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Area Prescribing Committee

NEW MEDICINES

RED LANREOTIDE solution for injection (Somatuline Autogel®) for the treatment of angioectasia

Lanreotide is a tariff-excluded PbRE drug and will be used off-label for GI bleeding due to angioectasia which cannot be managed by endoscopic treatment. It should only be used after all appropriate investigations have been undertaken and all other treatment options have been exhausted.

BLACK EVOLOCUMAB injection (Repatha SureClick®) for reduction of cardiovascular risk in adults with established atherosclerotic cardiovascular disease

Routine review of black statement at expiry, to be added to the static list. There is no new evidence to warrant a change in RAG status from black. No significant changes have been made, minor revisions include cost of statins and removal of dosage adjustments in renal impairment as per SPC.

GREEN Inclisiran injection (Leqvio® ▼) for primary hypercholesterolaemia or mixed dyslipidaemia

Green statement in line with NICE TA733 that recommends Inclisiran as an option for treating hypercholesterolaemia or mixed dyslipidaemia as an adjunct to diet in adults only if certain criteria are met and it is provided according to the commercial arrangement.

Please note: there are some local implementation issues we are working through to ensure the impact is managed given the national direction for this to be prescribed in Primary Care. We are working with local Clinical Leads, AHSN and the regional cardiac network teams to support development of a local pathway

GREY DAPAGLIFLOZIN tablets (Forxiga®) for treating chronic kidney disease

Not recommended until NICE TA published.

GREY EMPAGLIFLOZIN tablets (Jardiance®) for treating chronic heart failure with reduced ejection fraction

Not recommended until NICE TA published

GREY ESTRADIOL 1mg / PROGESTERONE 100mg capsules (Bijuve®) for oestrogen deficiency symptoms in postmenopausal women

Not recommended. This will be reviewed if a formal application for use is received and prioritised for in-year review.

GREY RELUGOLIX 40mg / ESTRADIOL 1mg/ NORETHISTERONE 0.5mg tablets (Ryeqo® ▼) for uterine fibroids

Not recommended until NICE TA published.

GREY ROXADUSTAT tablets (Evrenzo® ▼) for treatment of anaemia associated with chronic kidney disease

Not recommended until NICE TA published.

GREY TIRBANIBULIN ointment (Klisyri® ▼) for the treatment of actinic keratosis

Not recommended. This will be reviewed if a formal application for use is received and prioritised for in-year review.

GREY TRALOKINUMAB solution for injection (Adtralza®) for treating atopic dermatitis

Not recommended until NICE TA published.

GREY UPADACITINIB prolonged-release tablets (RINVOQ®) for treating atopic dermatitis

Not recommended until NICE TA published.



FORMULARY AND GUIDELINES

Opioids and gabapentinoids for chronic pain in adults

Routine review which includes recommendations in NICE NG193 (Chronic pain, primary and secondary in over 16s), a recent Drug Safety update reporting respiratory depression with pregabalin and a link to the Pan Mersey safety guidance, Opioids: considerations for safe and effective prescribing in chronic pain.

SAFETY

METHOTREXATE: safe prescribing and dispensing

Routine review. The document was comprehensively re-written, but the core safety messages remain unchanged.

Medicines Management Work Plan 2021/2022

During **December 2021 and January 2022** alongside continuing to support with the COVID Vaccination programme the MMT plan to focus on the following work plan projects however due to the call to action for COVID boosters this work is capacity dependant and maybe paused:

- Opioids in Chronic Pain
- Launch of Halton Blood Glucose Meter formulary
- Direct Oral Anticoagulants (DOACs) Review
- Low carbon inhalers
- STOMP/STAMP Reviews
- Oral nutritional Supplements (ONS)



Practice Medicine Co-ordinator (PMC) Reviews

The PMCs will be doing the following reviews during **December 2021 and January 2022**:

Safety/Quality Reviews:

- Launch of Halton Blood Glucose Meter Formulary
- Freestyle Optium strip prescribing review

- Protocol for Pharmacy Ordering Requests launch
- Dual Anti-Platelet Review
- Low Carbon Inhalers - Salamol Switch
- Infant Feeds – 6 monthly review

Cost effective switches:

- Mop ups for:
 - Omacor® review
 - Co-codamol to Zapain®
 - Venlafaxine to Vensir® 225mg Capsules
 - Macrogol to Laxido® Sachets



Hot Topic – NHS Steroid Emergency Card Alert

As part of our continual support, we have approved two documents to assist prescribers in the implementation of the national patient safety alert.

1. When should I issue a Steroid Emergency Alert Card?

This is a 2-page document to simplify the criteria of which drugs and doses require the supply of a Steroid Emergency Alert Card to patients.

[When should I issue a Steroid Emergency Alert Card?](#)

2. When should I issue a Steroid Emergency Alert Card for patients on inhaled corticosteroids?

This is a table with the commonly prescribed inhalers and doses that warrant the supply of a Steroid Emergency Alert Card to patients.

[When should you give a Steroid Emergency Alert card for patients on inhaled corticosteroid?](#)



Halton Blood Glucose and Ketone Meter First Choice Formulary

There is now an updated local formulary available for first choice blood glucose and ketone meters in NHS Halton CCG:

Type of monitoring	First choice meters	Testing strips	Company name & contact details
Blood Glucose Testing only	Accu-Chek Instant	Instant test strips £7.50/ 50 strips	Roche Diagnostics Contact details: Katie Jackson Mobile: 07714631424 Email: katie.jackson.kj1@roche.com
	Contour Plus Blue	Contour Plus strips £5.95/ 50 strips	Ascensia Diabetes Care Contact details: Jennie Watson Mobile: 07768 467375 Email: Jennie.watson@ascenia.com

Ketone and Blood Glucose Testing	GlucoMen Areo 2K	<p>For Blood Glucose: GlucoMen Areo Sensor £8.25/ 50 strips</p> <p>For Ketones: GlucoMen Areo β- ketone sensor £9.95/ 10 strips</p>	<p>Menarini Diagnostics Contact details: Amanda McCoy Mobile: 07776 227501 Email: amccoy@menarindiag.com UK Helpline/customer support: 0800 243 667</p>
	4SURE Smart Duo	<p>For Blood Glucose: 4SURE strips £8.99/ 50 strips</p> <p>For Ketones: 4SURE β- ketone strips £9.92/ 10 strips</p>	<p>Nipro Contact details: Irene Jacobs Email: irene.jacobs@nipro-group.com Mobile: 07799 891638</p>

First choice meters should be supplied to new patients and when replacement meters are required. Meters should not be changed without the patient receiving training on the correct use of the new meter.

Where appropriate, if an alternative meter is required on an individual patient basis, please refer to the [Pan Mersey agreed first choice meters](#).

Safety

The Medicines Management Team would like to highlight some of the recent drug safety updates relevant to Primary Care:

CHLORAL HYDRATE, CLORAL BETAINE (WELLDORM): RESTRICTION OF PAEDIATRIC INDICATION

Advice for healthcare professionals:

- Chloral hydrate and cloral betaine are indicated currently only for the short-term treatment of severe insomnia that is interfering with normal daily life and when other therapies (behavioural and pharmacological) have failed, as an adjunct to non-pharmacological therapies.
- Use of these medicines in children and adolescents is not generally recommended and should be under the supervision of a medical specialist.
- Following a national review of safety and efficacy data, the paediatric indication for chloral hydrate and cloral betaine has been further restricted to only children and adolescents with a suspected or definite neurodevelopmental disorder – this reflects current clinical practice.
- For all patients, treatment should be for the shortest duration possible and should not exceed 2 weeks.
- Repeated courses are not recommended and can only be administered following medical specialist re-assessment.
- Following prolonged treatment, slowly taper the dose before discontinuation – abrupt discontinuation can lead to delirium.

Advice to give to patients and carers:

- Chloral hydrate and cloral betaine (brand names Welldorm Elixir and Welldorm) are short-term treatments (maximum of 2 weeks) for severe insomnia that is interfering with normal daily life when other therapies (behavioural and medicines) have not worked.

- The MHRA and its independent advisors have reviewed the benefits and risks of these medicines in the paediatric population and recommended that they should only be used in children and adolescents who have a suspected or definite neurodevelopmental disorder.

Chloral Hydrate is currently Rag Rated Amber Initiated on Pan Mersey formulary. Any patients who may be affected by the updated safety advice should be identified for review. Clinicians may wish to liaise with secondary care specialists regarding individual patient advice.

[Chloral hydrate, cloral betaine \(Welldorm\): restriction of paediatric indication - GOV.UK \(www.gov.uk\)](#)

TOFACITINIB (XELJANZ ▼): NEW MEASURES TO MINIMISE RISK OF MAJOR ADVERSE CARDIOVASCULAR EVENTS AND MALIGNANCIES

Tofacitinib should not be used in patients older than 65 years of age, people who are current or past smokers, or individuals with other cardiovascular (such as diabetes or coronary artery disease) or malignancy risk factors unless there are no suitable treatment alternatives.

Tofacitinib is Rag Rated Red on Pan Mersey formulary.

[Tofacitinib \(Xeljanz ▼\): new measures to minimise risk of major adverse cardiovascular events and malignancies - GOV.UK \(www.gov.uk\)](#)

ADRENALINE AUTO-INJECTORS: REMINDER FOR PRESCRIBERS TO SUPPORT SAFE AND EFFECTIVE USE

Advice for healthcare professionals:

- Emerade 300 microgram and 500 microgram adrenaline auto-injectors have been re-supplied to the market following the implementation of corrective actions to resolve the issue that caused some devices to fail to activate and deliver adrenaline.
- For each adrenaline auto-injector, follow advice in the Summary of Product Characteristics to prescribe appropriate doses for individual patients.
- Remind patients to follow existing advice to carry 2 in-date adrenaline auto-injectors with them at all times and to replace them before they expire.
- Provide patients and their caregivers with training and advice specific to their prescribed adrenaline auto-injector; encourage them to order a trainer device from the manufacturer to ensure they are familiar with using their auto-injector.

Advice for healthcare professionals to provide to patients:

- The 300 and 500 microgram strengths of Emerade are being made available again, following corrections made to the auto-injector device.
- The EpiPen and Jext brands of adrenaline auto-injector in a strength of 300 microgram continue to be suitable alternatives to the Emerade 500 microgram adrenaline auto-injector; this has been confirmed by measurement of adrenaline blood levels following administration.
- It is vital to carry 2 in-date adrenaline auto-injectors with you at all times and replace them before they expire.
- Make sure you and your caregivers know when and how to use your adrenaline auto-injector before you need to use it in an emergency; practice with a training device so you are familiar with how your particular auto-injector works.
- Always read the Patient Information Leaflet that accompanies your medicines and ask your doctor, nurse, or pharmacist if you have any questions.

- You should use your adrenaline auto-injector as soon as you suspect a severe allergic reaction (anaphylaxis), especially any signs affecting your airway (swelling of your tongue or a feeling of constriction in your throat), breathing (wheezing, difficulty in breathing), or your circulation (feeling faint, dizzy, cold clammy skin).
- At first signs of anaphylaxis:
 1. Use an adrenaline auto-injector immediately; do not delay.
 2. Call 999, ask for an ambulance, and say ana-phy-l-ax-is (even if symptoms appear to be improving after using an auto-injector).
 3. Lie down and raise your legs.
 4. Use a second auto-injector if your symptoms haven't improved after 5 minutes.
 5. Lying down is important to keep blood flowing to your organs; you can sit up if you are struggling to breathe, but keep your legs elevated as far as possible and lie back down again as soon as you can.

[Adrenaline auto-injectors: reminder for prescribers to support safe and effective use - GOV.UK \(www.gov.uk\)](#)

COVID VACCINE UPDATE:

[COVID-19 vaccines and medicines: updates for November 2021 - GOV.UK \(www.gov.uk\)](#)

[COVID-19 vaccines and medicines: updates for December 2021 – GOV.UK \(www.gov.uk\)](#)



VACCINE INCIDENTS AND WASTAGE

Please see attached local patient safety alert which relates to vaccine incidents and wastage across Cheshire & Merseyside.

[NHS England/NHS Improvement Northwest Vaccine Incidents/wastage in General Practice letter Oct 2021](#)

Please contact the Cheshire & Merseyside Screening and Immunisation Team with any questions england.cm-imms@nhs.net

Medicines Supply tool

DHSC and NHSE/I in conjunction with the NHS Specialist Pharmacy Service (SPS) have launched an online [Medicines Supply Tool](#), which provides up to date information about medicine supply issues.

The Tool has been developed to support healthcare professionals and organisations providing healthcare services to better support their patients when managing and mitigating the impact of a supply or shortage issue.

To access the tool you will be required to register with the SPS website and have an NHS email account. Registration for access to the SPS website is available to UK healthcare professionals and organisations providing NHS healthcare. Users with NHS email account who still can't access the tool can email LNWH-tr.spsquestions@nhs.net for support.

You can use the Tool to search for information on medicine supply issues by drug class, severity of issue, and by new, ongoing, or resolved issues. You will also be able to check when a medicine is expected to be back in stock.

TARGET TOOLKIT UPDATE:

The [TARGET website](#) has recently been redesigned with extra resources to support AMS activity in primary care including:

- Back up/ delayed prescriptions for antibiotics – including useful tips on how to effectively discuss back up prescribing with patients during a consultation.
- Tips and resources to help address patient expectations on antibiotics.
- NEW respiratory tract infection resource suite.



Most of the TARGET patient information leaflets are now available in HTML format, allowing them to be easily shared with patients via SMS or email:

- [TYI-UTI](#)
- [TYI-UTI Older Adults](#)
- [TYI-UTI All Ages](#)
- [TYI-RTI](#)
- [TYI-RTI Pictorial](#)
- [Managing Your Common Infection](#)



You will also find a selection of [useful webinars](#) available on the TARGET website which will help you to meet CPD and revalidation requirements.

ANTIMICROBIAL PRESCRIBING NEWS FOR PRIMARY CARE:

[Fever in under 5s: assessment and initial management – updated guidance \(NG143\)](#)

Updated guidance includes a definition of sepsis (a condition of life-threatening organ dysfunction due to a dysregulated host response to infection), and cross reference to the risk stratification tool in the NICE guidance on sepsis (NG51).

[English surveillance programme for antimicrobial utilisation and resistance \(ESPAUR\) report](#)

Amongst findings, report notes that the burden of antibiotic resistance increased year-on-year between 2016-19, before declining in 2020. Reasons are likely multifactorial, including changes in treatment guidance, pandemic-associated restrictions, and antimicrobial usage.

AMR Contact - Jessica Mellor, NHS Halton CCG Medicines Management Pharmacist (Jessica.mellor@nhs.net).

Please note that the information in this newsletter is correct at the time of publication.
Clinicians should always refer to the most up to date information.

*** Reindeer Challenge - First person to email Nathan with the correct number of reindeer will win a box of chocolates – Good Luck! ***



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