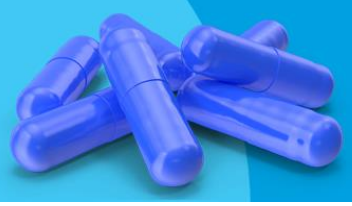
Medicines Management newsletter

Issue 22 - July 2020

NHS Halton Clinical Commissioning Group



Urgent Access to End Of Life Medication

MIDAZOLAM – STRENGTH TO PRESCRIBE FOR PALLIATIVE CARE

We would like to highlight that the locally agreed strength of Midazolam for management of symptoms at End of Life (EoL), in line with national guidance, is Midazolam 10mg/2ml Ampoules. Please remember that Midazolam ampoules of other strengths are NOT routinely stocked by community pharmacy and as such, if prescribed, will need to be ordered so there may be a delay in patients receiving treatment. Midazolam 5mg/5ml is not on the local palliative care formulary and is not routinely stocked.

COMMUNITY PHARMACY PALLIATIVE CARE SERVICE AND COVID-19 URGENT DELIVERY SERVICE

NHS Halton CCG currently commissions FIVE palliative care stock holding pharmacies. All five palliative care pharmacies have been provided with a mobile phone number so prescribers can contact them quickly and easily to check stock availability in relation to prescribing for the dying patient.

The link below is for Halton's End of Life (EoL) Prescribing Algorithms which includes the formulary of medicines held by our palliative care pharmacies.

http://www.haltonccg.nhs.uk/members-practices/Prescribing%20Guidance/Final%20Halton%20Algorithms%20Review%202019%20v%202.0.pdf

Other Pharmacies may also hold some or all of these medication items.

TWO of the above palliative care pharmacies [Widnes Late Night Pharmacy and Strachan's Chemist] have also been commissioned to provide a one-hour delivery service for urgent end of life treatment for suspected or confirmed COVID patients**.** The aim of the service is to provide a fast track delivery service during agreed times for confirmed or suspected COVID-19 patients requiring urgent medication for symptom management, primarily to treat and manage end of life symptoms, when directly requested by a Halton clinician.

Full details of all local palliative care pharmacies, including those that are commissioned to provide the one-hour urgent delivery service, have already been shared directly with GP practices and local care homes and will be

available on the CCG website shortly, in the meantime please contact the Medicines Management Team if you need further information.

Medicines Management Work Plan 2020/2021

During **July/Aug 2020** the NHS Halton CCG Medicines Management Team will continue to support with the following COVID-19 related work:

- Medicines support to care Homes.
- Supply of end of life medication.
- Warfarin to DOAC switches.
- Electronic Repeat Dispensing (eRD).
- Medicines supply issues.
- Medication support guidance.

Practice Medicine Co-ordinator (PMC) Reviews – The PMCs will be doing the following reviews:

- **Azithromycin caps to tabs** - Switch of azithromycin capsules to tablets as more cost-effective formulation, in line with Pan Mersey formulary.
- **Aymes® Nutritional Supplements** – Switch of feeds to 1st line formulary choice, Aymes®, where appropriate.
- **Insulin & GLP1 Quantity reviews** - Review of insulin & GLP1 quantities based on patients' dosages to prevent overordering.
- **Sunscreen Review** - Review of patients prescribed sunscreens to check in line with national /Pan Mersey Guidance.
- **GTN Spray Review** - Review of patients prescribed a GTN spray to check not over ordering or under ordering.
- **Flexitol Heel Balm** – Review of patients prescribed Flexitol® Heel balm for stopping as non-formulary/self-care.

Hot Topic – Warfarin monitoring & switching to DOACs – July 2020 Update

National guidance was published regarding the safe switching of warfarin to direct oral anticoagulants (DOACs) with non-valvular AF and venous thromboembolism (DVT/PE) during the coronavirus pandemic. See link below:
https://www.england.nhs.uk/coronavirus/wp-content/uploads/sites/52/2020/03/C0077-Specialty-guide_Anticoagulant-services-and-coronavirus-v1-31-March.pdf

Additional guidance was subsequently been published to support this clinical area:
https://www.sps.nhs.uk/articles/management-of-patients-currently-on-warfarin-during-covid-19/

One of the key messages was that patients should only be switched from warfarin to a DOAC by clinicians in primary or secondary care with experience in managing anticoagulation. It also advised that switching from warfarin to a DOAC must be done with careful consideration as **not all patients are suitable for a switch**, and in some cases, specialist advice may be required as DOACs may be contraindicated.

Within Halton patients are monitored by our GP practices under a Local Enhanced Service (LES) or they are monitored via the anticoagulant services through WHHFT or SHK trusts, either within the trust or at specific clinics. Both trusts have established drive-through testing facilities for INR testing due to COVID-19.

Patients currently monitored by WHHFT anticoagulant clinic - suitable patients have been switched by WHHFT anticoagulant clinic. The initial high priority cohort who can safely be switched to a DOAC have been identified and switches have been completed.

Patients being monitored by SHK Trust anticoagulant clinic - suitable high priority patients have also been identified in line with NHSE COVID-19 guidance. The Medicines Management Team (MMT) cardiovascular pharmacist has liaised with the SHK team to ascertain the details of this process, which are summarised as follows:

1. SHK anticoagulation service will identify patients suitable for switching using risk stratification, i.e. TTR <65% and no contraindications, in line with NHSE COVID-19 guidance.
2. Switch will be discussed with the patient, verbal consent obtained, and blood form sent out to the patient (FBC, LFTs, U+Es, SrCr, INR).
3. When the baseline blood results are received, a creatinine clearance is calculated and a recommendation of DOAC, including dose is made.
4. A request for prescribing the recommended DOAC is sent to the GP. This document should also include the indication, rationale for prescribing and recent blood results/weight.
5. Patient receives counselling/education based on the checklist provided in the national guidance.
6. A follow up letter may be sent to the GP at a later date containing further information.

Please note: the SHK service will not be initiating/prescribing the DOAC but will make a recommendation of DOAC and dose based on limited clinical history. Responsibility for choosing an appropriate DOAC at a safe dose lies with the GP/prescriber initiating the medication; please fully consider any contraindications, cautions, clinical assessment/parameters. If necessary, please contact your medicines management pharmacist.

In order for the switches to take place safely, please ensure that you have been provided with the following:

- Baseline FBC, LFTs, U+Es, INR
- Recent weight; for calculating an accurate CrCl
- Indication for DOAC use (including duration of treatment if for VTE)

If any of this information is unclear/missing – please contact the service for clarification before prescribing.
The patient will then usually be discharged from the SHK service and all follow up/monitoring will lie with the GP practice. Please ensure follow up appointments/blood tests are booked in and communicated to patient.

For both sets of patients the MMT have developed a checklist to support practices with ongoing follow up, patient queries regarding the change, updating of clinical records and raising awareness with community pharmacy re: increased prescribing of DOACs locally. This work has already commenced in a number of practices.

Patients monitored by GP Practices under the LES

The national guidance and supporting documents were shared with all practices. The CCG Medicines Management Team worked with practices to discuss what support might be needed on an individual practice basis. The MMT cardiovascular pharmacist has been in contact with the anticoagulant leads in many of our practices and will continue to offer support. Funding was agreed for a small number of INR self-testing machines to be purchased to support appropriate patients who could not be switched from warfarin, a local protocol and criteria were developed to ensure safety, and this is currently being rolled out in these practices.

If you have any questions, then please contact your medicines management pharmacist directly.

Safety

DIRECT-ACTING ORAL ANTICOAGULANTS (DOACS): REMINDER OF BLEEDING RISK, INCLUDING AVAILABILITY OF REVERSAL AGENTS

Prescribers are advised to remain vigilant for signs and symptoms of bleeding complications during treatment with DOACs (apixaban, dabigatran, edoxaban, rivaroxaban), especially in patients with increased bleeding risks. Specific reversal agents are available for dabigatran (Praxbind▼, idarucizumab), and apixaban and rivaroxaban (Ondexxya▼, andexanet alfa).

Advice for healthcare professionals:

- Use caution if prescribing direct-acting oral anticoagulants (DOACs) to patients at increased risk of bleeding (for example, older people or people with renal impairment).
- Remain vigilant for signs and symptoms of bleeding complications during treatment, especially patients with increased bleeding risk.
- Remind patients of the signs and symptoms of bleeding and encourage them to always read the patient information leaflet that accompanies their medicines.
- Ensure patients with renal impairment receive an appropriate dose and monitor renal function during treatment to ensure dose remains appropriate.
- Specific DOAC reversal agents are available for dabigatran, apixaban, and rivaroxaban.
- Monitor the reversal effects of andexanet alfa using clinical parameters; anti-FXa assays should not be used to measure the effectiveness of andexanet alfa as the results may not be reliable.

https://www.gov.uk/drug-safety-update/direct-acting-oral-anticoagulants-doacs-reminder-of-bleeding-risk-including-availability-of-reversal-agents

CYPROTERONE ACETATE: NEW ADVICE TO MINIMISE RISK OF MENINGIOMA

Advice for healthcare professionals:

- A review has confirmed a cumulative dose-dependent association between cyproterone acetate and the known increased risk of meningioma; the risk is thought to be rare overall but is highest for doses of 25mg per day and above.

- Do not use cyproterone for any indication in patients with a meningioma or a history of a meningioma.
- Be vigilant for symptoms and signs of meningioma in patients taking cyproterone; stop treatment permanently if a meningioma is diagnosed in a patient taking cyproterone.
- Only use cyproterone for control of libido in severe hypersexuality or paraphilias (sexual deviation) in adult men when other interventions are considered inappropriate.
- Advice on use of cyproterone in the management of patients with prostate cancer remains unchanged.
- For low-dose cyproterone (2mg) in combination with ethinylestradiol, a risk of meningioma has not been demonstrated but since the risk with higher-dose products appears to be cumulative, use is now contraindicated in patients with previous or current meningioma.

https://www.gov.uk/drug-safety-update/cyproterone-acetate-new-advice-to-minimise-risk-of-meningioma

DEXAMETHASONE IN THE TREATMENT OF COVID-19: IMPLEMENTATION AND MANAGEMENT OF SUPPLY FOR TREATMENT IN HOSPITALS

Dexamethasone has been demonstrated to have a clear place in the management of hospitalised patients with COVID-19 following information from the RECOVERY trial. Clinicians can consider dexamethasone for the management of hospitalised patients with COVID-19 who require oxygen or ventilation.

Out of hospital treatment is not appropriate.
https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103054

Prescribing Update

PRODUCT NAME CHANGES

HYLO NIGHT® (formerly VitA-POS®)

'VitA-Pos Eye Ointment' has recently had a name change. Its new name is 'HYLO-NIGHT eye Ointment'. To ensure prescriptions can still be sent via EPS all patient records should have been updated by the Practice Medicines Co-Ordinators (PMCs).

Any remaining prescriptions for Vita-Pos Eye Ointment need to be switched to the 'HYLO-NIGHT Eye Ointment' as a matter of urgency as they will no longer be able to be sent via EPS.

Any newly initiated patients will need their prescription written as the new name of 'HYLO-NIGHT Eye Ointment'.

HYLO-NIGHT Eye Ointment comes in a larger 5g tube which remains sterile for 6 months after opening and contains 300 doses, therefore fewer prescriptions should be required.

Alimentum® (formerly Similac Alimentum®)

Abbott Nutrition has changed the name of Similac Alimentum® to Alimentum®.
Alimentum® is an extensively hydrolysed (EH) formula for infants with mild-to-moderate cow's milk allergy (CMA) or other conditions where an EH formula is indicated.

This name change will not take place automatically. Those practices with a PMC in place have been sent searches and details on how to replace the product with the new name: Alimentum please liaise with your PMC to check if this has been carried out.

Action for Practices without PMC: you will now need to search for patients previously prescribed Similac Alimentum in your GP prescribing system. Using the EMIS replace function you can select the new product Alimentum, this may appear in grey, but can still be selected. For further guidelines on managing CMPA and appropriate prescribing quantities based on patient age please visit:
https://www.panmerseyapc.nhs.uk/media/1192/infant_formula.pdf

Please do not mistake for Similac High Energy, this is a different product for infants with faltering growth.

Antimicrobial Update: July 2020

ANTIBIOTIC PRESCRIBING UPDATE

The latest ePACT2 data from March 2020 has seen a growth in antimicrobial prescribing both locally and nationally.

On drilling down the national data, Public Health England have suggested that this growth is associated with prescribing of antibiotics in > 50-year olds and could be linked to an increase in the prescribing and issuing of COPD rescue packs at this time.

Although the increase in antimicrobial prescribing cannot be directly connected to the limitations associated with diagnosis of bacterial infection via remote consultation, it is acknowledged that this could be a contributing factor.

It is therefore important to remind prescribers that Antimicrobial Stewardship (AMS) principles for primary care have not changed. It is even more significant during this time, that good practice is applied to ensure appropriate prescribing of antibiotics for the shortest duration possible, referring to and utilising Pan Mersey and NICE anti-infective guidance as necessary.

A REMINDER OF ANTIBIOTIC PRESCRIBING IN THE CONTEXT OF COVID-19 PANDEMIC

For management of suspected or confirmed pneumonia in adults in the community, refer to NICE COVID-19 rapid guidance NG165:

- Do not offer an antibiotic for treatment or prevention of pneumonia if COVID-19 is likely to be the cause and symptoms are mild.
- Offer an oral antibiotic for treatment of pneumonia in people who can or wish to be treated in the community if
    - The likely cause is bacterial
      Or,
    - It is unclear whether the cause is bacterial or viral and symptoms are more concerning
      Or,
    - They are at high risk of complications.

1st line: Doxycycline 200 mg on the first day, then 100 mg once a day for 4 days (5-day course in total); doxycycline should not be used in pregnancy.
Alternative: amoxicillin 500 mg 3 times a day for 5 days.

N.B. Doxycycline is preferred because it has a broader spectrum of cover than amoxicillin, particularly against Mycoplasma pneumoniae and Staphylococcus aureus, which are more likely to be secondary bacterial causes of pneumonia during the COVID-19 pandemic.

- For all other suspected bacterial infections, continue to prescribe empirical treatment as per the Pan Mersey formulary, for the shortest duration possible.

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

Community Pharmacy - Free access to Interpreters

Community Pharmacies who have patients whose first language is not English and would benefit from the support of an interpreter are able to obtain access to interpreter services from LanguageLine at NHSE expense.

Where necessary, for example due to social distancing arrangements, pharmacies can request that the interpreter sets up a 3-way call between the pharmacy, interpreter and patients mobile.

For details of the Pharmacy access code contact your local LPC representative.

Becky Birchall **Medicines Management Senior Pharmacist** **01928 593010** **becky.birchall@nhs.net**	**Lucy Reid** **Head of Medicines Management** **01928 593452** **lucy.reid2@nhs.net**	**Nathan O'Brien** **Medicines Management Pharmacist** **01928 593010** **nathan.obrien@nhs.net**