Prescribing Points

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Oxfordshire
Cinical Commissioning Group

This newsletter is written by the Medicines Optimisation Team, Oxfordshire CCG (OCCG), Jubilee House, Oxford Business Park South, Oxford, OX4 2LH. It is for all health professionals in Oxfordshire and is uploaded to the OCCG website. For queries, contact OCCG.medicines@nhs.net.

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Trimethoprim Patient Group Direction (PGD)

In July 2016, the CCG initiated a small pilot enabling 14 community pharmacies in Oxfordshire to access a PGD for trimethoprim for women aged 16 – 65 years old with uncomplicated urinary tract infections(UTIs). The pharmacies that provide this service are located in Oxford city and Banbury and the scheme has now been extended until March 2018.

The aim of the service is to reduce pressure on GP practices and Out of Hours services by diverting suitable patients to a participating pharmacy. The pharmacist is able to provide advice and treatment with trimethoprim (200mg twice a day for 3 days) to appropriate patients, in line with the PGD. Patients exempt from prescription charges will receive the treatment for free, and those who are non-exempt will be charged a standard prescription fee.

For more information on the inclusion and exclusion criteria and details of the pharmacies providing the service, please refer to the information sheet available on the intranet here.

So What?
GP practices are encouraged to signpost appropriate patients to this service. NHS 111 is aware of the service and are also signposting appropriate patients to participating pharmacies.

Naseptin® Nasal Cream – Safety Alert

Naseptin® contains peanut oil which is likely to cause a severe reaction for patients with peanut allergies. This information is not displayed prominently on Emis Web and can therefore be easily missed. The Medicines Optimisation Team has now added a safety message to ScriptSwitch to make this information clearer at the point of prescribing.

Bath and Shower Emollients

The use of bath and shower emollients is controversial and evidence to inform practice is lacking. It is, however, generally accepted that soap is drying and potentially irritating to skin and is best avoided by those with dry skin conditions. Therefore people with dry skin conditions should be offered a cost-effective alternative to soap for washing; the use of a cream as a soap substitute or 1- 2 tablespoons of ointment (except 50:50) emollient dissolved in some hot water and added to the bath water as a bath additive. Please note that concern has been expressed regarding high usage of ointments as soap substitutes potentially impacting on waste pipes.

Aqueous cream carries a higher risk of causing skin irritation particularly in children with eczema, possibly due to its sodium lauryl sulphate content, and therefore should not be used. Moisturisers and creams not listed in the Drug Tariff should not be prescribed as they are considered to be cosmetic treatments.

Regardless of the type of product the person uses for washing, it should not replace the regular use of a leave-on emollient. Advise patients to continue using standard emollients **in addition** to any bath/ shower product or soap substitute. A local guideline on Emollient Prescribing is now available, which will highlight the most cost effective preparations.

NICE Guideline 59 - Low Back Pain and Sciatica in Over 16s: Assessment and Management

NICE has recently published a guideline on low back pain (Nov 2016). Below is a summary of the pharmacological interventions as advised in this guideline (NG 59):

- For recommendations on pharmacological management of sciatica, see NICE guideline on neuropathic pain in adults (please note that new local guidelines on neuropathic pain will bepublished shortly).
- Consider oral non-steroidal anti-inflammatory drugs (NSAIDs) for managing low back pain, taking into account potential differences in gastrointestinal, liver and cardio-renal toxicity, and the person's risk factors, including age.
- When prescribing oral NSAIDs for low back pain, think about appropriate clinical assessment, ongoing monitoring of risk factors, and the use of gastroprotective treatment.
- Prescribe oral NSAIDs for low back pain at the lowest effective dose for the shortest possible period of time.
- Consider weak opioids (with or without paracetamol) for managing acute low back pain only if an NSAID is contraindicated, not tolerated or has been ineffective.
- Do not offer paracetamol alone for managing low back pain.
- Do not routinely offer opioids for managing acute low back pain.
- Do not offer opioids for managing chronic low back pain.
- Do not offer selective serotonin reuptake inhibitors, serotonin–norepinephrine reuptake inhibitors or tricyclic antidepressants for managing low back pain.
- Do not offer anticonvulsants for managing low back pain.

Information from RightCare shows OCCG spend on pregabalin is higher than its 5 most similar CCGs. In the last 12 months 36,132 pregabalin prescriptions were dispensed in Oxfordshire at a cost of £2,176,764. For pain conditions, pregabalin (Lyrica®) should only be used for **neuropathic pain**. An update of our neuropathic pain guidelines, which includes information on the place of pregabalin in treatment, is currently in progress.

Information Governance – Queries to the Medicines Optimisation Team

There is a challenge for the team regarding receipt of emails, from GP practices and other clinicians, which contain patient identifiable / confidential information. Receipt to or from non NHS.net accounts is insecure, but any information which exceeds the requirement to process the query/action should **not** be sent by any route. We have been asked to report breeches via the Datix portal.

To protect patient confidentiality please ensure that any correspondence to our team contains only information required to respond to your query and does not contain unnecessary patient information. Please use NHS.net accounts whenever possible.

Espranor® (Buprenorphine Oral Lyophilisate) 2mg and 8mg

Espranor® is a newly launched product containing buprenorphine in an oral lyophilisate formulation. It is licensed for substitution treatment for opioid drug dependence, within a framework of medical, social and psychological treatment and is for use in adults and adolescents aged 15 years or over who have agreed to be treated for addiction.

It is important to note that Espranor® **is NOT interchangeable with other buprenorphine products** as different buprenorphine products have different bioavailability. The treatment doses and the maximum single daily dose of Espranor® are **different compared to other buprenorphine products**.

Buprenorphine sublingual tablets for substance misuse are BROWN on the Oxfordshire traffic light classification for prescribing responsibility and patients should be referred to Oxfordshire Drug and Alcohol Service (Turning Point). Turning Point has advised us that they will **NOT** be adding Espranor® to their formulary for community services and as such OCCG currently advises that Espranor® should **NOT** be prescribed in primary care until its place in treatment is formally reviewed. Until further notice we recommend that pharmacies and dispensing practices do **NOT** stock Espranor® to further reduce the chance of dispensing errors.

So What?
Do not prescribe Espranor® in primary care until this has been formally reviewed.

Tildiem® 60mg Modified Release Tablets (Diltiazem)

The current Drug Tariff cost of diltiazem 60mg modified release tablet formulations is £41.59 for 84. Prescribing by brand as **Tildiem® 60mg Modified Release tablets** has an associated cost of **£7.96 for 90 tablets**. Switching to Tildiem® 60mg Modified Release tablets could potentially achieve an annual saving of approximately £57K in Oxfordshire.

Brands of diltiazem 60mg modified release products are safely interchangeable and the majority of local prescribing is for the generic modified release tablets which attracts the higher cost.

So What?
Prescribers should consider switching patients to **Tildiem® 60mg modified release tablets**. A message has been added to ScriptSwitch in order to facilitate this switch.

Vensir® XL Capsules (Venlafaxine)

Currently the most cost-effective venlafaxine formulation is the standard release tablet. Occasionally, however, a modified release preparation may be more appropriate and prescribers have previously been encouraged to use modified release (MR) *tablets* as these were considered more cost-effective.

However **Vensir® XL modified release *capsules*** provide the opportunity to reduce the cost of prescribing MR venlafaxine and could release savings within Oxfordshire of approximately **£352K per year**.

Strengths (x 28 quantity)	Generic Venlafaxine		Vensir® XL Modified Release Capsules
	MR Capsules	MR Tablets	
Venlafaxine 75mg	£22.08	£10.45	**£2.60**
Venlafaxine 150mg	£36.81	£17.45	**£3.90**
Venlafaxine 225mg	£47.11	£31.36	**£21.90**

So What?
Please prescribe by brand i.e. **Vensir® XL capsules** if a modified release preparation is necessary. A message has been added to ScriptSwitch in order to facilitate this switch.

Levothyroxine Tablets: Lactose-Free and New Strengths

Teva has introduced a reformulated version of generic levothyroxine tablets that is **lactose-free**, which is suitable for patients who have either lactose or galactose intolerances. It is **important to stipulate "Teva brand" on the prescription** when prescribing lactose-free levothyroxine tablets to ensure patients receive the correct product.

The generic tablets are now available in the following strengths: 12.5mcg, 25mcg, 50mcg, 75mcg and 100mcg, of which 12.5mcg and 75mcg are new. The introduction of new tablet strengths (12.5mcg and 75mcg) means that doses can be titrated without the need to break or split tablets.

The table below shows cost comparison of various preparations (Drug tariff March 2017):

Presentation	Cost per original pack
Levothyroxine 100mcg/5ml SF oral solution X 100ml	£164.14
Levothyroxine 25mcg/5ml SF oral solution x 100ml	£94.59
Levothyroxine 50mcg/5ml SF oral solution X 100ml	£93.02
Levothyroxine 12.5mcg tablets x 28	£14.10
Levothyroxine 75mcg tablets x 28	**£3.34**
Levothyroxine 25mcg tablets x 28	**£2.91**
Levothyroxine 50mcg tablets x 28	**£1.66**
Levothyroxine 100mcg tablets x 28	**£1.66**

So What?
Prescribe Teva brand levothyroxine tablets if a lactose-free formulation is required.

Area Prescribing Committee Oxfordshire (APCO) Update

APCO considers new drugs and prescribing guidelines and provides recommendations on prescribing and medicines optimisation across the Oxfordshire Health Economy. The group considers any new NICE guidance including drugs. APCO classifies drugs according to the local 'Traffic Light' system. Following ratification by the Clinical Ratification Group (CRG), the key points from each APCO meeting are circulated as bullet points. APCO bullet points are available on the intranet **here**.

Tresiba®▼ (Insulin Degludec)

Tresiba® (insulin degludec) is an ultra-long-acting insulin analogue for basal insulin replacement therapy in patients with type 1 or type 2 diabetes. It has a terminal half-life of over 25 hours, which is twice that of insulin glargine. Degludec is available as 100units/ml and 200units/ml and MHRA guidance should be followed when prescribing. All patients MUST be entered into the national degludec audit.

Previously, there was a OCCG guideline on Tresiba® as it was significantly more expensive than other treatments. However, the price has recently been reduced and the local status reviewed. The guideline is no longer in place and the traffic light position has been updated to:

Degludec 100units/ml
YELLOW Continuation
Treatment should only be initiated on recommendation of the diabetes specialist team (OCDEM or Community Diabetes Service). Degludec can be considered for patients with type 1 or 2 diabetes who are having more than 2 hypoglycaemic episodes per week, or have had more than 1 diabetic ketoacidosis (DKA) episode in the past 12 months, or require a more flexible dosing interval.

Degludec 200units/ml
YELLOW Continuation
Treatment should only be initiated on recommendation from the diabetes specialist team (OCDEM or Community Diabetes Service). Degludec can be considered for patients with type 1 or 2 diabetes who are having more than 2 hypos per week, or have had more than 1 DKA episode in the past 12 months, or require a more flexible dosing interval, or who are on a **total long-acting insulin** dose of more than 80 units per day.

The 'dose step' is a new term to define how patients dial up the required drug dose on the prefilled pen. For Tresiba®:

- one dose step on the 100 units/mL pen is equivalent to one unit of Tresiba®
- one dose step on the 200 units/mL pen is equivalent to two units of Tresiba®

Please note that after first opening, Tresiba® may be stored for a **maximum of 8 weeks** below 30°C. Typically, insulins can only be used for up to 4 weeks after opening. Make sure patients are aware of this difference to reduce unnecessary wastage.

So What?

- Please note the change in formulary status, the dose step and the storage instructions as you may be asked to prescribe Tresiba® by OCDEM or the Community Diabetes Service.
- **Remember that all insulins should be prescribed by brand.**

Toujeo® 300units/ml (Glargine) Insulin in Pre-Filled Pen (SoloStar®)

Toujeo® is a high strength basal insulin for once-daily administration. Like insulin degludec, Toujeo® is ultra-long-acting with a half-life of 18-19 hours. Until recently, Toujeo® was on a prior approval scheme which meant that agreement had to be sought from the Medicines Optimisation Team by the specialist before initiating. The need for prior approval has now been removed and the traffic light status has been updated to:

YELLOW Continuation - On recommendation of the diabetes specialist team (OCDEM or Community Diabetes Service) for patients who are already on optimised complex regime, who have already tried other insulins (including degludec if patient meets criteria) and on a total long-acting insulin dose of more than 80 units per day (or lower if they have very limited injection sites or require 3rd party administration). **All glargine prescriptions must be written by brand to ensure patients receive the correct product and strength.**

Please note that after first opening, Toujeo® may be stored for a **maximum of 6 weeks** below 30°C. Typically, insulins can only be used for up to 4 weeks after opening. Make sure patients are aware of this difference to reduce unnecessary wastage.

So What?
Please note the change in formulary status and the storage instructions, as you may be asked to prescribe Toujeo by OCDEM or the Community Diabetes Service. **Remember that all insulins should be prescribed by brand.**

Disulfiram Shortage

The manufacturers of disulfiram 200mg tablets (Antabuse®) have advised that there is currently a supply issue which is not expected to be resolved before May 2017. This is likely to result in pharmacies being unable to fulfil some prescriptions. Teva has advised prescribers to refrain from starting new patients on disulfiram and to consider an alternative treatment for existing patients only after seeking advice from local specialist centres e.g. Turning Point.

Whilst there is an unlicensed disulfiram 500mg tablet which can be imported from France, prescribers should also note that, due to the different tablet strength and the cost being high and uncontrollable, this option is **not** considered appropriate and should not be prescribed.

Insuman® Supply

Insuman® (recombinant human insulin) Basal and Comb 25 are first line insulins in our local guideline Insulin Initiation and Adjustment in Type 2 Diabetes. However, in November 2015 Sanofi provided notification of the lack of availability of these products due to limited manufacturing capacity at the Sanofi manufacturing site. The presentations affected were:

- **Insuman® Basal** 100 IU/mL suspension for injection in a cartridge
- **Insuman® Comb 25** 100 IU/mL suspension for injection in a cartridge
- **Insuman® Basal Solostar®** 100 IU/mL suspension for injection in a pre-filled pen
- **Insuman® Comb 25 Solostar®** 100 IU/mL suspension for injection in a pre-filled pen

Sanofi has now confirmed the resolution of this market shortage of Insuman® in the United Kingdom and normal production resumed in September 2016. Stocks in the different distribution centers, hospitals and pharmacies are currently being replenished and will be back to normal **by the end of March 2017**.

So What?
The re-conversion of patients initially treated with Insuman®, who were switched to an alternative insulin and who would like to resume treatment with Insuman®, should be performed under the supervision of a Healthcare Professional and with close monitoring of blood glucose levels. Patients may need to be trained again in the use of the Insuman® delivery device that is specific to each device manufacturer.