

Somerset CCG Medicines Management Newsletter

March 2018



Prescribing Formulary and Traffic Lights

Please note that the TLS is available at: <http://www.somersetccg.nhs.uk/about-us/how-we-do-things/prescribing-and-medicines-management/>

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

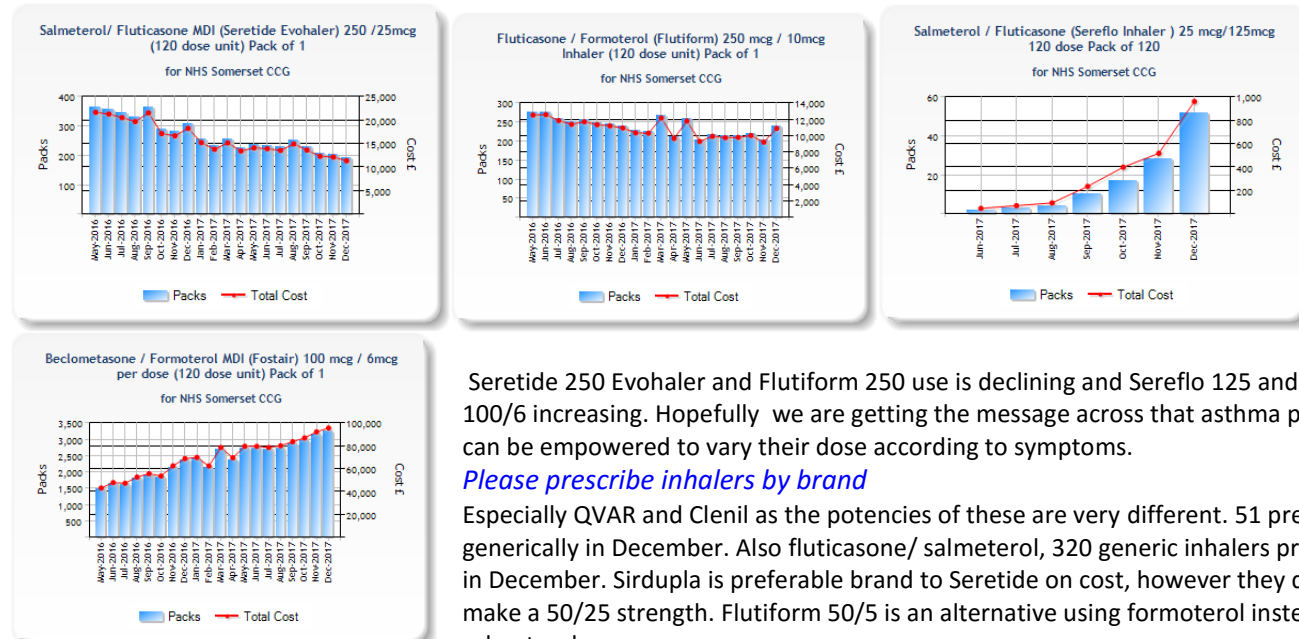
Special Order Products –Somerset prescribing best in country!

Somerset claims another first by being the lowest users of high cost specials in England. Thanks to the support of prescribers we have achieved best spot out of 207 CCGs, reducing costs to £90 per 1000 patients in most recent quarter. That's 10% better than our nearest rival! No room for complacency though, some remaining specials cost over £600 and we still have many more we could move to cheaper licenced medicines. Please see our guide to specials [here](#).

Practice based pharmacists have just been sent the December data. Sucralfate, co-proxamol and liothyronine continue to be our biggest challenges out of drug tariff, and liquid specials especially omeprazole oral susp within tariff. Please see your locality manager if you do not have a practice pharmacist and we will provide a list for your practice.

Great progress in asthma ICS doses/step-downs

Our scorecard is showing that we are increasingly successful in reducing the amount of high dose steroids being prescribed in both asthma and COPD. BTS asthma guidance recommends that patients should be seen by a specialist before progressing to 1000mcg BDP equivalent, and while we would not expect all patients currently on this dose (or greater) to be referred to a specialist, it does prompt us to ask whether this dose is appropriate. Evidence of benefit above 800mcg/day is very poor.



Seretide 250 Evohaler and Flutiform 250 use is declining and Sereflo 125 and Fostair 100/6 increasing. Hopefully we are getting the message across that asthma patients can be empowered to vary their dose according to symptoms.

Please prescribe inhalers by brand

Especially QVAR and Clenil as the potencies of these are very different. 51 prescribed generically in December. Also fluticasone/salmeterol, 320 generic inhalers prescribed in December. Sirdupla is preferable brand to Seretide on cost, however they do not make a 50/25 strength. Flutiform 50/5 is an alternative using formoterol instead of salmeterol.

Update on Care Home medication reviews.

Thank you for your co-operation in undertaking these reviews in collaboration with our practice pharmacists. We have now performed 2646 reviews, identifying 912 safety issues and reducing the net cost of medicines by £223K per year. Feedback from care homes is extremely positive, safety of patients is improved and workload for the homes is reduced. Hopefully funding will be available so that each home can be reviewed twice a year.

Federation	No of Care Homes	No of beds	No of Care Homes Reviewed	No of Care Homes Visited 1st Visit	No of Care Homes Visited 2nd Visit	Total hours spent on review	No of Care Home Patients registered	No of Care Home Patients Reviewed 1st Visit	No of Care Home Patients Reviewed 2nd Visit	total number of patient reviews
CLICK	22	488	11	11	0	161.50	394	150	0	150
Bridgwater Bay	19	540	6	6	0	131.50	358	234	0	234
Central Mendip	7	212	6	6	0	153.00	140	103	0	103
East Mendip	11	417	10	10	0	137.50	304	303	0	303
North Sedgemoor & Highbridge	37	810	14	14	0	135.00	527	216	0	216
South Somerset	45	1302	25	25	0	316.25	911	369	0	369
Taunton Deane	61	1857	33	33	5	539.00	1297	625	59	684
West Mendip	18	563	10	10	0	343.75	349	288	0	288
West Somerset	17	446	14	14	0	255.90	355	299	0	299
Total	237	6635	129	129	5	2173.40	4635	2587	59	2646

Safety Risk Assessment Scoring	
1 - Minor	690
2 - Moderate/Significant	211
3 - Major/Serious	11
4 - Catastrophic/Potentially Lethal	0
Total	912

Patient safety

Prescribing hydrocortisone cream?

One of the first choices on emis is hydrocortisone butyrate 0.1% cream which is very potent and often been chosen in error. Assuming we wouldn't be using butyrate very often, the option to remove it from formulary is possible and your practice pharmacist could assist with this.

Esmya (ulipristal acetate) for uterine fibroids: do not initiate or re-start treatment; monitor liver function in current and recent users

Temporary safety measures are in place while an EU review investigates the link between cases of serious liver injury, including 4 cases requiring liver transplantation, and Esmya for uterine fibroids.

Head lice eradication products: risk of serious burns if treated hair is exposed to open flames or other sources of ignition, eg, cigarettes

Pharmacists should tell people about the risk of fire when they discuss head lice eradication options.

Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients

Mycophenolate mofetil and its active metabolite mycophenolic acid, both used to prevent transplant rejection, are teratogenic and genotoxic.

Co-dydramol: prescribe and dispense by strength to minimise risk of medication error

Previously co-dydramol (dihydrocodeine/paracetamol) was available only in the ratio 1:50 (co-dydramol 10/500 mg). 20/500 and 30/500 are now available. Pharmacies may want to clearly separate the differing strengths to avoid errors. Prescribers please be aware of the addiction potential of dihydrocodeine even after 3 days of use.

Confidential prescribing and patient safety reports on key indicators now available free for GPs

Confidential reports designed to help you improve the quality of your prescribing and patient safety are now available for practices that contribute to the MHRA's Clinical.

At present there are only 4 indicators (and these have been in Eclipse Live for some time)

The report includes four indicators:

1. Prescription of NSAIDs to patients with heart failure
2. Prescription of glitazones to patients with heart failure
3. Prescription of NSAIDs to patients with chronic kidney disease (CKD)
4. Aspirin monotherapy for stroke prevention in patients with atrial fibrillation

What are all these salbutamol and senna alerts?

Many queries from primary care prescribers and pharmacists concerned about seemingly innocuous drug combinations flagged up on prescribing systems. Particular examples are:

- Salbutamol inhaler + clarithromycin
- Senna tablets + citalopram

What is the nature of the interaction? Hypokalaemia is a risk factor for torsade de pointes. Salbutamol and senna are listed in the BNF as causing hypokalaemia; clarithromycin and citalopram are listed in the BNF as causing QT prolongation.

Are these interactions relevant? The BNF table of drugs that reduce serum potassium includes some examples where hypokalaemia is unlikely. For example:

- Senna is associated with hypokalaemia if there is long term abuse of laxatives or overdose leading to diarrhoea.
- Inhaled beta2 agonists are unlikely to cause hypokalaemia; it is an adverse effect more commonly associated with oral or parenteral administration.
- Similarly, hypokalaemia is a rare adverse effect of inhaled corticosteroids; it is more commonly associated with oral or parenteral administration.

<https://www.sps.nhs.uk/wp-content/uploads/2018/02/UKMi-memo-torsade-de-pointes-alert-senna-salbutamol-January-2018.pdf>

Medication safety [The Report of the Short Life Working Group on reducing medication-related harm](#)

Jeremy Hunt has been recently speaking about medication errors in the NHS, and in support of the WHO campaign, the Secretary of State for Health and Social Care asked a Short Life Working Group to advise him on what should be done to reduce medication errors, including:

- Improving how technology is used such as electronic prescribing and medicines administration systems and the use of software tools to identify patients prescribed drugs that are commonly and consistently associated with medication errors.
- Understanding how best to engage patients with their medicines.
- Supporting 7 day clinical pharmacy services in acute hospitals.
- Working with care homes and GPs.
- Improving the transfer of information about medicines when patients move between care settings, as we know that these transition points can be times when things go wrong.

WHO has identified three early priorities for action: [high risk situations](#), [polypharmacy and transitions of care](#). [redacted] is Medication Safety Officer for Somerset CCG and is looking closely at these areas to minimise risk. Somerset has been using Eclipse Live to identify high risk medicines such as lithium, digoxin, DMARDS, DOACs etc and medicines which are prescribed in risky conditions, low eGFR, hepatic impairment, frailty, polypharmacy. Please make the most of these alerts, and if you have never accessed Eclipse Live please ask your practice pharmacist or locality lead to show you how.

Care home patient reviews (above) have identified 211 moderate/significant and 11 major/serious assessments so far.

Sharing Eclipse Live data

Here in Somerset we take medication safety seriously and we have 315 alerts setup in Eclipse Live to ensure patients are not harmed by their medicines. In order for us to monitor how well we are doing, would GP practices agree to share their top line data with medicines management team? Already a third of surgeries do this and it is very helpful. You can tick the box on Eclipse live under Eclipse Live/Eclipse Live Admin.

Options



Allow eclipse to include the status of your RADAR alerts in a report prepared for the CCG

(please note: this will contain the number of alerts sent to your practice and if the alerts have been reviewed. It will not contain any patient specific information)

Alternatively give consent to [redacted] and we can do it for you. Many thanks.

For those who receive Eclipse Alerts and reports by email and have recently changed email addresses, can you please let [redacted] know, or your locality manager. Same applies if you access Eclipse Live using email to get a one-time PIN. We can update your details.

Patient Safety Alert *[Risk of death and severe harm from failure to obtain and continue flow from oxygen cylinders](#)*

Some patients need to be given additional oxygen as part of their treatment. Where there is no access to piped or concentrated oxygen, it is provided in cylinders, the design of which has changed over recent years. Cylinders with integral valves are now in common use and require several steps (typically removing a plastic cap, turning a valve and adjusting a dial) before oxygen starts to flow. To reduce the risk of fire, valves must be closed when cylinders are not in use, and cylinders carried in special holders that can be out of the direct line of sight and hearing of staff caring for the patient. An unintended consequence of these changes is that staff may believe oxygen is flowing when it is not, and/or may be unable to turn the oxygen flow on in an emergency.

[Follow up from coroner Regulation 28 report to prevent future deaths: Benzodiazepines and suicide](#)

We ask prescribers and pharmacists to take a lead in raising awareness across your local health community of the potential risks of suicide associated with benzodiazepine prescribing and withdrawal.

You may be aware of the advice on best practice in the management of benzodiazepine withdrawal that is available through the National Institute of Health and Care Excellence (NICE) series of clinical knowledge summaries (CKS).

<https://cks.nice.org.uk/benzodiazepine-and-z-drug-withdrawal#!scenario>

The British Association for Psychopharmacology (BAP) comment paper, Benzodiazepines: Risks and benefits. A reconsideration published in the Journal of Psychopharmacology (2013: 27(11) 967–971) also contains useful guidance for prescribers:

<https://www.bap.org.uk/docdetails.php?docID=77>

Whilst the risks associated with benzodiazepine have been well known for many years, we are seeking your help in ensuring that all prescribers and pharmacists working in both primary and secondary care settings across your local health community are reminded of the need for vigilance when prescribing these medicines.

- 1) The need for regular and close monitoring of patients who are withdrawing from benzodiazepines;
- 2) The need to consider the particular risks associated with shorter acting benzodiazepines;
- 3) The existence and continued relevance of guidance from NICE and BAP on prescribing/withdrawal of benzodiazepines.

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

Additions to formulary

[Desitrend® \(Levetiracetam\) granules in sachets minitablets](#)

60x 250mg £22.41; 60x 500mg £39.46; 60x 1000mg £76.27; (Desitin Pharma Ltd)

Is indicated as monotherapy in the treatment of partial onset seizures with or without secondary generalisation in adults and adolescents from 16 years of age with newly diagnosed epilepsy.

[Delmosart® \(methylphenidate\) Prolonged Release Tablets](#)

18mg x 30 £15.59; 27mg x 30 £18.41; 36mg x 30 £21.23; 54mg x 30 £36.81 (Accord)

Is indicated as part of a comprehensive treatment programme for ADHD in children aged 6 years of age and over when remedial measures alone prove insufficient. Treatment must be under the supervision of a specialist in childhood behavioural disorders.

[Trelegy Ellipta® inhalation powder pre-dispensed](#)

(Fluticasone furoate 92mcg/ Umeclidinium 55mcg/ Vilanterol 22mcg) 1x 30 dose £44.50 (GlaxoSmithKline UK).

Is indicated as a maintenance treatment in adult patients with moderate to severe chronic obstructive pulmonary disease (COPD) who are not adequately treated by a combination of an inhaled corticosteroid and a long-acting β_2 -agonist.

Removed from formulary

[Supralip 160mg MR tabs](#)

Removed from formulary as the generic is now more cost effective.

Cost effective prescribing

[Diltiazem cream](#)

This is an amber drug in Somerset based on the assumption that prescribing in primary care would be more cost effective than continued referrals. It is expensive, and therefore our traffic lights state that Rectogesic is preferred, but if patient has tried unsuccessfully or is C/I to the ingredients, diltiazem cream can be prescribed, but reviewed regularly.

[Lacrilube](#)

There has been regular disruption to supply over the last few years and it is currently unavailable. Suggest a switch to Xailin Night 5G (also liquid paraffin but preservative free). This would save us £10k a year into the bargain.

[Generic tadalafil and rosuvastatin now available](#)

We have 3020 rosuvastatin patients currently in Somerset. Generic soon to be added to drug tariff at a fraction of the price of Crestor. Please change patients prescribed Crestor brand to generic to save.

Crestor 10mg tablets 28 £18.03

Crestor 20mg tablets 28 £26.02

Crestor 40mg tablets 28 £29.69

Crestor 5mg tablets 28 £18.03

Similarly for Cialis

Cialis 10mg tablets 4 £28.88

Cialis 2.5mg tablets 28 £54.99 *

Cialis 20mg tablets 4 £28.88

Cialis 5mg tablets 28 £54.99 *

Just a reminder that daily tadalafil at 2.5 and 5mg is non formulary

News and quality improvement

Breastfeeding lactation and prescribing for children

Please see our new link on the formulary <http://www.somersetccg.nhs.uk/about-us/how-we-do-things/prescribing-and-medicines-management/prescribing/medicines-use-in-children-lactation-and-pregnancy/> accessed via the prescribing page of our formulary. Contained within are links to prescribing medicines in pregnancy, lactation and children. If you have any useful links or suggestions please let us know and we will update the formulary information.

Start4Life have also launched a national campaign illustrating the suite of digital tools available to support mums through their first weeks of breastfeeding and beyond. As part of the range of support, a new 24/7 Breastfeeding Friend from Start4Life will be available via [Amazon Alexa's voice search service](#). The new service is in addition to the interactive Start4Life Breastfeeding Friend chatbot, accessed through [Facebook Messenger](#). The 'Off to the Best Start' breastfeeding leaflet is also available to order via the [Campaign Resource Centre](#) and the [Start4Life website](#) continues to provide a wide range of information and support for parents.



Testogel Testogel sachets are hard to source say the manufacturers, so they have produced a Testogel 16.2mg/g pump at same cost. Dosage equivalents to sachets can be found at: www.testogelpump.co.uk

Confused by the vast number of inhalers out there?

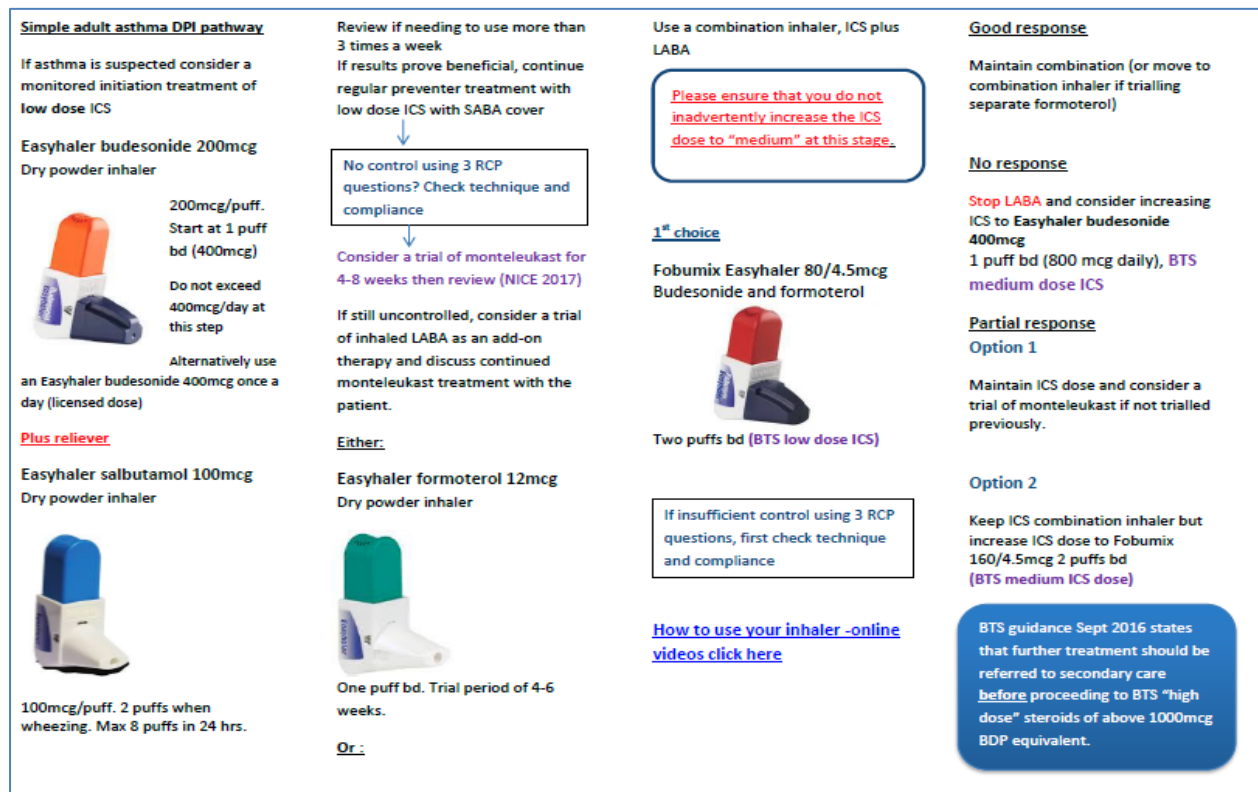
Try our simple [DPI pathway](#) for asthma- these may be the only inhalers you ever need! DPIs are easy to use with a simple instruction- **inhale as forcefully as you can!** No spacers or slow breathing required. Most now have dose counters so patients can use until empty unlike MDI guesswork.

Remember also that recent NICE guidance suggests using monteleukast as a trial before increasing ICS from low dose if uncontrolled.

MDI and DPI combinations. The numbers of patients on a mix of MDI and DPIs is still remarkably high, and how many patients remember that the techniques for each is very different? Why not review and move to one or the other?

A recent review of patients on triple therapy for COPD (ICS/LABA/LAMA) revealed that most patients used a LABA/ICS combo plus a separate LAMA (licensed combination). Some are using a LABA/LAMA (only DPI available) plus a separate ICS (mdi or dpi). The use of a freestanding ICS e.g. Glenil, QVAR, Easyhaler budesonide etc are unlicensed in COPD.

If a patient truly warrants triple therapy in this situation, a single, cost effective inhaler Trelegy is available as a once daily DPI. If patients prefer an MDI, Trimbrow could be the solution.



DVLA has updated the 'Assessing fitness to drive: a guide for medical professionals'

Here are the main changes to the guide.

General information

DVLA no longer offers advice on insulin treated diabetes mellitus for emergency (blue light) vehicles, nor on the medical standards which may be applicable to taxi driver licensing.

Neurological disorders

Standards on cough syncope and subdural haematoma have been revised. Several standards relating to a wide range of neurological changes have been clarified and/or supplemented to take account of changes in medical and related therapies. These include: seizure conditions; stroke and visual inattention; encephalitis and meningitis; brain tumours; and cavernomas.

Cardiovascular disorders

As a consequence of both panel review and upcoming changes to European legislation, several changes have been made to this chapter. There are entirely new sections on: Long QT syndrome; Brugada syndrome; and a completely rewritten section on cardiac failure.

Several standards relating to a range of cardiac and related conditions have been clarified and/or supplemented to take account of changes in medical and related therapies. These include: implantable cardioverter defibrillators; aortic aneurysm and aortic dissection; high blood pressure (hypertension); cardiomyopathies; aortic stenosis; and congenital heart disease.

Diabetes mellitus

As a consequence of changes in European legislation amendments have been required to the applicable standards for: diabetes mellitus managed by insulin; and diabetes mellitus managed by medication which has a risk of causing hypoglycaemia (low blood sugar).

List of pharmacies providing palliative drugs, and the drug list. See our [formulary appendix](#)

The NHS weight loss plan is a free 12-week diet and exercise plan.

NHS Choices provides [tips for healthy eating](#) and a [Healthy weight calculator](#).

The [Eatwell Guide](#) shows the proportions in which different types of foods are needed to have a well-balanced and healthy diet.

[OneYou](#) provides tools, support and encouragement across the breadth of lifestyle factors to help adults aged 40 to 60 years to help improve their health, every step of the way.

[5 A Day](#) gives advice and recommendations about the benefits of eating 5 portions of fruits and vegetables a day.

Professional resources and tools

The [Obesity Intelligence Knowledgehub website](#) provides wide-ranging authoritative information on data, evaluation and evidence related to weight status and its determinants.

Public Health England has a range of [data and analysis tools](#) related to obesity

No Cheaper stock available (NCSO) <https://psnc.org.uk/dispensing-supply/supply-chain/generic-shortages/>

Where there is a genuine shortage of a generic medicine (see link), pharmacies can supply a more expensive brand if this is all that is available. Somerset CCG, LMC and LPC have an agreement that all possible steps must be followed to obtain medicines as prescribed, and only as a very last resort would pharmacies contact the prescriber to discuss a temporary alternative.

Tackling high Blood Pressure-Public Health England call to action Link- [Tackling high blood pressure-from evidence into action](#)

Despite recent system wide commitment to tackling high blood pressure, it continues to affect more than 1 in 4 adults in England and is the second largest single risk factor for premature death and disability in the country (and the second largest globally, gaining international focus). It is also the principal risk factor for cardiovascular disease (CVD) events in England.





A huge thank you to all those who kept the lights on during the recent snow!



Any feedback?