NHS Frimley Clinical Commissioning Group

Frimley CCG Prescribing Newsletter

"Making the most of medicines"

Volume 12 Issue 6

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SAVE THE DATE- 20th October 2021: MOTea session on "Reducing the carbon footprint of inhalers".

The subject is so crucial for all of us, with massive implications for the environment. National policy and funding is also being committed through the PCN DES IIF to support the changes to prescribing that are recommended. If you require a link to the webinar, please contact: tim.langran@nhs.net

+++Contacting the ("old" EB)Medicines Optimisation Team+++ *We are not working in the King Edward VII office buildings at present so will not be able to receive any written communication by post. If GP Practices need to make contact with the team please could they could either contact via frimleyccg.prescribing@nhs.net or their usual Medicines Optimisation pharmacist – mobile phone numbers and emails, as per the CONTACTS page of the newsletter.*

GUIDANCE UPDATE

Frimley Urology Pathway

The urology pathway has been updated and can now be found on DXS. For the **Storage LUTS pathway, 1st line is solifenacin.**

- **Anticholinergics:** 1st line solifenacin 5mg and 10mg; 2nd line trospium 20mg (consider total anticholinergic burden when adding an anticholinergic, particularly in the elderly)
- **Non anticholinergics**: mirabegron (where anticholinergics are contraindicated, clinically ineffective or have unacceptable side effects).
- **Review medication** after 6 weeks, then every 6 – 12 months thereafter.

View the BNF for dose adjustments required for mirabegron.

ACTION: For information.

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Antibiotic Guidelines: SCAN MicroGuide Latest Updates

Version 5.8

- Broken hyperlink from paediatric meningitis or suspected meningococcal disease to the adult guideline fixed.
- The paediatric candidiasis guideline has been removed, as this was only presented as a hyperlink to the adult guideline which did not have paediatric doses in it. Work now underway to develop a paediatric candidiasis guideline for SCAN.

Action: Please take note of the changes above. Click on the link to take you to the updated page.

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SNOMED CT codes for new Steroid Emergency Card

In July 2020 the Royal College of Physicians (RCP) and Society for Endocrinology (SfE) issued 'Guidance for the prevention and emergency management of adult patients with adrenal insufficiency'. The guidance recommended that all eligible patients be issued a Steroid Emergency Card. To support the introduction of the card NHS England and Improvement issued a National Patient Safety Alert.

NHS Digital have developed 8 new SNOMED CT codes available to view/ download on their TRUD website and will be available via main GP IT system suppliers from 1 October 2021.

Action: For information.

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NICE August 2021 update

NICE have published new or updated guidance for the month of August 2021. This month there are five guidelines that impact upon primary care.

The Bronchiolitis in children: diagnosis and management guideline has been updated. It covers diagnosing and managing bronchiolitis in babies and children. It aims to help healthcare professionals diagnose bronchiolitis and identify if babies and children should be cared for at home or in hospital. The update reviewed the evidence and updated the recommendations on oxygen saturation thresholds for referral to hospital.

The Antenatal care guideline has been published. It covers the routine antenatal care that women and their babies should receive. It aims to ensure that pregnant women are offered regular check-ups, information and support.

The Obstructive sleep apnoea/hypopnoea syndrome and obesity hypoventilation syndrome in over 16s guideline has been published. It covers the diagnosis and management of obstructive sleep apnoea/hypopnoea syndrome (OSAHS), obesity hypoventilation syndrome (OHS) and chronic obstructive pulmonary disease with OSAHS (COPD-OSAHS overlap syndrome) in people over 16. It aims to improve recognition, investigation and treatment of these related conditions.

The Babies, children and young people's experience of healthcare guideline has been published. It describes good patient experience for babies, children and young people, and makes recommendations on how it can be delivered. It aims to make sure that all babies, children and young people using NHS services have the best possible experience of care.

The Chronic kidney disease: assessment and management guideline has been published, replacing previous guidelines. It covers care and treatment for people with, or at risk of, chronic kidney disease (CKD). It aims to prevent or delay the progression and reduce the risk of complications and cardiovascular disease. It also covers managing anaemia and hyperphosphataemia associated with chronic kidney disease.

Action: Clinicians should be aware of this month's new guidance and implement any necessary changes to practice.

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SAFETY UPDATE

Elimination of bottles of liquefied phenol 80%

A National Patient Safety Alert has been issued on the elimination of use of liquefied phenol 80%. For further information please click here.

Action: For information where a surgery carries out podiatry services on their premises.

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MHRA Drug Safety Update September 2021

Topical corticosteroids: information on the risk of topical steroid withdrawal reactions
Rarely, severe adverse effects can occur on stopping treatment with topical corticosteroids, often after long-term continuous or inappropriate use of moderate to high potency products. To reduce the risks of these events, prescribe the topical corticosteroid of lowest potency needed and ensure patients know how to use it safely and effectively.

COVID-19 vaccines and medicines: updates for September 2021
Recent information relating to COVID-19 vaccines and medicines that has been published since the August 2021 issue of Drug Safety Update, up to 9 September 2021.

Letters and medicine recalls sent to healthcare professionals in August 2021
A summary of recent letters, medicine recalls and notifications sent to healthcare professionals

Action: Clinicians should be aware of this month's new guidance and implement any necessary changes to practice.

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JOURNAL

Short-Acting Beta Agonist Overuse 'a Global Public Health Issue'

Santiago Quirce, MD, PhD is a co-author on the SABINA study, the largest real-world study on SABA use. It included 1 million people with asthma across five European countries.

Among the findings were that overuse varied greatly by country. About one third of asthma patients have high use (defined as three or more canisters dispensed per year) of short-acting beta agonists (SABAs) in Europe across all severity levels. Restrictions on SABA use vary worldwide, although using prescription data, overuse was 9% in Italy; 16% in Germany; 29% in Spain; 30% in Sweden; and 38% in the United Kingdom. In the UK, SABA overuse was greater for people with moderate-to-severe asthma compared with those who had mild asthma (58% vs 27%, respectively.)

A 2012 study in the Annals of Allergy, Asthma & Immunology of more than 33,000 patients, identified values of SABA that predicted exacerbations in children in adults. The study found that each additional SABA canister resulted in an 8% to 14% increase in the risk for asthma-related exacerbation in children and "a 14% to 18% increase in that risk in adults.

Researchers found the definition of "acceptable SABA use" ranged from 0.5 SABA inhalers (100 doses per year) to 12 SABA inhalers (2400 doses/year), showing a better shared understanding of SABA overuse and communication with patients is needed. Increasing the awareness among asthma patients that a heavy reliance on SABAs and too little on inhaled corticosteroids (ICS) is difficult, mainly because SABA inhalers offer fast relief, are easy to use, and are inexpensive (lower budgetary priority), even when informed of an increased risk of asthma exacerbations and death.

Ref: Short-Acting Beta Agonist Overuse 'a Global Public Health Issue'

Action: Highlight and flag patients prescribed >6 SABA inhalers/12m (search available in Prescribing Indicators 2021.22) and discuss at annual review

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MEDICINES OPTIMISATION BOARD GENERAL UPDATE

Medicines Optimisation Group Position Statement-Prescribing of gluten free foods in Frimley CCG

Outcome: Prescribing of gluten free foods in Frimley CCG Position statement approved. (8 units total per patient per month limited to bread and / or bread mixes only). Read the policy here.

High risk COPD patients - GSK and Frimley Collaborative Respiratory Project

Outcome: Group supported the GSK tool to identify high risk COPD patients for referral to pulmonary rehabilitation, **(**MRC >3 with no record of pulmonary rehabilitation, > 2 exacerbations in last 12 months and/or admission in last 12 months). Work to begin with practices. Further information on the project was send out in the General Practice Bulletin Issue 162 on 21st September 2021.

Freestyle Libre audit results

Outcome: the audit demonstrated that FSL used appropriately in terms of criteria met on initiation, paperwork documented in patient records and reduction in blood glucose test strips. Cost savings also demonstrated.

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MEDICINES OPTIMISATION BOARD FORMULARY UPDATE

Bempedoic acid plus ezetimibe added to the formulary in line with NICE TA

Bempedoic acid (in Nilemdo® and Nustendi®) has been added to the formulary as **GREEN.**
It can be used in line with NICE TA694 criteria.
It is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It may only be prescribed for people who *cannot take statins and find ezetimibe monotherapy is not effective enough.*

Please note that evidence of a direct effect on cardiovascular outcomes is not available for bempedoic acid.

Action: Consider bempedoic acid as an option for people on ezetimibe monotherapy and who have not achieved the 40% reduction in non-HDL cholesterol recommended by NICE.

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Trixeo Aerosphere® and Bevespi Aerosphere® Metered Dose Inhalers

Two inhalers have been granted **GREEN** status on the Frimley Health Foundation Trust formulary for the treatment of COPD as placed in local and national guidelines.

- **LAMA/LABA -** Bevespi Aerosphere® (glycopyrronium bromide/formoterol fumarate dihydrate 7.2/5.0 micrograms) pressurised metered dose inhaler (pMDI)
- **LAMA/LABA/ICS -** Trixeo Aerosphere® (formoterol fumarate/glycopyrronium/budesonide 5/7.2/160 micrograms) pressurised metered dose inhaler (pMDI)

The preference is to move away from MDIs therefore they are indicated only if the patient cannot use a dry powder (DP) device, or a dry powder device is not clinically appropriate.

Action: For information and noting that these inhalers are options only for those who cannot use a DPI or a DPI is not clinically appropriate.

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"Senna" to be renamed as "Sennosides"

Following a wider review conducted by MHRA in 2020 into the safety of stimulant laxatives, a regulatory change has been made regarding the naming of products containing sennosides as their active ingredient. Until now, these products have been commonly known as and labelled with the generic term "senna". Now, these products must be labelled with the name of the active ingredient, the "sennosides", and must no longer be labelled with the generic term senna.

Although the name of the products is changing, please note that there is no change being made to the products.

The new drug name of sennosides may be presented in one of three ways:

1. Sennosides
2. Sennosides (as calcium salt)
3. Calcium sennosides

A product labelled as 7.5 mg sennosides (as calcium salts) is interchangeable with a product labelled as 7.5 mg senna. This is because both products are standardised to contain the same amount of the active substance. The change in product packaging is likely to happen gradually as new stock will enter the supply chain.

Actions: Healthcare professionals in all settings must communicate to patients, including residents in care homes, that although the drug name and packaging may change, the medicine has not changed.

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SUPPLY ISSUES

Metformin 500mg in 5ml oral solution out of stock

Recommendations on how to manage the supply problem include:

- reviewing if patients can swallow solid dosage forms and switching to metformin tablets, where appropriate.
- working with local pharmacy teams to understand the availability of metformin 500mg powder for oral solution and where appropriate issue a prescription to make up the required dose, ensuring that the patient is not intolerant to any of the excipients and is counselled on the appropriate dose and volume required to reconstitute the powder
- prioritising remaining oral solution for patients with enteral feeding tubes or swallowing difficulties
- assessing patient's ability to crush metformin tablets and mix with water, and recommending to do so, if appropriate
- prescribing unlicensed products from Specials manufacturers, in the event of above options being exhausted and where metformin in liquid form is still required.

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Nalcrom® (sodium cromoglicate) 100mg capsules out of stock

Recommendations:

- Nalcrom® 100mg capsules will be out of stock from early September until w/c 1st November 2021.
- Sodium cromoglicate 100mg/5mL oral solution unit dose ampoules remain available but cannot support a large uplift in demand.
- Unlicensed imports of sodium cromoglicate 100mg capsules have been sourced. Lead times may vary.
- Specialist advice should be sought on switching to alternative products.

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Clomifene (Clomid®) 50mg tablets out of stock

• Clomid 50mg tablets are out of stock until early December 2021.

• Generic clomifene 50mg tablets remain available and can support an uplift in demand.

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Medicines Optimisation in Care Homes (MOCH) Corner

Why 'MUST' we record and monitor height, weight, nutrition and hydration in care homes?

It is important care home residents have an up-to-date height and weight documented on their GP medical records and care plans in the care home. Losing a little **height** is a normal part of the aging process – we typically lose 1cm height for every 10 years after the age of 40, the speed of this height loss increases over the age of 70. So, the height of a resident on admission is unlikely to be the same as the height they had as a young adult.

Ensuring residents have enough to eat and drink to meet their **nutrition and hydration** needs is a key responsibility for care homes (CQC Regulation 14). New residents may experience low mood, reduced appetite and weight loss whilst settling into their new environment, and should be monitored regularly and supported with this transition by discussing their dietary preferences and routines. During the pandemic, Dietitian colleagues have reported some elderly patients have lost as much as 10% body weight due to loss of appetite with or without loss of taste and smell when unwell with COVID 19.

MUST (Malnutrition Universal Screening Tool) is a monitoring tool to help identify residents most at risk of malnutrition. It is calculated using height, weight, and changes in weight. Regular, accurate weights and a current height are important to monitor nutritional risk and enable prompt, appropriate support.

Weight can be used to calculate drug dosages, assess fluid balance, and assist in estimating renal function by calculating creatinine clearance. An '*old weight'* or lack of recorded weights may prevent optimal care and lead to potential problems with treatment, such as impaired drug elimination or accumulation of medication.

Dehydration can contribute to increased confusion, tiredness, constipation, UTIs, falls and delirium. Monitoring fluid intake can also be helpful in reducing the risk of avoidable acute kidney injury.

By maintaining regular checks on residents' weight, care home staff can raise any concerns they have with healthcare professionals. This is particularly useful when structured medication reviews are undertaken and/or a resident is at risk of malnutrition.

Action: Ensure care home residents have an up-to-date height and weight documented on their GP medical records and care plans in the care home.

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COVID-19 RELATED GUIDANCE UPDATE

COVID- 19 vaccine MHRA Drug Safety update for August

The MHRA Drug Safety update for August published information on COVID-19 vaccine safety information including data on menstrual disorders and unexpected vaginal bleeding linked with vaccine administration. It is noted that reporting rates are low, the side effect is usually transient and that there is no evidence to suggest that COVID-19 vaccines will affect fertility and the ability to have children. This section also summarises the available data on the safety of COVID-19 vaccines in pregnancy which has identified no side effect patterns to date. The MHRA will, of course, continue to closely monitor safety data.

NICE COVID-19 rapid guideline: managing COVID-19 guideline

The NICE COVID-19 rapid guideline: managing COVID-19 guideline has been updated. The update corrects an error in the recommended dose of prednisolone for children with a greater than 44-week corrected gestational age.

Link to the Comirnaty® Covid-19 Vaccine Resource information

Click here for a link to the Comirnaty® HCP education site.

Interactions information for COVID-19 vaccines

Visit the SPS website for a summary and signposts to information about interactions with the COVID-19 vaccines.

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OTHER USEFUL CONTACT DETAILS

Controlled Drugs Accountable Officer (CDAO): CDAO (Julie McCann) can be contacted via england.southeastcdao@nhs.net , noting that all general CD concerns, incidents and authorised witness requests should always be raised via www.cdreporting.co.uk . For non-CD medicines safety issues, use julie.mccann3@nhs.net

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