

# Prescribing Matters



This month's edition contains information on various topics of current interest, queries corner, and latest MHRA Drug Safety Update, NICE updates and other useful information for the month.

## CONTENTS

[Page 1 – MaPPs Live](#)

[Page 2 –Resource End of Life care](#)

[Page 2 – Respiratory referral service](#)

[Page 4 –Buccal Midazolam](#)

[Page 4 – Prescribing opioids for chronic pain](#)

[Page 5 –Antibiotic Resistance PHE](#)

[Page 5 – PGD update NHSE](#)

[Page 5 – Shortage of](#)

[Pneumococcal Polysaccharide vaccine \(PPV23\)](#)

[Page 6 – Queries Corner - Can I prescribe solifenacin?](#)

[Page 7 – CQC Medicines](#)

[Management Resources](#)

[Page 7 – Paediatric Pearls](#)

[Page 7- JPG Update November 2017](#)

[Page 8 – MHRA Drug Safety](#)

[Update November 2017](#)

[Page 10– NICE Guidance](#)

[November 2017](#)

[Page 11 – Contact Details](#)

## MaPPs live

The access to the MaPPs software is live again- the **web link to access MaPPs is <http://mimapps.org/live/index.php?t=72680>**

MaPPs is a bespoke electronic medicines information system which provides up-to-date patient information on almost all drugs currently available in the UK both licenced and unlicensed.

Each drug on the MaPPs system provides key information in patient friendly language using less than 300 words on the following:

- What the drug is and what it has been prescribed for
- How the drug is taken it
- Possible side effects
- Warnings and Cautions
- Healthcare professionals in GP practices and pharmacies across City & Hackney can print personalised leaflets for patients and residents who take medicines regularly. These leaflets should facilitate an interactive discussions with patients and provide them with a record of key information for the patient to refer to, as and when needed.

**A webinar demonstration of MaPPs is available on the City and Hackney CCG Intranet via the following link:**

**<http://www.cityandhackneyccg.nhs.uk/about-us/mapps-demo.htm>**

MaPPs leaflets are not intended to replace manufacturers' Patient Information Leaflet (PIL), as it still remains a legal requirement for a PIL to be supplied for every dispensed medicinal product.

**For further information on MaPPs contact the MMT on email: [cahccg.cityandhackneymedicines@nhs.net](mailto:cahccg.cityandhackneymedicines@nhs.net) or for technical support the Mistura team (creators of MaPPs) on 01670 528451.**

## Resource pack to support access to medicines at end of life care

The pilot involving 10 Hackney community pharmacies holding supplies of medicines to be used in end of life care is still going on until 31<sup>st</sup> March 2018. This includes medicines access 24/7 via an on call system and a courier service if there is a need to move either a prescription or medicines to support a patient and relatives in the last days of life. Access to the out of hours service is via CHUHSE, St Joseph's hospice, the community nursing team or the GP extended access service.

To support this scheme and palliative care prescribing in general a resource pack has been developed and this is now on the CCG website [here](#)

This contains

- Details of the pharmacies and medicines stocked
- Information on legal requirements for prescribing controlled drugs
- Information on some medicines used at end of life and how to access further information

**MMT would appreciate feedback on this resource pack; is there anything else you would find useful to be included? Email feedback to [CAHCCG.CityandHackneyMedicines@nhs.net](mailto:CAHCCG.CityandHackneyMedicines@nhs.net)**

The end of life medicines access service is not meant to replace anticipatory prescribing, however it should provide a safety net so that anticipatory prescribing can be done later which should enable the medicines to be more tailored to the current clinical need of the patient and to reduce the amount of wasted anticipatory medicines.

## Respiratory referral service involving community pharmacies

The CCG respiratory specialist pharmacist Hetal Dhruve has trained up some local community pharmacists to be respiratory champions so they can provide extra support to asthma and COPD patients. The pharmacies below are those in the scheme and they will be undertaking either a Medicines Use Review (MUR) or New Medicine Service (NMS) for any patients practices refer.

Practice support pharmacists will be uploading an EMIS referral letter onto all practices close to the community pharmacies providing the scheme to make it easy to refer. The EMIS template has a list of the pharmacies participating in the scheme at the bottom of the letter. **Patients who may benefit from a referral include:**

1. Patients prescribed a new device
2. Patient's not able to use their inhalers correctly or who require further training
3. Patients who are likely to be not adhering to their medication.

The community pharmacy will send information back to the practice about the patient intervention.

This service does not replace the annual review but should complement it to ensure patients are able to correctly use prescribed devices as placebos are limited.

The pharmacist will reiterate the importance of adherence to treatment, identify barriers to treatment, reinforce self-management and address any queries that arise.

There is no cost for this service - pharmacists will be remunerated by national payment schemes.

The MMT will be following up patients referred into the scheme at 6-12 months in order to evaluate patient outcomes (such as reduced salbutamol use) since pharmacist intervention compared to the previous 6 months.

**List of participating pharmacies**

Pharmacy	Tel No	Address
Armstrong Dispensing Chemist	020 8800 4546	279 Green Lanes N4 2EX
Bee's Pharmacy	020 8985 5265	261 Wick Road E9 5DG
Benjamin Chemist	020 7254 2696	190 Stoke Newington High Street N16 7JD
Chauhans Chemist (Niemans)	020 7253 9691	36 Goswell Road EC1M 7AA
F. A. Strange	020 8510 0829	185 Lower Clapton Road, Upper Clapton E5 8EQ
Haggerston Pharmacy	020 7249 2441	228 Haggerston Road E8 4HT
Judd's Pharmacy	020 7253 2944	73 Pitfield Street N1 6BT
Kingsland Pharmacy	020 7254 6910	406 Kingsland Road E8 4AA
Murray's Chemist	020 7253 9859	96- 98 Murray Grove N1 7QP
Park Chemist	020 8800 0786	286 Seven Sisters Road N4 2AA
Regal Pharmacy	020 8985 2536	48-50 Chatsworth Road, Upper Clapton E5 0LP
Safedale Ltd	020 7254 0505	162 Green Lanes, Stoke Newington N16 9DL
Safedale Ltd	020 7254 8487	100 Stoke Newington Church Street, N16 0AP
Safedale Ltd	020 8985 8819	59 Lower Clapton Road, Upper Clapton E5 0NS
Silverfields Chemists	020 8985 3654	141 Homerton High Street E9 6AS
Silverfields Chemists	020 8985 5488	5 Kingsmead Way, Hackney E9 5QG
Spring Pharmacy	020 7739 7482	233 Hoxton Street N1 5LG
Unipharm	020 7613 4176	253 Kingsland Road E2 8AN

**Any queries for Hetal about the scheme should be sent via the generic email address:**

**[CAHCCG.CityandHackneyMedicines@nhs.net](mailto:CAHCCG.CityandHackneyMedicines@nhs.net)**

## Buccal Midazolam

Buccal midazolam is recommended by NICE for the management of prolonged acute convulsive seizures, or cluster seizures and is preferred by most patients and carers compared to the administration of rectal diazepam.

There are now licensed products available, Buccolam® is the formulary approved choice and comes as pre-filled ready to use syringes (single use).

**It is important that the use of rescue medication, either diazepam or buccal midazolam is monitored.**

**Every patient (child or adult) MUST have a rescue therapy protocol with their prescription which should be reviewed every year.**

Homerton now uses a national standard protocol which has been agreed by ESIGN (Epilepsy Specialist Interest Group Nursing) and JCE (Joint Epilepsy Council – UK). This protocol was approved by the JPG in October 2017.

### Key messages

- The use of rescue medication should be monitored/reviewed.
- Each patient should have a rescue protocol.
- Every protocol should be reviewed at least annually.
- The rescue medication should only be prescribed as necessary and NOT on repeat prescription.
- Patients should only have 4 doses or less per prescription.

**Action: prescribe epilepsy rescue medicine as PRN and not on repeat prescriptions.**

If practices need to discuss patient protocols or training needs please contact:

Harriet Spencer – Adult Epilepsy Nurse – 020 8510 5912

Emma Hassan – Paediatric Epilepsy Nurse – 020 8510 7450

## Prescribing opioids for chronic pain

The British Medical Association (BMA), NHS Improvement and NHS England have made resources available for patients and healthcare professionals to support prescribing of opioid medicines for pain. These resources also include **Faye's story** which puts the potential dangers of prescribing opioids into reality by describing, from her parent's perspective, the sequence of events that ultimately led to her untimely death from respiratory depression. They also outline the lessons learned by the GP practice involved in the case and the general messages they wish to communicate to all healthcare professionals.

**These resources are available via the following link:**

<https://improvement.nhs.uk/resources/fayes-story-good-practice-when-prescribing-opioids-chronic-pain/>

**Action: all healthcare professionals involved in managing patients with long term pain should read the resources and reflect on their own, and their teams' practice.**

The Faculty of Pain Medicine has an **Opioids Aware resource pack** for patients and healthcare professionals [www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware](http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware)

**The website includes advice on**

- how to assess patients before starting opioids for chronic pain
- how to initiate and manage a trial of opioids
- choice of opioid and formulation

- how to taper and stop opioid doses safely
- patient advice leaflets

**For enquiries and/or concerns that relate to the management and use of Controlled Drugs:**  
[england.londoncdaccountableoffice@nhs.net](mailto:england.londoncdaccountableoffice@nhs.net)

## Antibiotic Resistance – Public Health England Campaign

The Public Health England (PHE) 'Keep Antibiotics Working' campaign raises awareness that inappropriate overuse of antibiotics puts people at risk of a more severe or longer infection. It is estimated that at least 5,000 deaths are caused every year in England because antibiotics no longer work for some infections and this figure is set to rise with experts predicting that in just over 30 years antibiotic resistance will kill more people than cancer and diabetes combined.

**PHE is urging the public to take their doctor's advice on antibiotics.**

A Surrey woman is backing a campaign warning people against using antibiotics when they do not need to.

Linda was rushed to hospital in August 2013 after an infection developed into cellulitis and then septicaemia. Hear her story here: <https://www.youtube.com/watch?v=w01cLYPTTVQ> and share with your patients.

## PGD update - NHSE

NHS England London Region has published an updated Patient Group Direction (PGD) on its website: <http://www.england.nhs.uk/london/immunis-team/>

The updated PGD is:

- NHSE PHE Td IPV Revaxis v02.00

This PGD updates a previous version and details of the amendments are on page 2 of the document.

**Practices should ensure that any registered healthcare professional who is due to administer vaccinations under this PGD should sign this latest version and be properly authorised.**

As the intradermal inactivated influenza vaccine (Intanza®) will not be manufactured for the 2017 to 2018 influenza season, NHS England London Region has removed the NHSE PHE ID Influenza Intanza PGD from its website.

## Shortage of Pneumococcal polysaccharide vaccine (PPV23)

**There is a shortage of the PPV23 vaccine which is likely to continue for the foreseeable future.** There is only one licensed vaccine available and although more stock deliveries are expected, the volume anticipated is unlikely to be sufficient to vaccinate the whole 65 year old cohort this winter.

**PHE recommend for those at high risk, it is important to ensure that other preventive measures, including influenza vaccination, are implemented.** It is also recommended that the records of such patients are flagged so that they can be called for vaccine once the stock situation improves. **Full details via link below (pgs 13 – 15):**

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/653401/VU\\_271\\_october\\_2017.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/653401/VU_271_october_2017.pdf)

## Queries Corner

### Can I prescribe solifenacin - initiated by Homerton but non-formulary?

MMT was recently asked if a GP could prescribe solifenacin for lower urinary tract symptoms (LUTS) initiated by Homerton urology.

**NICE states that there is no evidence of clinically important differences in efficacy between the antimuscarinic drugs in the management of overactive bladder syndrome, therefore the most cost-effective antimuscarinic drugs should be included in the formulary.**

Overactive bladder (OAB) drugs reviewed by NICE included darifenacin, fesoterodine, oxybutynin (immediate release), oxybutynin MR, oxybutynin (transdermal patch), oxybutynin (topical gel), propiverine, propiverine MR, solifenacin, tolterodine (immediate release), tolterodine MR, trospium and trospium MR.

NICE also stated that the lack of evidence showing long term efficacy of OAB therapy should restrict the number of OAB drugs tried before seeking alternative recommended treatment. More expensive OAB drugs do not confer sufficient additional benefit to justify their higher cost.

City and Hackney CCG and Homerton Joint drug formulary has approved the following drugs:

**Oxybutynin immediate release tablets are recommended as first line formulary followed by tolterodine immediate release tablets, then fesoterodine**

[https://ebnf.homerton.nhs.uk/bnf/view/page/local\\_bnf/PHP5082](https://ebnf.homerton.nhs.uk/bnf/view/page/local_bnf/PHP5082)

### Homerton urology advise that:

*Patients with irritative Lower urinary tract symptoms (LUTS) are commonly started on first line therapy oxybutynin by the GPs before referral to urology. Urology do not prescribe oxybutynin because:*

- *Patient has already tried and failed*
- *Poor tolerability - dry mouth and constipation*

*Fesoterodine and Solifenacin are similar in efficacy and side effect profile **however fesoterodine is our approved formulary choice.** Mirabegron is reserved as third line.*

**Therefore Homerton urology recommend that GPs can switch solifenacin to fesoterodine (starting low and titrating up).** In addition to being non formulary, solifenacin is still under patent until mid-2019. The Drug Tariff price (DT November 2017) of both fesoterodine and solifenacin are outlined below:

Name	Strength	Pack size	Price/ (DT Nov 2017)
Solifenacin (Vesicare®)	10mg tablets	30	£35.91
Solifenacin (Vesicare®)	5mg tablets	30	£27.62
Fesoteridine (Toviaz®)	4mg modified release tablets	28	£25.78
Fesoteridine (Toviaz®)	8mg modified release tablets	28	£25.78

## CQC Medicines management resources

A senior National GP Advisor and Responsible Officer clears up some common myths about CQC inspections of GP and sharing agreed guidance to best practice:

<http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-84-managing-high-risk-medicines-general-practice>

Topics are listed under the five key questions that CQC ask about services in our inspections and can be viewed here <http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-tips-mythbusters-gp-practices#safe>

## Paediatric Pearls

Paediatric Pearls is aimed at health professionals working with children. There is a monthly paediatric update newsletter put together by a Paediatric Consultant at Homerton at [www.paediatricpearls.co.uk](http://www.paediatricpearls.co.uk) - comments and requests for topics are welcome!

## JPG News

East London Foundation Trust has updated the GP support pack for prescribing hypnotics and anxiolytics

[Hypnotics and anxiolytics - Material to support appropriate prescribing - ELFT.pdf](#)

**The following Shared Care Guidelines (SCG) are now available on the intranet and added to the eBNF:**

- Lacosamide
- Oxcarbazepine
- Perampanel
- Vigabatrin
- Zonisamide

**Access via:**

<http://www.cityandhackneyccg.nhs.uk/gp/GPResources/Prescribing/shared-care.htm#>

**A new shared care guideline for the use of Methylphenidate, Dexamfetamine, Lisdexamfetamine dimesylate & Atomoxetine for the management of Attention Deficit Hyperactivity Disorder (ADHD) in Adult ADHD can be accessed via link to the intranet:**

[http://www.cityandhackneyccg.nhs.uk/Downloads/gp/Formulary/SCG/ELFT/Adults%20ADHD\\_11.2017.pdf](http://www.cityandhackneyccg.nhs.uk/Downloads/gp/Formulary/SCG/ELFT/Adults%20ADHD_11.2017.pdf)

The JPG approved the addition of Pivmecillinam to the Joint Formulary in line with the new North East London management of infection guide: [NEL management of infection guide\\_08.2017](#)

## MHRA Drug Safety November 2017

### **Gentamicin: potential for histamine-related adverse drug reactions with some batches**

Some batches of gentamicin sulphate active pharmaceutical ingredient (API) used to manufacture gentamicin may contain higher than expected levels of histamine, which is a residual from the manufacturing process. Click on link for full details:

<https://www.gov.uk/drug-safety-update/gentamicin-potential-for-histamine-related-adverse-drug-reactions-with-some-batches>

### **Quinine: reminder of dose-dependent QT-prolonging effects; updated medicine interactions**

Quinine has dose-dependent QT-interval-prolonging effects and should be used with caution in patients with risk factors for QT prolongation or in those with atrioventricular block.

#### **Advice for healthcare professionals:**

- be aware of dose-dependent effects on the QT interval and use caution if prescribing quinine in patients:
  - with conditions that predispose to QT prolongation such as pre-existing cardiac disease or electrolyte disturbance
  - taking other medicines that could prolong the QT interval
  - with atrioventricular block
- monitor patients closely if administration of quinine with phenobarbital or carbamazepine is necessary; serum levels of these anticonvulsant medicines could become raised and cause anticonvulsant toxicity
- consult the Summary of Product Characteristics for a full list of interacting medicines and potential adverse reactions
- report suspected adverse drug reactions with quinine on a [Yellow Card](#)

#### **Full details here:**

<https://www.gov.uk/drug-safety-update/quinine-reminder-of-dose-dependent-qt-prolonging-effects-updated-medicine-interactions>

### **Oral tacrolimus products: reminder to prescribe and dispense by brand name only**

Inadvertent switching between tacrolimus products has been associated with reports of toxicity and graft rejection. Tacrolimus is an immunosuppressant drug that may be given orally to prevent or treat organ transplant rejection and has a narrow therapeutic index, even minor differences in blood levels have the potential to cause graft rejection reactions or toxicity.

In June 2012, following reports of graft rejections and toxicity resulting from switching between products, **MHRA issued a Drug Safety Update recommending that all oral tacrolimus products should be prescribed and dispensed by brand name only.** MHRA are aware of new oral tacrolimus products on the market or about to be launched.

[Recommendations from June 2012](#) remain in place, and also apply to any new tacrolimus products launched since this advice was issued. This includes generic products and prolonged-release formulations.

<https://www.gov.uk/drug-safety-update/oral-tacrolimus-products-reminder-to-prescribe-and-dispense-by-brand-name-only>



### **Support our second social media campaign for suspected adverse drug reactions**

MHRA are running a second social media campaign to promote the reporting of suspected adverse drug reactions (ADRs) to the Yellow Card Scheme in support of the ADR awareness week (20-24 November 2017).

<https://www.gov.uk/drug-safety-update/support-our-second-social-media-campaign-for-suspected-adverse-drug-reactions>

### **Antiepileptic drugs: updated advice on switching between different manufacturers' products**

In addition to the 3 risk-based categories of antiepileptic drugs, patient-related factors should be considered when deciding whether it is necessary to maintain continuity of supply for a specific product.

#### **Advice for healthcare professionals:**

- [core advice from 2013](#) remains in effect for prescribing antiepileptic drugs to manage epilepsy
- consult the 3 categories of antiepileptic drugs when deciding whether it is necessary to maintain continuity of supply of a specific manufacturer's product
- as well as the classification, when evaluating whether continuity of supply should be maintained for category 2 or 3 drugs, consider:
  - perception by patients of differences in supply, for example differences in product presentations
  - co-morbid autism, mental health issues, or learning disability
- if you think a patient should be maintained on a specific manufacturer's product, prescribe either by specifying brand name or by using the generic drug name and name of the manufacturer

<https://www.gov.uk/drug-safety-update/antiepileptic-drugs-updated-advice-on-switching-between-different-manufacturers-products>

### **Updates to Public Health England's Green Book chapter on live attenuated vaccines**

Further to previous advice in 2016, Public Health England have updated their guidance about live vaccination of infants born to a mother who received immunosuppressive biological therapy during pregnancy.

<https://www.gov.uk/drug-safety-update/updates-to-public-health-england-s-green-book-chapter-on-live-attenuated-vaccines>

### **Letters sent to healthcare professionals in October 2017**

A letter was sent about injectable methylprednisolone products containing lactose (Solu-Medrone 40 mg); do not use in patients allergic to cow's milk proteins.

<https://www.gov.uk/drug-safety-update/letters-sent-to-healthcare-professionals-in-october-2017>

### **Medical Device Alert issued in October 2017**

An alert was issued about Alere HIV Combo professional HIV tests.

<https://www.gov.uk/drug-safety-update/medical-device-alert-issued-in-october-2017>

## NICE Update November 2017

### **Sinusitis (acute): antimicrobial prescribing (link)**

This guideline sets out an antimicrobial prescribing strategy for acute sinusitis. It aims to limit antibiotic use and reduce antimicrobial resistance. Acute sinusitis is usually caused by a virus, lasts for about 2 to 3 weeks, and most people get better without antibiotics. Withholding antibiotics rarely leads to complications.

<https://www.nice.org.uk/guidance/ng79/resources/visual-summary-pdf-4656316717>

<https://www.sps.nhs.uk/wp-content/uploads/2017/11/Sinusitis-NICE-BITES-Nov-2017.pdf>

## Contact Details

For any enquiries please contact the medicines management team on **0203 816 3224** or alternatively by email using the following generic email address: [CAHCCG.CityandHackneyMedicines@nhs.net](mailto:CAHCCG.CityandHackneyMedicines@nhs.net)

**For all enquiries and/or concerns that relate to the management and use of Controlled Drugs:**  
[england.londoncdaccountableoffice@nhs.net](mailto:england.londoncdaccountableoffice@nhs.net)

All information in this document is summarised from the best currently available sources to help inform your practice. Every effort has been made to ensure that information is correct at the time of the issue but for more detailed information please refer to the original material, which is referenced in each case.





