

Frimley CCG Prescribing Newsletter

"Making the most of medicines"

Volume 12 Issue 7

October 2021

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+++Contacting the Medicines Optimisation Team+++ We are not office based 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 contact 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.](#)

Save the date: 1pm on Wednesday 17th November 2021

Please join us for our next MOTea session at 1pm on Wednesday 17th November 2021. This session will cover Heart Failure and bring us all up to date on medicines optimisation for this condition.

If you haven't received a TEAMS invite please e-mail: tim.langran@nhs.net



GUIDANCE UPDATE

Memantine prescribing in primary care

The three acetylcholinesterase inhibitors (AChEi) donepezil, galantamine and rivastigmine as monotherapies are recommended as options for managing mild to moderate Alzheimer's disease. Memantine monotherapy is recommended as an option for managing Alzheimer's disease for people with moderate Alzheimer's disease who are intolerant of or have a contraindication to AChEi or severe Alzheimer's disease.

Whilst prescribers are advised to initiate AChEi and memantine treatment on the advice of a clinician who has the necessary knowledge and skills, for people with an established diagnosis of Alzheimer's disease who are already taking an AChEi, primary care prescribers may start treatment with memantine without taking advice from a specialist clinician.

NICE states that primary care prescribers "*should consider*" adding memantine inhibitor if they have moderate disease and use the stronger "*should offer*" memantine in addition to an AChEi if they have severe disease. [NICE guideline \(NG97\) June 2018](#). Full prescribing information is available via www.medicines.org.uk

Memantine	Formulary	Tablets 10mg
BNF SPC BNF C	ACG	GREEN For add on therapy in patients with established diagnosis of Alzheimers already taking AChE inhibitor
NICE TA217: Donepezil, galantamine, rivastigmine and memantine for the treatment of Alzheimer's disease NICE Guideline 97 Dementia: assessment, management and support for people living with dementia and their carers		

For pharmacological management of non-Alzheimer's dementia, please follow specialist advice.

Action: At the annual (Alzheimer's) dementia review, if after assessment the severity of disease has progressed, primary care prescribers may start treatment with memantine in those taking an AChEi without taking advice from a clinical specialist in line with NICE NG97.

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Antibiotic Guidelines: SCAN MicroGuide Latest Updates

- **Major** changes to all sections in [Diverticulitis](#) page including treatments changed
- **Major** updates to [Varicella Zoster \(Chickenpox\), Herpes Zoster \(Shingles\) & Cold Sores](#) page, especially when to treat, advice and treatments sections.
- World Antimicrobial Awareness Week (WAAW) (18-24 November), European Antibiotic Awareness Day (EAAD) (18 November) and Antibiotic Guardian (AG) Campaign- The annual WAAW/EAAD/AG Resource toolkit for healthcare professionals is available for download [here](#).

Action: Please take note of the major changes. Click on the links to take you to the updated page. Use the WAAW/ EAAD/AG resources to highlight antibiotic resistance to patients via your practice social media accounts in November.

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What should people do if they miss a dose of their medicine?

Specialist pharmacy service (SPS) have produced some useful guidance to follow in those patients who occasionally forget or are late in taking a dose. It contains advice for specific medicines e.g. insulin, weekly methotrexate and epilepsy medicines as well as some sensible/pragmatic general advice.

Action: Read the guidance [here](#).

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Talking Therapies online treatment for insomnia- SilverCloud website

Applicable to East Berkshire practices only. Please be aware that the phone APP Sleepio is no longer being commissioned for use locally and has been replaced by BHFT's [SilverCloud](#) website. This provides immediate on line therapy programmes for insomnia, stress, anxiety, depression and perinatal mental health problems.

Action: When speaking to patients about non-drug treatments for insomnia and to avoid prescribing hypnotics please signpost suitable patients to the BHFT SilverCloud website.

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NICE Update October 2021

The [Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia](#) Technology Appraisal has been published. This treatment is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults.

The [Looked-after children and young people](#) guideline has been published. It covers how organisations, practitioners and carers should work together to deliver high-quality care, stable placements and nurturing relationships for looked-after children and young people. It aims to help these children and young people reach their full potential and have the same opportunities as their peers.

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

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SAFETY UPDATE

MHRA Drug Safety Update October 2021

Chloral hydrate, cloral betaine (Welldorm®): restriction of paediatric indication

The paediatric indication for chloral hydrate (for children aged 2 years and older) and cloral (previously chloral) betaine (children aged 12 years and older) has been restricted to short-term treatment (maximum 2 weeks) of severe insomnia only when the child or adolescent has a suspected or definite neurodevelopmental disorder and when the insomnia is interfering with normal daily life. Chloral hydrate and cloral betaine should only be used when other therapies (behavioural and pharmacological) have failed.

Formulary status is **amber without shared care** . Use in children and adolescents should be under the supervision of a medical specialist and in line with new MHRA guidance

COVID-19 vaccines: updates for October 2021

Recent information relating to COVID-19 vaccines and medicines that has been published since the September 2021 issue of Drug Safety Update, up to 1 October 2021.

Action: Be aware of the safety updates as applicable to your patient population

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	JOURNAL
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Antibiotics for lower respiratory tract infection in children presenting in primary care in England (ARTIC PC): a double-blind, randomised, placebo-controlled trial

Researchers sought to test whether amoxicillin reduces the duration of moderately bad symptoms in children presenting with uncomplicated (non-pneumonic) lower respiratory tract chest infections in primary care. The trial recruited 432 children aged six months to twelve years-old with acute uncomplicated chest infections from primary care practices in England and Wales who were then randomly assigned to receive either amoxicillin or a placebo three times a day for seven days. Doctors or nurse-prescribers assessed symptoms at the start of the study and parents, with help from their children where possible, completed a daily symptom diary.

Only a small, non-significant, difference in the duration of symptoms were reported between the two groups: children given the placebo had symptoms which were rated moderately bad or worse for around 6 days on average after seeing the doctor, and those given antibiotics got better only 13% quicker.

Furthermore, this was true even for the groups of children where the doctor heard sounds in the chest, the child had a fever, where the doctor rated the child as more unwell, the child coughed up phlegm or had a rattly chest, or the child was short of breath.

Just 4 children in the placebo group and 5 in the antibiotic group required further assessment at hospital. The costs to parents, such as the time needed to be off work or the cost of over-the-counter remedies, was very similar in both groups.

Authors' Interpretation: Amoxicillin for uncomplicated chest infections in children is unlikely to be clinically effective either overall or for key subgroups in whom antibiotics are commonly prescribed. Unless pneumonia is suspected, clinicians should provide safety-netting advice but not prescribe antibiotics for most children presenting with chest infections.

Reference: [https://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(21\)01431-8/fulltext](https://www.thelancet.com/journals/lancet/article/PIIS0140-6736(21)01431-8/fulltext)

Action: Most lower respiratory tract infection in children are of viral aetiology. Please use the [Frimley Healthier Together](#) resources to share with parents/ carers and follow the [SCAN Microguide](#) when to treat advice: *Most lower respiratory tract infections are of viral aetiology - consider bacterial pneumonia if persistent/recurrent fever over preceding 24-48 hours with chest wall recession and tachypnoea. Presence of generalised wheeze makes viral aetiology far more likely.*

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MEDICINES OPTIMISATION BOARD UPDATE

Care Homes Good Practice Guidance (GPG)

- Fridge Temperature Monitoring and Homely Remedies GPG documents were approved

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Cinacalcet shared care agreement was approved

- Cinacalcet shared care agreement for Primary Hyperparathyroidism for adults aged 18 years and above. [Link](#) to SC document.

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Working with Pharmaceutical Industry Policy

- Working with Pharmaceutical Industry Policy was approved.

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Sacubitril Valsartan (Entresto®)

Formulary status remains **amber with shared care** **A SC**, but provision has been agreed at the Medicines Optimisation Board to permit prescribing as continuation therapy in a small cohort of patients who have been initiated following an acute admission to hospital and are awaiting their heart failure appointment.

Prescribing will be audited to check that patients are not left under the responsibility of primary care for a prolonged period prior to being picked up by the heart failure team.

[Link](#) to SC document

Action: If you become aware of any patients being prescribed repeated prescriptions of sacubitril valsartan in primary care without having been seen by the Heart Failure team, please flag to your CCG pharmacist who will make sure that these patients are being followed up appropriately.

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Guanfacine for ADHD – change of traffic light from **red** to **amber with shared care** for adults (in specific circumstances) and children

For practices in East Berkshire: Guanfacine shared care agreements for adults (in specific circumstances) and children approved. This aligns BHFT with Surrey and Borders Partnership NHS Trust.


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Pilocarpine formulary extension for dry mouth and dry eyes in Sjogren's Syndrome

Pilocarpine formulary extension for dry mouth and dry eyes in Sjogren's Syndrome was approved

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Anti-androgens (bicalutamide, flutamide and cyproterone acetate) - Change of traffic light to **amber without shared care**

Agreement to amend traffic light status for bicalutamide, flutamide and cyproterone acetate to **amber without shared care** .

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The Urology Pathway Formulary Medicines Update

This pathway has been updated and details along with referral forms can found on DXS. The medication update has been summarised in the table below.

Table of formulary urology medicines.

	5-Alpha reductase inhibitors	
1st choice	finasteride 5mg tablets	
2nd choice	dutasteride 500microgram capsules	Restricted for those patients who were either intolerant to finasteride or do not respond to it after an adequate trial.
	Urinary incontinence	
1st choice	solifenacin 5mg & 10mg tablets	
2nd choice	tropium IR 20mg tablets	
	mirabegron 25mg & 50mg M/R tablets	Use where antimuscarinic drugs are contraindicated or clinically ineffective or have unacceptable side effects. Consider anticholinergic burden
	oxybutynin 36mg patches	Restricted for patients with swallowing difficulties
	Alpha-blockers	
1st choice	tamsulosin 400microgram (M/R) capsules or doxazosin 1mg, 2mg, 4mg (I/R) tablets	
2nd choice	alfuzosin 2.5mg tablets	
3rd choice	terazosin 2mg, 5mg, 10mg	Reserved for patients with hepatic or renal failure since no dose adjustment is required in these patient groups
	Erectile dysfunction	
1st choice	sildenafil 25mg, 50mg, 100mg tablets	
2nd choice	tadalafil 10mg, 20mg tablets	
	alprostadil cream alprostadil injections 10microgram/0.5ml, 20mcg/0.5ml/ 5microgram/1ml alprostadil urethral application 250 microgram; 500 microgram; 1mg	All alprostadil forms - if oral PDE5Is are contraindicated or ineffective and in line with Drug Tariff restrictions
	Topical HRT	
1st choice	Ovestin® 0.1% cream	

Action: Be aware of the formulary update above.

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SUPPLY ISSUES

Asacol® MR gastro-resistant tablets Out of stock

Medicine	Out of stock	Alternatives
Asacol® (Mesalazine) 800mg MR gastro-resistant tablets	From early October 2021 with a resupply date to be confirmed.	<ul style="list-style-type: none"> • Octasa® MR 400mg and 800mg tablets • Asacol® 400mg MR gastro-resistant tablets • Other mesalazine tablet preparations, with different release characteristics, also remain available.

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Emerade® 300 microgram and 500 microgram adrenaline auto-injectors: re-supply to market

Emerade® adrenaline auto-injectors were recalled in 2020 due to an error in one component that caused some auto-injectors to fail to activate and deliver adrenaline. Following satisfactory implementation of corrective actions, the MHRA has agreed that the 300 microgram and 500 microgram strengths of Emerade® adrenaline autoinjectors can be re-supplied to the market. Emerade® 150 microgram auto-injectors will not be returning to market at this time, further details of re-supply will be provided at a later date.

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Medicines Optimisation in Care Homes (MOCH) Corner

The Digital Eagles team and EMIS Proxy

The Digital Eagles team at Barclays bank are working with NHS Digital to support health and social care providers to develop their digital skills and increase confidence in using digital technology.

The Digital Eagles team are providing virtual information sessions for Care Homes within Frimley ICS on the implementation of EMIS Proxy. The sessions cover care home information governance requirements, resident consent, staff access and ordering monthly repeat medication online. The hour-long sessions are repeated frequently, with plenty of opportunity to ask questions.

The webinars are open to the named practice EMIS Proxy Access co-ordinator and/or GP practice staff who support care home staff or are involved in the implementation and adoption of EMIS Proxy.

If you would like practice staff to join these sessions, or for further information, please contact:

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Jeremy Woolf, EMIS Proxy Admin Support

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COVID-19 RELATED GUIDANCE UPDATE

Dosing information for COVID-19 booster vaccination

Read a summary of the information for COVID-19 booster vaccinations [here](#).

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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