelleta is more cost effective than prescribing generically and patients will receive the same brand each time.

### MDIs for Asthma

⇒ Seretide® MDI and equivalent brands AirFluSal®, Aloflute® and Sirdupla®:

- Prescribe as Combisal® MDI for paediatric patients with asthma.
- Prescribe as Sereflo® MDI for adult patients asthma.

⇒ Clenil Modulite® MDI:

- Prescribe as Soprobec® MDI for patients with asthma.

## PRESCRIBING MEDI DERMA-S IN PRIMARY CARE

There are two Medi-Derma S products listed as part of the [Woundcare Formulary Guideline](#):

Product	Unit Size	Pack Size	Cost via NHS Supply Chain per unit (PREFERRED)	Cost via FP10 per unit (much more EXPENSIVE)
MEDI DERMA-S STERILE NON STING MEDICAL BARRIER FILM	1ml	Pack of 5	£0.55	£0.74
MEDI DERMA-S BARRIER CREAM NON STERILE	2g sachet	Pack of 20	£0.15	£0.29

⇒ Please note that all other formulations of Medi Derma-S are NON-FORMULARY (including Medi Derma-S Barrier Cream Tubes in both the 28g and 92g sizes).

⇒ The individual 2g sachets of the Medi Derma-S barrier cream are on the woundcare formulary and preferred as these ensure that there is less product wastage and also help support patients in applying a clinically appropriate quantity of the cream to the affected area as per the advice and recommendation of our local tissue viability nurses.

⇒ This also applies to the barrier film which is available in an individual 1ml size.

⇒ The two formulary, Medi-Derma S products are available to order through the dressing scheme via NHS Supply Chain and this is the preferred route rather than prescribing on FP10 for the patient.

⇒ An Optimise Rx message will trigger, at the point of prescribing, when selecting either of the two, Medi Derma-S formulary woundcare products, to highlight that the NHS Supply Chain Stock System is the preferred ordering route over using FP10 to prescribe formulary woundcare products.

## ORDERING FORMULARY DRESSINGS AND PRODUCTS

If the dressing is on the formulary this should be issued from the relevant stock supply ([see examples table on page 2 of Issue 2](#)). Further stock can be obtained from the NHS Supply Chain portal.

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# Joint Prescribing Group

## ANTIMICROBIAL PRESCRIBING

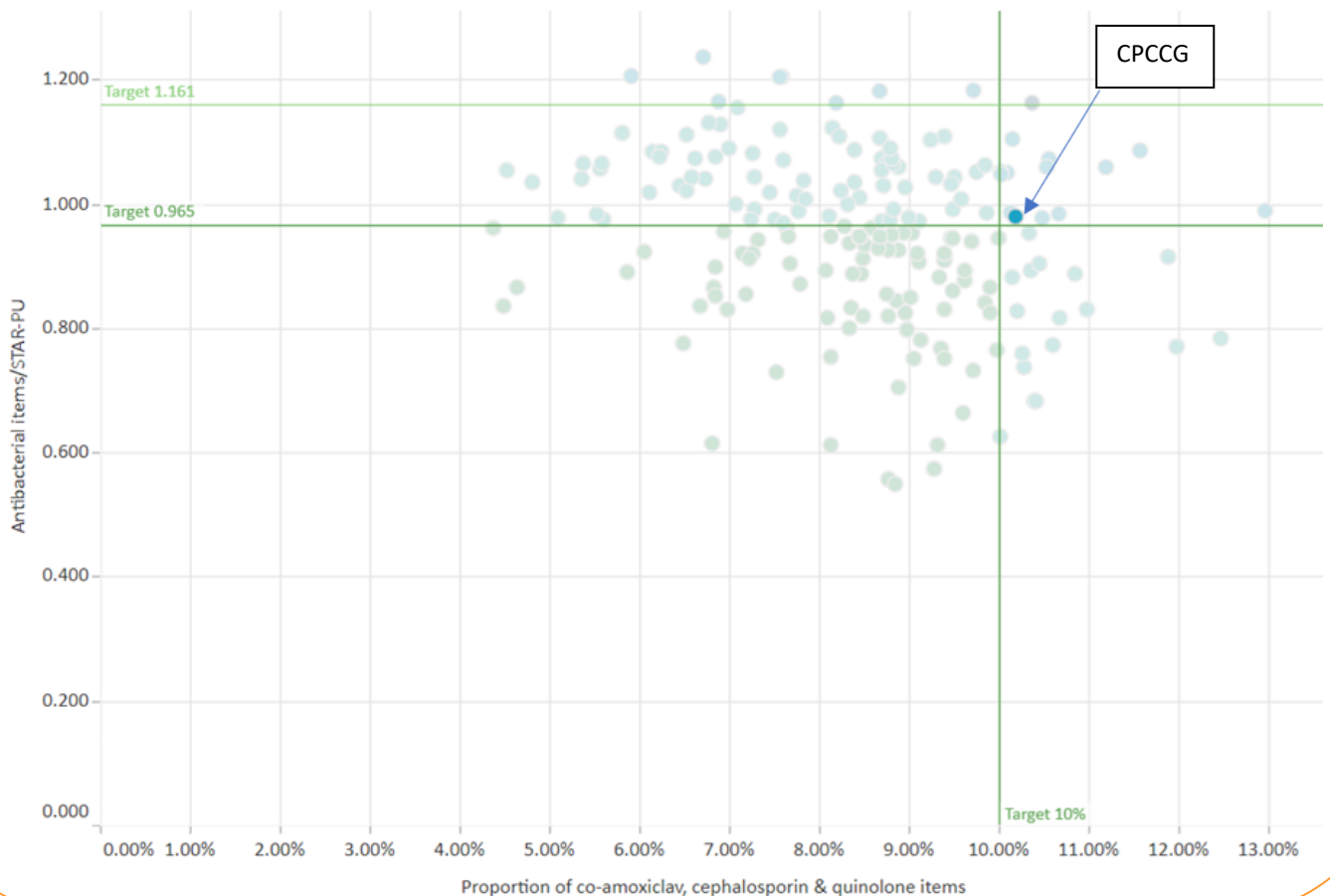
### CAMBRIDGESHIRE AND PETERBOROUGH CCG REPORT

	Target	Oct-18	June -19	July-19	Aug-19	Sept-19	Oct -19
Overall antibacterial prescribing (Items per STAR/PU)	0.965	1.044	0.984	0.986	0.983	0.980	0.979
Broad Spectrum prescribing as a percentage of overall antibacterial prescribing (%)	10.0	12.1	10.9	10.7	10.5	10.4	10.2

The prescribing of broad spectrum antimicrobials and overall antimicrobials continue to reduce monthly. Both indicators are now almost at the National Target.

### COMMISSIONER SCATTER PLOT

Commissioner scatter plot & bar chart showing 12 months rolling data to Oct-19



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# Joint Prescribing Group

## Using OptimiseRx™ to Support with your Antibiotic Prescribing

### ANTIMICROBIAL MESSAGES

There are 72 messages relating to appropriate use of antimicrobial drugs in the OptimiseRx™ profile. These messages are based on Public Health England guidance; some have been adapted to our local guidance based on local resistance patterns reported by our pathology labs.

#### ACCEPTANCE

Between 1<sup>st</sup> January 2020 and 17<sup>th</sup> February 2020, the Public Health England antimicrobial messages triggered over 2,000 times. Prescribers accepted the recommendation offered 22.5% of the time.

#### GOOD PRACTICE - WHY MAY A MESSAGE BE FIRING UNNECESSARILY?

It is important to code the indication in the appointment narrative before entering the prescription. With most other messages, e.g. relating to diabetes or COPD, the indication is already coded in the record many times; with acute presentations that is not the case. If you **code at the start of the consultation** OptimiseRx™ will take note; if you code at the end it can't.

### NATIONAL BROAD SPECTRUM ANTIBIOTIC MESSAGES

Message	Trigger Drug/Message Logic	Trigger Count	Acceptance Rate (%)
5419	Ciprofloxacin <i>Patients aged 18 years and over, not recorded with a valid indication for first-line ciprofloxacin (pyelonephritis, prostatitis, diverticulitis, epididymo-orchitis, uncomplicated anogenital gonorrhoea infection) within 30-35 days, not recorded with need for meningococcal meningitis contact prophylaxis within 1 week, not prescribed antibiotics within 30 days, prescribed ciprofloxacin.</i>	611	8.35%
<b>Why is a valid indication not recorded?</b>			
5420	Cephalosporin <i>Patients aged 18 years and over, without acute pyelonephritis or catheter-associated urinary tract infection within 30 days, not recorded as pregnant within 10 months or breastfeeding within 3 years, not prescribed antibiotics within 30 days, prescribed an oral cephalosporin.</i>	358	23.46%
<b>Is this antibiotic the most clinically appropriate for the indication?</b>			
5425	Levofloxacin <i>Patients aged 18 years and over, prescribed levofloxacin for any indication other than an infective exacerbation of bronchiectasis (bronchiectasis with purulent sputum within 1 month) or Helicobacter pylori where the patient has exposure to both clarithromycin and metronidazole within 1 year, and not prescribed antibiotics within 1 month.</i>	11	18.18%
<b>What will happen to the patient if the antibiotic is not clinically appropriate?</b>			

