

PRESCRIBING NEWS

June 2019

CCG Prescribing Group

The May meeting was cancelled and the next meeting will be held on July 3rd 2019.

One of the topics for discussion will be whether the membership of Prescribing Group should change to reflect Primary Care Networks.

Current GP membership covers East Milton Keynes (Dr Sivills), The Bridge (Dr Mohri), Network 3 (Dr Fagan) and South West (Dr Simpson). If any GPs would like to represent Cluster 4 or the Watling Street Network, please get in touch with Janet Corbett.

Milton Keynes Prescribing Advisory Group (MKPAG)

 May 22nd 2019

- Revised COPD Guidance was approved and is being circulated. It will also be covered in the PLT session for Respiratory leads in September.
- Melatonin for new onset delirium – approved for hospital use only – they will supply “complete course” of 14 days as TTO. It should not be necessary for GPs to continue the prescription after discharge.
- Semglee approved as a biosimilar for insulin glargine – new initiations only for now ORx Amber 1
- Semaglutide added to the formulary
- Aymes ActaGain 2.4 Complete maxi, Aymes Shake Smoothie, Amyes savoury and Aymes Shake compact were approved. Amyes ActaGain 2.4 may be helpful for care home residents as it is a low volume, once a day product.

Minutes of MKPAG and CCG Prescribing Group meetings can be found on the formulary website:

<http://www.formularymk.nhs.uk/Minutes/>

Opioid prescribing

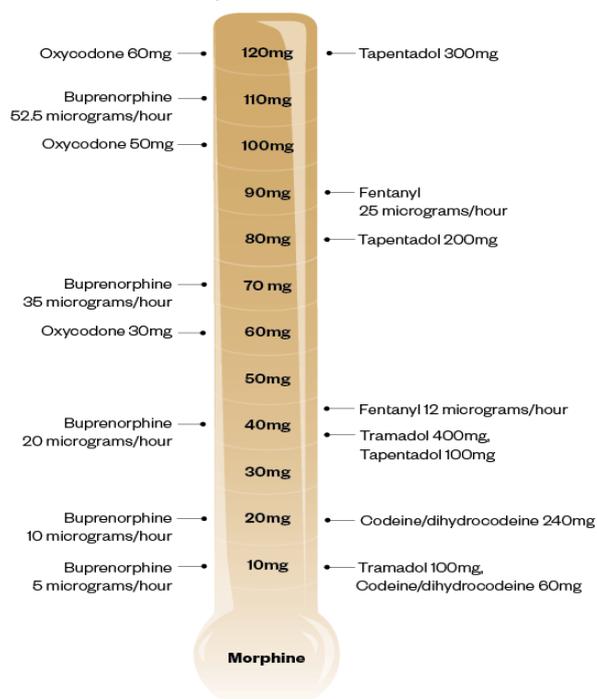
Practices are currently undertaking a review of high dose opioid prescribing as part of the Prescribing Incentive Scheme. You may be wondering why we have chosen to focus on this area of prescribing.

Why review?

- There has been a 466% increase in prescribing of strong opioids in the last 10 years.
- There has been a rising number of opioid related deaths
- Data suggests death is more common in those co-prescribed pregabalin or gabapentin. (Reversal of opiate tolerance of morphine and oxycodone with pregabalin, leading to increased effect)

The Opioids Aware Website <https://www.rcoa.ac.uk/faculty-of-pain-medicine/opioids-aware> provides lots of useful resources. There is also an excellent patient video at <https://www.youtube.com/watch?v=RWMKucuejls>

This thermometer provides a visual reminder of the relative potencies (but should not be used for dose conversion).



Please see BNF for accurate dosage conversions.

Safe Prescribing of nitrofurantoin

Just a reminder that Nitrofurantoin is contraindicated in most patients with an estimated glomerular filtration rate (eGFR) of less than 45 ml/min/1.73m² - First published 12 February 2015 From: [Medicines and Healthcare products Regulatory Agency](#)

This is the advice for healthcare professionals. Please note that amber RADAR messages will fire if patients with eGFR of less than 45 ml/min/1.73m² are receiving nitrofurantoin. There is also an OptimiseRx message that will fire.

- Nitrofurantoin is contraindicated in patients with an estimated glomerular filtration rate (eGFR) of less than 45 ml/min/1.73m².
- The antibacterial efficacy in this infection depends on the renal secretion of nitrofurantoin into the urinary tract. In patients with renal impairment, renal secretion of nitrofurantoin is reduced. This may reduce the antibacterial efficacy, increase the risk of side effects (eg, nausea, vomiting, loss of appetite), and may result in treatment failures.

NHS Serious shortages protocol

Changes to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013 that established the protocols for medicines shortages were first introduced in February 2019 as part of no-deal Brexit planning. Legal amendments that introduce serious shortage protocols (SSPs) into the terms of service for NHS community pharmacies are due to come into force from 1 July 2019, subject to approval from the, Health and Social Care Secretary. The amendments to the NHS (Pharmaceutical and Local Pharmaceutical Services) Regulations 2013, which provide guidelines for pharmacies to follow, were laid before Parliament on 7 June 2019.

The guidelines say that, where a SSP is in place for a particular product, a community pharmacy or a dispensing appliance contractor must consider supplying it in accordance with the SSP rather than fulfilling an NHS prescription. This could result in the supply of a different product or a different quantity of the ordered product.

According to the Department of Health and Social Care (DHSC), if an SSP is issued, pharmacists will be asked to respond to a medicines shortage in one of four ways: dispensing a reduced quantity, a therapeutic equivalent, a generic equivalent or an alternative dosage form of the drug. Each protocol would set out precisely what action pharmacists can take, under what circumstances and for which patients. Each protocol is also expected to be time limited and the whole system used only very rarely.

When following the protocol, the pharmacist will be able to make the designated substitution without having to consult with the patient's prescriber. GPs and pharmacies will be informed via national communications of any SSPs that are issued, so prescribers should have clarity about what will happen in the event that a prescription only medicine is not available. Each individual SSP will include details of when the prescriber does or does not need to be informed of a supply against the SSP and any timescales for notification, where this is required.

Prescribing Incentive Scheme 2018-19 GLP-1 Reviews

As part of the Prescribing Incentive Scheme for 2018-19, practices undertook a review of GLP-1 prescriptions. Key findings from the review reports are:-

- The formulary first line choices (exenatide or liraglutide) were not consistently prescribed – with no reason given for deviation
- Dosage directions were not included on the prescriptions
- Inconsistent approach to reviewing or stopping treatment if NICE criteria for continuation were not met
- Most prescriptions were for 56 or 60 days duration
- Most patients had received a gliptin and had been offered insulin
- There is need for clarity regarding follow up between IDS and the practice.

Freestyle Libre

Following the recent extension of eligibility for Freestyle Libre (see Prescribing News April 2019), please can we remind prescribers that if the patient has Freestyle Libre then they should be using fewer blood glucose testing sticks. In addition, the DVLA has announced that patients can use Freestyle Libre as the mechanism for testing before and during driving. Please therefore review quantities and frequency of requests to ensure the patient has reduced usage of glucose testing strips, liaising with the IDS team if necessary.

We have also received some queries about disposal of freestyle Libre sensors and have received the following advice:

- the introducers are sharps so need to go in a sharps bin, the sensor should also go in a sharps bin, the monitoring device itself is electrical and any other associated waste i.e. tissues etc. used to dab the area of skin punctured, packaging etc. would be domestic waste, unless the patient has an infectious condition.

We recommend prescribing the larger 7 litre or 9 litre **Sharpsafe** 'yellow' sharps bins (not Sharpsguard containers as they do not have a big enough aperture to take the introducers). The patient will also be able use these for insulin pen disposal.

Taking medicines abroad

We still receive queries from practices and patients about taking medicines abroad. There is a leaflet on the Milton Keynes Formulary website <https://www.formularymk.nhs.uk/includes/documents/Taking-medicines-abroad-5.pdf> Its contents are reproduced below. Practices may wish to add a link or the text to their websites.

Plan Ahead

If you're taking medicines for a health condition, and you're planning on being away from home for a while, it's good to be prepared.

Visit your GP practice or travel clinic at least eight weeks before you travel, especially if you're going abroad. They will be able to recommend that you have certain vaccinations which may consist of several doses. They will also be able to advise you about any other precautions you should take when visiting specific countries (there may be some charges that apply as fall outside the NHS regulations).

This leaflet tells you about the medicines you can take abroad. Please see further advice about the provision of healthcare services whilst abroad at:-

<http://www.nhs.uk/nhsengland/Healthcareabroad/pages/Healthcareabroad.aspx>

Going abroad for less than three months

Your GP will usually be willing to prescribe up to a maximum of three months' supply of your regular medicines in patients who are clinically stable. See BMA Guidance Prescribing in General Practice.

<https://www.bma.org.uk/advice/employment/gp-practices/service-provision/prescribing/prescribing-and-dispensing>

However, please be aware that if a medicine requires frequent monitoring or your clinical condition is not stable, it may not be appropriate for the GP to prescribe for such an extended period and will recommend you find medical cover whilst abroad.

Going abroad for more than three months

If you are no longer a resident in the UK and are living abroad, the NHS normally won't pay for any treatment or services. This includes people who are in receipt of UK state retirement pensions.

No longer a resident, means that you have left the country for more than three months. Therefore, you will have to obtain healthcare cover in the country you are in, or get private medical insurance.

If you are going abroad for more than 3 months then all you are entitled to at NHS expense is a sufficient supply of your regular medication to get to the destination and find an alternative supply of that medication. The maximum quantity that can be supplied is sufficient for 3 months.

You should take a copy of your repeat medication list with you. It may be worthwhile having your prescription translated into the language of the country or countries that you're visiting.

Travelling with your medication

You will need to find out whether there are any restrictions on taking your medicines in and out of the UK or the country you are visiting, as some medicines that are available over the counter in the UK may be controlled in other countries and vice versa. If you're in any doubt, you should declare them at customs when you return. For example, some prescribed medicines, such as morphine, are controlled drugs, so the amount you can take abroad is limited. If you need to take more than the maximum allowance with you, you'll need a special license from the Home Office.

<https://www.gov.uk/travelling-controlled-drugs>

Countries such as India, Pakistan and Turkey have very specific rules about medications that you can, or cannot, bring into the country. If you're unsure about taking your medication into a certain country, contact the appropriate embassy or high commission. The UK Foreign and Commonwealth Office (FCO) website provides the relevant contact details for every country.

<https://www.gov.uk/government/publications/foreign-embassies-in-the-uk>

If you are travelling abroad with your prescribed medicines, you should always ensure that they are in a correctly labelled container. If you are carrying needles or syringes in your luggage, it is a good idea to have a letter from your GP with you, so that, if required, you can prove that the drugs are for medical use. This may help you avoid any problems at customs. Your GP is entitled to charge you for this service, but it could be worth it.

Carry your medication in your hand luggage (airline regulations permitting), with a copy of your prescription. Pack a spare supply of medication in your suitcase or hold luggage, in case you lose your hand luggage.

Some medicines need to be kept at room temperature (below 25C) or stored in the fridge. If you're travelling to a warm country, get advice from your pharmacist about storing your medicine. For example, to keep your medicine at the right temperature you may need to store it using:

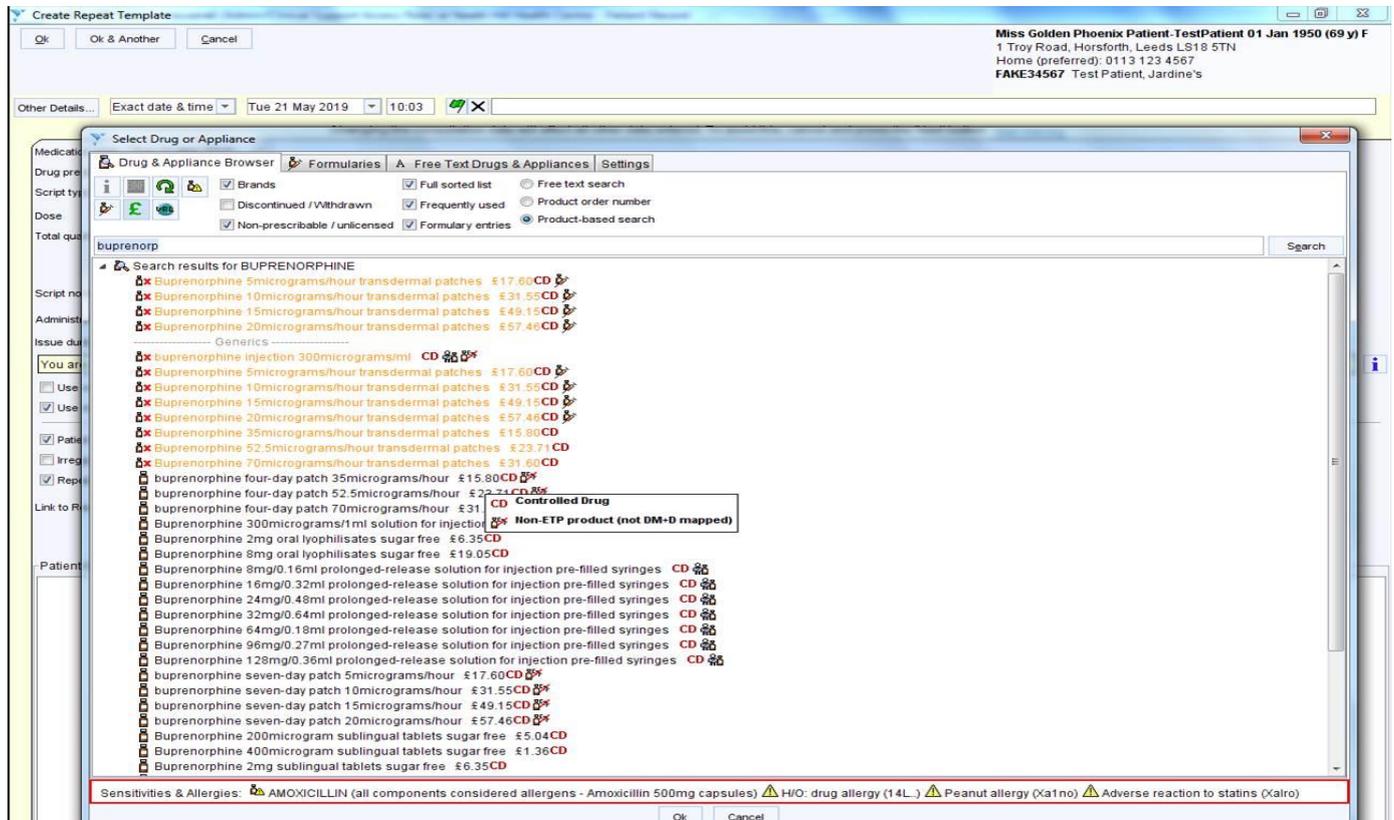
- a thermos flask
- an ice pack
- a cool bag
- an insulated pouch

For more information about travel health, please speak to your GP, practice nurse or pharmacist or see <http://www.nhs.uk/chq/pages/Category.aspx?CategoryID=70>

Non DM&D Medicine descriptions

DM and D stands for Dictionary of Medicines and Devices. It is a standardised format for naming medication. SystmOne, however, does not restrict itself to only listing medication in this standard format. This leads to problems such as not allowing prescriptions to go via EPS and OptimiseRx not firing as the medication isn't recognised.

See this example for Buprenorphine:



SystmOne allows the prescriber to choose Buprenorphine described as, for example, the four-day patch, seven-day patch etc.... and the standard entry which gives the strength first and then the form. When you hover over the non-

DM and D entries, SystmOne gives them the Non-ETP symbol  and the drug comes up as lower case.

If you select the Non-DM and D entries, the prescription can't go via ETP and won't allow Optimise Rx to fire to warn you to prescribe the Sevodyne or Butec brands instead (which could affect your PIS 19/20 opioid brand target).

What we are seeing across MK is that prescribers seem to be going for the non DM and D entries as opposed to the DM and D format for Buprenorphine because the top entries (that are DM and D compliant!) are orange i.e. listed as suppressed drugs. They are probably suppressed to encourage brand prescribing so that there are less likely to be errors in product selection. To avoid this, you are advised to use the formulary page first when searching for a medication (hopefully this has been set as the default page) and, if selecting from the wider drug dictionary, avoid prescribing drugs that are listed all in lower case. In summary:-

- Use the standard MK formulary first
- Don't prescribe drugs all in lower case.
- Hover the mouse to see if ETP compliant

Melatonin for jet lag

Two new melatonin products have been licensed for jet lag. Please note that they should not be prescribed at NHS expense as it would be anticipatory prescribing for travel. A private prescription may be issued if the patient requests it.

The Pharmaceutical Advisers can be contacted on 01908 278744 or 278713 or speak to your neighbourhood pharmacist

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