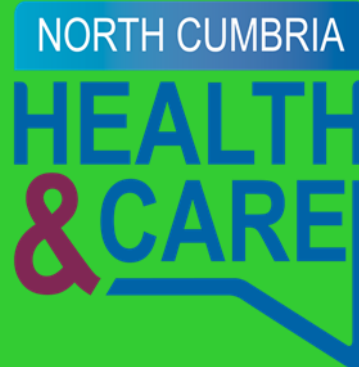


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Medicines Optimisation
Committee newsletter

July 2021

No. 5

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Sertraline prescribing

Due to current price increases in the cost of Sertraline tablets the North Cumbria Medicines Optimisation committee has reviewed the current first line treatment options when prescribing an SSRI.

We are asking prescribers to consider, only when **initiating** an SSRI, that if all else is equal clinically, and you have no specific concerns regarding CHD/QTc prolongation, **you and your colleagues give consideration to citalopram or fluoxetine as your first line choice.** This request does not apply to patients already being prescribed sertraline, who should continue on this treatment. We are absolutely not asking for any changes to be made to patients who are already prescribed sertraline and who are stable on their current treatment.

Should you require any further advice then please contact your Medicine Optimisation Pharmacist.

Longtec (Oxycodone MR) switch to Oxypro

At the April 21 North of Tyne Gateshead and North Cumbria APC meeting a decision was taken to change the first line modified release oxycodone formulary product from Longtec to OxyPro. This will give our region a cost saving in excess of £300k per annum.

Our Medicine Optimisation teams across both primary and secondary care are working together to begin this switching programme from the 1st September 2021 across North Cumbria. The below prescribing update has been produced by the North of Tyne APC to support the switch and further advice will be available from your Medicine Optimisation Pharmacist.

As with all high strength opioid prescribing the national recommendation is that these are prescribed by brand as this promotes patient safety and reduces risk and patient harm.



Oxycodone
Prescribing Update.pdf

Valproate – change in RAG status for women and children of child bearing age

The North of Tyne, Gateshead and North Cumbria APC have updated the RAG status of Sodium Valproate and Valproic Acid tablets in line with the guidance that they should not be prescribed to women and children of child bearing age unless a Pregnancy Prevention Programme is in place or there is no suitable alternative. The RAG status has now changed to **AMBER** with specialist initiation only.

Self Care – Dry eyes

In 2018, NHS England produced their document; Conditions for which over the counter items should not routinely be prescribed in primary care. <https://www.england.nhs.uk/wp-content/uploads/2018/03/otc-guidance-for-ccgs.pdf>

Most cases of dry, sore, tired eyes resolve themselves. Patients should be encouraged to manage both dry eyes and sore eyes by implementing some self-care measures such as good eyelid hygiene and avoidance of environmental factors alongside treatment. Mild cases of dry eye syndrome or sore tired eyes can usually be treated using lubricant eye treatments that consist of a range of drops, gels and ointments that can be easily be purchased over the counter.

Eye lubricants should only be prescribed for chronic dry eyes and/or severe ocular disease where the use of dry eye lubrication is essential to preserve sight function:

- Sjögren’s syndrome
- Rheumatoid arthritis
- Ulcerative keratitis
- Neurotrophic cornea
- Previous corneal conditions or injury– corneal abscess, abrasion, erosion, ulcer, burn

Patient information about dry eyes: https://www.rcophth.ac.uk/wp-content/uploads/2017/10/2017_Understanding-Dry-eye.pdf
Prescribing Guidelines for Ocular Lubricants in primary Care <https://medicines.necsu.nhs.uk/wp-content/uploads/2020/10/Eye-lubricants-Aug-2020.pdf>

QR code for nhs.uk/dry eyes:



Self Care – Bath and Shower Emollients

Bath and shower products are listed on the items not to be routinely prescribed in primary care, one of the reasons for inclusion is that they are items of low clinical effectiveness and there is a lack of robust evidence to clinical effectiveness. North Cumbria practices visited this project back in July 2020 however since then North Cumbria CCG has spent £32, 265 on these preparations. Please can our practices re-visit this programme and support our prescribers to with the de-prescribing of these products and switch to “leave on” emollients, and where appropriate, to ensure the availability of relevant services to facilitate this change.



Bath and shower
emollients-PMMs July2

See presentation:

Secondary Care News

ePMA (electronic Prescribing and Medicines Administration) roll out across NCIC

A new project is underway across NCIC for the implementation of an electronic prescribing and medicines administration system (ePMA) which will support the safe and effective use of medicines from a patient's admission to hospital, until their discharge.

The system will assist our staff to manage the process of prescribing, dispensing and administering medication, while seamlessly documenting all relevant information. It also supports the Trust to meet national drivers for improved clinical decision support tools, medicines management and medicines optimisation, as well as improve the digital maturity index.

It is hoped the system will begin to go live across the trust from April 2022. Should you require any further information then please visit the system page at <https://staff.cumbria.nhs.uk/services/information-technology/programme-management-office/current-projects/epma>

NCIC Patient Safety Newsletter – May 2021

The NCIC Patient Safety Newsletter for May 2021 has been published with a focus around Medicines Safety, please see link below or attachment.

https://staff.cumbria.nhs.uk/application/files/7616/2203/6329/May2021NCIC_patient_safety_newsletter_FINAL.pdf



May2021NCIC_patient_safety_newsletter_FI

Adexanet alpha to be stocked across NCIC

Adexanet alpha, the antidote for apixaban and rivaroxaban is to be stocked at both acute sites across NCIC for use when reversal of anticoagulation is needed due to uncontrolled bleeding. It will be held in the emergency cupboards at both sites with Blueteq (High Cost Drug) paperwork to be completed if administered.

Updates from the MHRA & NICE

Drug Safety Update May 2021

Link to the May 2021 MHRA Drug Safety Update

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/987707/May-2021-DSU-PDF.pdf

Article of interest:

Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products

If a patient reports persistent symptoms when switching between different levothyroxine tablet formulations, consider consistently prescribing a specific product known to be well tolerated by the patient. If symptoms or poor control of thyroid function persist (despite adhering to a specific product), consider prescribing levothyroxine in an oral solution formulation.

Drug Safety Update June 2021

Link to the June 2021 MHRA Drug Safety Update

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994554/June-2021-DSU-PDF.pdf

Drug Safety Update July 2021

Link to the July 2021 MHRA Drug Safety Update

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000159/July-2021-DSU-PDF.pdf

Article of interest:

Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years

Following a review of the available toxicological data and a calculation of daily exposure to boron from a typical dosing regimen, we have concluded that the balance between the benefits and risks of chloramphenicol eye drops containing borax or boric acid remains positive for children aged 0 to 2 years. Chloramphenicol eye drops can be safely administered to children aged 0 to 2 years where antibiotic eye drop treatment is indicated.

Updates from NICE

**NG197:
Shared decision
making
June 2021**

This guideline covers how to make shared decision making part of everyday care in all healthcare settings. It promotes ways for healthcare professionals and people using services to work together to make decisions about treatment and care. It includes recommendations on training, communicating risks, benefits and consequences, using decision aids, and how to embed shared decision making in organisational culture and practices.

<https://www.nice.org.uk/guidance/ng197>

**NG198:
Acne vulgaris:
management**

This guideline covers management of acne vulgaris in primary and specialist care. It includes advice on topical and oral treatments (including antibiotics and retinoids), treatment using physical modalities, and the impact of acne vulgaris on mental health and wellbeing.

<https://www.nice.org.uk/guidance/ng198>

June 2021

North of Tyne, Gateshead & North Cumbria APC and formulary update

North of Tyne, Gateshead and North Cumbria APC website: <http://www.northoftyneapc.nhs.uk/>

North of Tyne, Gateshead & North Cumbria Formulary: <http://northoftyneandgatesheadformulary.nhs.uk/default.asp>

Updated and published guidelines:

Anti-platelet treatment for prevention of cardiovascular events in patients with, or at risk of, vascular disease

This is an update of the previous guideline which was due for review. The guideline can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2021/07/Antiplatelet-Guidelines-Mar-2021-Final.pdf>

North of Tyne APC Statement on prescribing intervals

This is an update of the previous guideline which was due for review. The guideline can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2021/07/Prescribing-Intervals-Guidance-July-2021.pdf>

Children`s ADHD shared care guidance

This is an update of the previous shared care guideline which was due for review. The guideline can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2021/07/Childrens-ADHD-Shared-care-June-2021.pdf>

Melatonin shared care guidance for the management of Sleep/Wake Disorders in Children and Young People

This is an update of the previous shared care guideline which was due for review. The main changes to the guidance are that each shared care agreement is time limited to 2 years at which point a formal review is to be undertaken by secondary care and a new shared care agreement requested if needed. There should also be at least an annual trial off treatment.

The shared care guideline can be found at:

<http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2021/07/Melatonin-Shared-Care-June-2021.pdf>

Management of patients, post-bariatric surgery, in primary care

This general guidance can be used as advice for our patients across North Cumbria however it is noted that our patients attend for surgery out of our regional area.

The guideline can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2021/07/Bariatric-surgery-management-of-patients-post-bariatric-surgery-in-primary-care-9.6.21.pdf>

Shared Care Guidance for Immunosuppressive Treatment following Liver Transplantation in Adults

This is an update of the previous shared care guideline which was due for review. For North Cumbria all new patients remain under the care of Secondary Care (Newcastle). Across North Cumbria we do have many historic patients that are under the care of Primary Care, work is ongoing around the repatriation of these patients to Secondary Care.

The guideline can be found at: <http://www.northoftyneapc.nhs.uk/wp-content/uploads/sites/6/2021/07/Immunosuppressive-treatment-following-liver-transplants-SCG-June-21-update-Final.pdf>

New approved formulary products



July 2021 APC
Decision Summary.docx

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All Medicines Optimisation guidance, Shared Care Guidelines, PGDs and other resources can now be found on the NECS Medicines Optimisation Website.

<http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/>

North Cumbria Medicines Optimisation Committee minutes available at <https://staff.cumbria.nhs.uk/services/medicine-management/medicines-accountability-and-governance/governance-framework-medicines-north-cumbria>