

The purpose of the Medicines Management newsletter is to deliver succinct, evidence-based advice and information on primary care prescribing issues. Aimed at busy prescribers wanting to know key messages from the many publications in the previous month.

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1. What's in the news

[DTB October 2016 Volume 54 Issue 10](#)

A Competency Framework for all Prescribers

The Royal Pharmaceutical Society has updated its [competency framework](#) in collaboration with patients, regulators, professional groups and higher education institutions. This is a useful starting framework for prescribers to reflect on consultations and prescribing governance. A framework for new and established prescribers.

Modest improvements in sinus symptoms with nasal irrigation

The DTB reports on a primary care study used to treat chronic or recurrent sinusitis with daily saline irrigation, steam inhalation its combination of the two or usual care. [Modest improvements are seen with the strategy of nasal irrigation, and in line with local guidance is a useful self-help measure to improve quality of life before considering drug interventions.](#)

World Antibiotic Awareness Week

The World Health Organisation published some useful resources – [infographics and posters](#)- that marked the World Antibiotic Awareness Week (WAAW) (14-20th November). The campaign was to help raise awareness of antibiotic resistance and what we can do to address it.

Reminder

Public Health England (PHE), the British Society for Antimicrobial Chemotherapy (BSAC), and primary care colleagues have developed seven free TARGET antibiotic webinars highlighting key easy actions you can take to help improve antibiotic prescribing, the patient journey and self-care, reducing future consultations. [The weekly webinars](#) started at the beginning of November but are still available to view.

BTS/SIGN asthma guidance updated with new treatment recommendations

The 2016 edition of the SIGN and BTS guidelines on the management of asthma sees significant changes to the recommendations on diagnosis and treatment of the condition, including the addition of suggested doses for specific steroid inhalers. The Guideline Group, a working group of JAPC have acknowledged the changes and have decided to wait for NICE publication, expected in June 2017 before making any changes.

Deleted products 2016 | MIMS online for October 2016

Adizem-SR Tablets (diltiazem)	Dequaspray (lidocaine)	Modrasone (aclometasone)
Suplasyn (sodium hyaluronate)	Vesanoid (tretinoin)	

2. Drug safety update primarily relating to primary care prescribing

(For more information see [Drug Safety Update](#)) Volume 10, Issue 3 October 2016

1. Etoricoxib (Arcoxia): revised dose recommendation for rheumatoid arthritis and ankylosing spondylitis

Prescribing information for etoricoxib (Arcoxia) has been updated to introduce a lower recommended dose of 60 mg daily for patients with rheumatoid arthritis or ankylosing spondylitis. The lowest effective dose should be used to minimise the cardiovascular and other risks. Etoricoxib is classified BROWN, for exceptional use in Derbyshire.

3. Local news and GP/pharmacist queries

Query: Can I prescribe VSL#3 for IBS or should I only prescribe it as listed for pouchitis?

Answer: Probiotics are classified as Black drugs i.e. lack of data on effectiveness compared with standard therapy. See here [link](#), the only Probiotics exception is VSL#3 this is classified as green following consultant initiation for pouchitis only. http://www.derbyshiremedicinesmanagement.nhs.uk/home/full_traffic_light_classification/show_drug/vsl3/ VSL#3 according to the BNF is a "Nutritional supplement for use under the supervision of a physician, for the maintenance of remission of ileoanal pouchitis induced by antibacterials in adults." This is the only ACBS indication, and therefore should not be prescribed for other indications including IBS. Link to [drug tariff](#).

Learning from Medication Incidents

1. Flucloxacillin prescribed for a patient with a penicillin allergy

A near-miss incident has been reported whereby a patient with a penicillin allergy was prescribed flucloxacillin by a GP. The community pharmacy picked up this error and the patient was prescribed an alternative antibiotic. One of the contributory factors to this incident occurring was that the penicillin allergy was added to the patient record by 'free texting' the allergy instead of using the clinical systems prepopulated list of allergies with read codes attached to them. Therefore, an alert did not appear at the point of prescribing flucloxacillin to warn the prescriber of the patient's penicillin allergy.

Key learning points: In order to reduce the risk of this incident occurring please be aware of the following information and share this with members of staff within your GP practice:

- Allergies should not be added by 'free text', as this will not trigger a warning alert if/when prescribing medication the patient is allergic to.
- Patient allergies should be recorded using the options already available within the clinical systems list of allergies (with read codes attached to them) in order for a warning alert to 'pop up' at the point of prescribing. This is especially important for serious allergies that can cause anaphylaxis e.g. penicillin.

2. INR monitoring & prescribing/dispensing of warfarin

An investigation has taken place into a medication incident involving the continued prescribing and dispensing of warfarin to a patient with no INR monitoring for two years. Upon discovering this error, the patient's INR level was checked and fortunately found to be in therapeutic range.

This incident has occurred due to multiple contributory factors and system processes failures:

- The patient had not been attending the anticoagulant clinic for INR monitoring and associated warfarin dosing, partly due to the patient going abroad for >3 months at a time. Communication about non-attendance from the anticoagulant clinic was sent to the GP practice, but not actioned in any way.
- GP continued to prescribe warfarin despite the patient having no recent INR levels and going abroad for >3 months at a time.
- Community Pharmacist supplied the warfarin with no checks to ensure that the patient's INR was being monitored regularly and that it was at a safe level for the repeat prescription to be dispensed.
- Patient – language barriers (English not their first language) and lack of understanding about the importance of INR monitoring whilst on warfarin.

Key learning points:

- GP practices to ensure that robust systems and processes are in place to identify and review patients that require monitoring due to their medication/condition – with a responsible nominated person(s) within the practice to check that these processes are being adhered to.
- Communications received from anticoagulation clinic regarding non-attenders should be actioned and patients reviewed for appropriateness of continued treatment with warfarin – with measures put in place to prevent further repeat prescriptions being issued without patient review.
- Extract from Derbyshire ["Guidance on Prescribing in Primary Care"](#) – 'patients leaving the UK for more than 3 months should be advised to register with a local doctor for their continuing medical needs. Any patient absent (or intending to be absent) from the country for more than three months should be removed from the practice list [Clause 216 of the Standard Medical Services Contract].'
- Community pharmacists are to ensure that patients receiving treatment with warfarin are having their INR monitored regularly and check that their most recent INR is at a safe level before supplying warfarin – as advised in the NPSA guide ["Anticoagulant therapy: Information for Community Pharmacists"](#).
- Healthcare professionals to adopt methods of motivational/educational techniques with patients to increase patients understanding of their medical condition and treatment; emphasising the importance of monitoring (where needed) and consequences of non-adherence – taking into consideration language barriers and use of interpreters where necessary

4. Quality, Innovation, Productivity and Prevention (QIPP)

QIPP tips

Buprenorphine patches

Buprenorphine patches are currently BROWN on our traffic light list classification and its limited place is for patients with swallowing difficulties or patients with severe renal dysfunction when other options have been explored e.g. reducing the dose of morphine. It is recommended that buprenorphine patches are prescribed by brand ([CQC link](#)) for safer use.

Reletrans is the preferred 7 day patch when indicated, due to the full range of strengths being available.

Strength	Buprenorphine patches (to be changed every 7 days)	
	Butrans/ buprenorphine	Reletrans
5mcg/hr x4	£17.60	£8.80
10mcg/hr x4	£31.55	£15.78
15mcg/hr x 4	£49.15	£24.58
20mcg/hr x 4	£57.46	£28.73

Prices obtained from MIMS Nov 2016

Generic shortages (NCSO and price concessions)

Prescribers should note that the re-imburement price on FP10 may not necessarily reflect the Drug Tariff price as a result of a drug shortage. These concessionary prices are set by the Department of Health to reflect actual market prices.

A concession only lasts until the end of the month in which it was granted. If there is an on-going supply problem, it is possible that a new concession will be granted by the Department of Health the following month, however this is not guaranteed.

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Note- The PSNC is still in discussion with the Department of Health on a number of generic medicines in short supply

Drug	Pack size	Current months Drug tariff price	Price concession
Amitriptyline 50mg tablets	28	£0.94	£3.25
Bumetanide 1mg tablets	28	£1.37	£2.10
Dapsone 50mg tablets	28	£21.69	£46.19
Lamotrigine 5mg dispersible tablets sugar free	28	£5.58	£7.45
Leflunomide 20mg tablets	30	£4.80	£5.10
Lorazepam 1mg tablets	28	£2.14	£6.25
Metronidazole 400mg tablets	21	£1.13	£8.00
Naratriptan 2.5mg tablets	6	£1.90	£24.55
Nitrofurantoin 100mg tablets	28	£2.46	£14.02
Nitrofurantoin 50mg tablets	28	£7.50	£16.00
Ropinirole 0.5mg tablets	28	£2.12	£14.85
Ropinirole 1mg tablets	84	£1.80	£56.71
Valsartan 160mg capsules	28	£0.89	£5.30
Valsartan 40mg capsules	28	£0.87	£4.90
Valsartan 80mg capsules	28	£0.88	£4.14

5. NICE / Clinical guidelines / evidence summaries: New medicines (relating to primary care prescribing), NICE

1. Jaundice in new-born babies less than 28 days- [NICE CG98](#) - This guideline covers diagnosing and treating jaundice, which is caused by increased levels of bilirubin in the blood, in new-born babies (neonates). It aims to help detect or prevent very high levels of bilirubin, which can be harmful if not treated
2. Psychosis and schizophrenia in children and young people: recognition and management- [NICE CG 155](#). Recognising and managing psychosis and schizophrenia in children and young people. It aims to improve early recognition of psychosis and schizophrenia so that children and young people can be offered the treatment and care they need to live with the condition.

NICE bites (The aim of NICE bites publication is to provide healthcare professionals with a clear and succinct summary of key prescribing points taken from NICE guidance)

1. Mental health problems in people with learning disabilities NICE NG54; 2016

This guideline covers preventing, assessing and managing mental health problems in people with learning disabilities in all settings and should be used in conjunction with NICE guidelines on specific mental health problems. [Link](#)

6. Useful resources

BMJ	www.thebmj.com
JAMA: The Journal of the American Medical Association	http://jama.ama-assn.org/
The Lancet	www.thelancet.com
The New England Journal of Medicine	http://content.nejm.org/
BMJ, JAMA and NEJM can be accessed in full-text directly through your NHS Athens Account via: National Library for Health: search via My Journals MyAthens: Via National Library for Health Resources or Local Resources. Current Lancet articles are sometimes available with free registration from http://www.thelancet.com/content/register . Print copies of The Lancet are available at DCGH library.	www.library.nhs.uk or www.athens.ac.uk
If you have not already registered for an NHS Athens Account, please register at: NB: It is recommended that you register on a Trust (NHS) PC for speedy confirmation of your username a password. Once registered, your account can be accessed from any computer with online access.	https://register.athensams.net/nhs/nhseng/
UKMI Nathnac NHS evidence Electronic medicines compendium Clinical Knowledge Summaries Medicines Prescribing Centre (Formerly NPC) Medicines for children (patient information leaflets) Drugs in lactation	http://www.ukmi.nhs.uk/ https://www.evidence.nhs.uk/search?om=%5B%7B%22srn%22%3A%5B%22%20ukmi%20%22%5D%7D%5D http://www.nathnac.org/ http://www.evidence.nhs.uk/ http://www.medicines.org.uk/emc/ www.cks.nhs.uk http://www.nice.org.uk/mpc/ http://www.medicinesforchildren.org.uk/ http://www.midlandsmedicines.nhs.uk/content.asp?section=6&subsection=17&pageIdx=1
UK teratology services	http://www.uktis.org/index.html
Vaccine update- Vaccination newsletter for health professionals and immunisation practitioners	https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update