NHS
Milton Keynes Clinical Commissioning Group

PRESCRIBING NEWS

January 2017

CCG Prescribing Group 11th January 2017

The key points discussed were:

- The shared care protocol for the intermittent medical management of uterine fibroids with Ulipristal has been finalised. It should be started in secondary care (Amber).
  Please note however that a three month course of Ulipristal prior to surgical intervention remains as secondary care only (Red).
- Details of the 2017-18 Prescribing Incentive Scheme were discussed. More details will be available for practices in March.
- A Non medical prescribing policy was approved. This has been circulated to practice managers for information.
- A patient information leaflet on maintaining a healthy diet in patients with COPD was approved. It can be found on the formulary website.

Milton Keynes Prescribing Advisory Group (MKPAG) 30th November 2016

The key points discussed were:

- A shared care protocol for the intermittent medical management of uterine fibroids with Ulipristal (Esmya) is under development.
- Approval was given for Entresto (sacubitril and valsartan) to move from red to amber. Patients must be initiated and stabilised in secondary care before care is transferred to the GP.
- The injectable medicines, evolocumab and alirocumab for the management of hypercholesterolaemia should only be prescribed in secondary care. GPs should not accept requests to prescribe these products as they were only approved by NICE on the basis of a reduced cost available only to hospitals.

Minutes of MKPAG and CCG Prescribing Group meetings can be found on the formulary website:
http://www.formularymk.nhs.uk/Minutes/

Editorial Comment

Unusually, our item in the last edition of Prescribing News about Vitamin B12 deficiency caused by metformin provoked some diverse views amongst our readers so we thought it was worth picking this up again in this newsletter.

One of our readers rightly pointed out that the evidence for this effect was based on an “association” rather than cause and effect and therefore our advice that Type 2 diabetics on metformin should have their serum B_{12} monitored every 6 months was excessive. We accept this point. Nevertheless, the clinician must be alert to the possibility of metformin-associated B_{12} deficiency in diabetic patients taking metformin who suffer cognitive impairment, peripheral neuropathy, sub-acute combined degeneration of the cord or megaloblastic anaemia.

In contrast, another practitioner was prompted by the article to diagnose vitamin B_{12} deficiency in one of his patients and his practice have undertaken further research and feel that annual vitamin B_{12} injection might be worth considering.

When discussed at Prescribing Group, one of the GPs rightly pointed out that the information in these newsletters is just that ie information – (apart from information about formulary status which should be interpreted as “must do”). The rest is to inform and stimulate debate not to set policy.

We are heartened that the newsletter is read and does prompt a response – please continue to read it and let us have any feedback.

Submitting FP10 to NHS BSA for “Personally Administered” Items

We understand that the NHS Business Services Authority will no longer accept FP10s for personally administered items that do not state the number of ampoules given. It seems NHSBSA used to assume that one injection / ampoule was administered and pay on that basis but now they insist that the number is stated even if it is just one.

In order to avoid delays to your payments, it is important to include this information.

NICE Guidance NG56 - Multimorbidity

Tailored management plans that put patients at the heart of decisions about their own care are crucial for treating the rising number of people with complex health issues, according to new NICE guidance.

The NICE guidance on multimorbidity aims to improve quality of life in people with multiple long-term conditions by helping healthcare professionals reduce the burden of polypharmacy, multiple appointments and unplanned care.

The guidance highlights the importance of shared decisions between patients and healthcare providers based on what is important to each patient in terms of treatments, health priorities, lifestyle and goals. It highlights the importance of enabling patients to actively participate in their own care.

Multimorbidity is defined in the guidance as the presence of two or more long-term health conditions, including diabetes or schizophrenia, learning disability, symptom complexes such as frailty or chronic pain, sensory impairment and alcohol and substance misuse.

The guideline's recommendations should be considered in people who find it difficult to manage their treatments or day-to-day activities, receive care and support from multiple services, frequently seek unplanned or emergency care, are prescribed 10 or more regular medicines or are at particular risk of adverse effects.

Central to the guidance is the recommendation to establish the person's individual needs, attitudes to and preferences for treatments, health priorities, lifestyle and goals. Their personal goals may focus on maintaining independence, being able to work or socialise, lengthening their life, or minimising the disruptive effects of treatment on their life. It is also important to establish their perspective on the burden of both disease and treatment, says NICE.

Once established, these factors should form the basis of an individualised management plan agreed by the healthcare professional and patient, which states who is responsible for co-ordination of care. Copies of the plan should be given to the patient and the other professionals involved in their care.

Optimising medications

Recommendations to optimise the patient's use of medications also form a key part of the guidance.

Medicines and other treatments should be reviewed in order to ensure the benefit of existing treatments is maximised and to identify any treatments of limited benefit or high burden that can be stopped or replaced with non-pharmacological alternatives.

This may include stopping treatments that are recommended in NICE guidelines on single conditions, which are generally based on people without multimorbidity and taking fewer medications. In particular, NICE highlights that treatments prescribed to improve the patient's long-term prognosis may offer reduced overall benefit in people with limited life expectancy or frailty.

A screening tool such as STOPP/START can be used to identify medicine-related safety concerns and medicines the person might benefit from but is not currently taking.

Again, NICE urges healthcare professionals to take into account the patient's opinion on whether treatments are having a positive effect on outcomes that matter to them or causing harm by increasing the risk of adverse events or imposing an excessive monitoring burden.

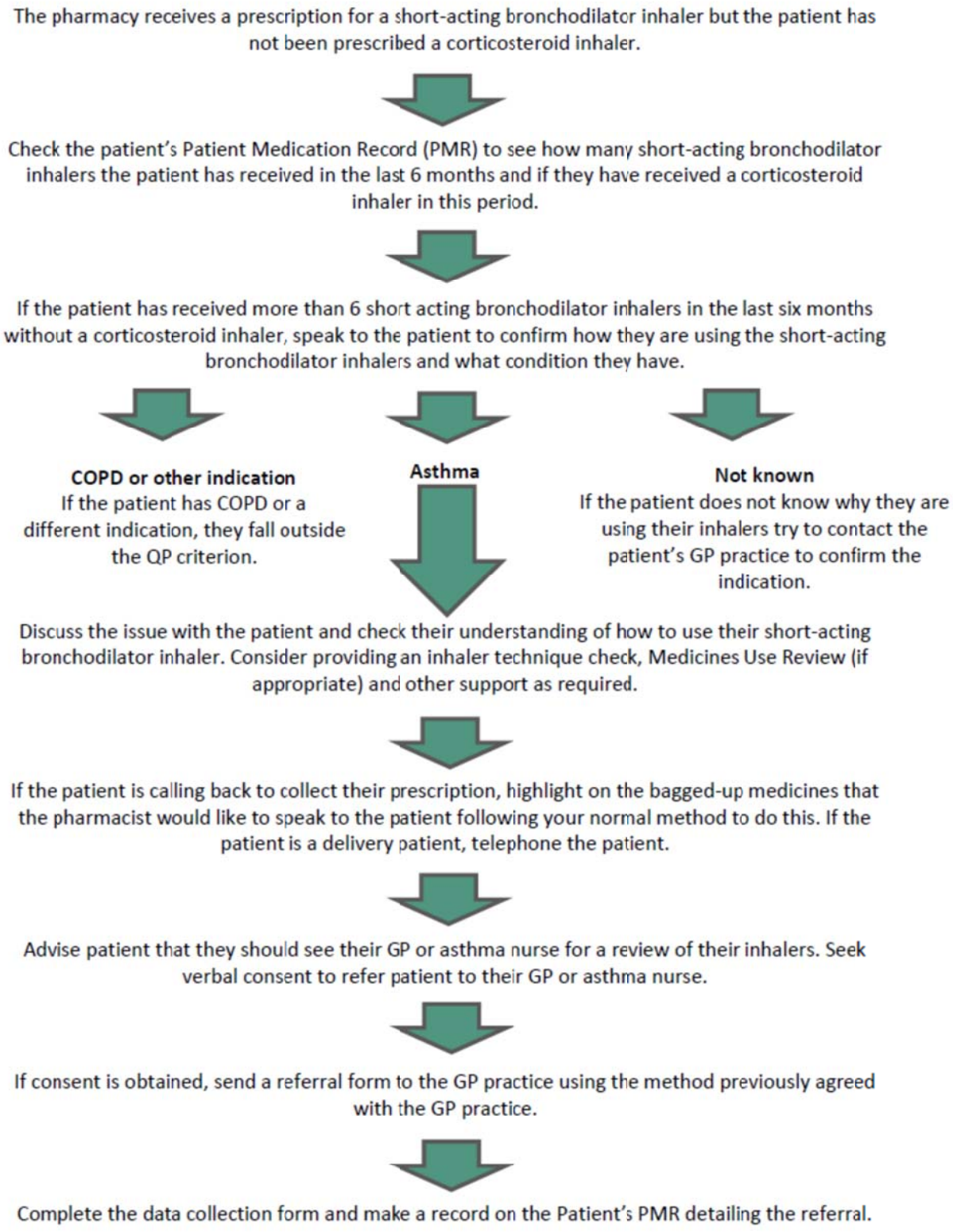
Deprescribing

Deprescribing can be defined as the process of tapering, stopping, discontinuing or withdrawing medicines with the goal of managing polypharmacy and improving outcomes. Clinicians are often reluctant to disturb the status quo by withdrawing medication but evidence suggests that with engagement and informed consent, patients welcome the fact that medication regimens are being individualised and tailored to their needs. Medico-legally, deprescribing is no different to prescribing within the UK legal system. Patient consent to stop, start or reduce a medicine must be based on full disclosure of all material risks to the patient.

The 2017-18 Prescribing Incentive Scheme contains an element which will encourage practices to identify patients aged over 65 years who are taking at least 10 oral medications and review 10% of patients on this list. This may provide an opportunity to deprescribe as well as prescribe.

Asthma Reviews by Community Pharmacists

The Department of Health has recently announced a Quality Payment Scheme as part of the Community Pharmacy Contractual Framework in 2017/18. This will involve payments being made to community pharmacy contractors meeting certain quality criteria. One of these requires pharmacies to show evidence that they have referred asthma patients receiving six or more short acting bronchodilators (SABAs) within a 6 month period who haven't received Inhaled Corticosteroids (ICS) for an asthma review with an appropriate healthcare professional. The following algorithm shows how this will be undertaken.



Patient Safety Alert – Risk of severe harm due to withdrawing insulin from pen devices

The National Reporting and Learning System has received a number of incident reports involving patients having received insulin extracted from pen cartridges via a syringe. In response a Patient Safety Alert bulletin has been produced and this states "that extracting insulin from pen devices or cartridges is dangerous and should not happen". https://improvement.nhs.uk/uploads/documents/Patient_Safety_Alert_-_Withdrawing_insulin_from_pen_devices.pdf

Paracetamol and fatty liver

Paracetamol, when used as directed for occasional episodes of pain, is extremely safe even for people with liver disease. However, taking too much paracetamol at once, or taking a high dose of paracetamol continuously over several days can cause damage to the liver. Healthy individuals should not take more than 1,000 mg of paracetamol per dose, and should not take more than 4,000mg in one day (i.e. maximum of 1,000 mg every 6 hours). In addition, even healthy persons should avoid taking 4,000mg of paracetamol daily for more than 3 to 5 days.

Pain management in patients with chronic liver disease poses unique challenges for clinicians. Many of the commonly used over-the-counter and prescription analgesics such as paracetamol (alone or in combination with opioids), non-steroidal anti-inflammatory drugs (NSAIDs), and opiates are metabolized through the liver. Adverse events from analgesics are all too common, potentially fatal, and often avoidable in patients with chronic liver disease, especially in those with cirrhosis or hepatitis.

Unfortunately there currently are no definitive practice guidelines about treating pain in patients with chronic liver disease. However, conventional wisdom seems to support the theory that patients with fatty liver or other liver disease should normally restrict the daily amount of paracetamol to 2,000mg per day, or even less if severe liver disease is present.

People who drink alcoholic beverages regularly are at higher risk of developing severe liver damage from paracetamol. Therefore, people who drink alcohol regularly should not take paracetamol or take it in small doses if at all.

Slow titration of gabapentin and pregabalin needed

Please note that when gabapentin or pregabalin are started, they should be titrated slowly and patients should be counselled about avoiding driving if the medication causes drowsiness. This should be documented in the patient's notes. Apparently in USA you cannot drive for 7 days after starting these medicines. Please also note that if pregabalin is being stopped it should also be titrated down slowly.

Methotrexate Quantities

There are some large quantities of methotrexate being issued on repeat prescriptions. Please be aware of the guidance issued by NPSA – Towards Safer Use of Oral Methotrexate. This suggests that quantities should be limited to a maximum of two months' supply at a time in order to tie in with monitoring requirements. Normally the 2.5mg dose should be used rather than a mixture of 2.5mg and 10mg. However, if patients are stabilised and used to their supplies then there is no need to change the dosage used.

Denosumab Injections

There is a shared care protocol to support safe prescribing of Denosumab (Prolia®). We understand that if the prescription of Denosumab is dispensed by Boots then the NHS is charged a £20 handing fee.

Practices may obtain the injections direct from Movianto. Denosumab can be delivered to the practice within 24 hours. To order, contact Movianto on 01234 248631 (product code 900320).

The injections should be stored in the medicine refrigerator (2°C - 8°C). Exceptionally, it may be stored at room temperature (25°C) for up to 30 days. Once removed from the refrigerator it must be used within a 30 day period.

Dalteparin (Fragmin) Injections

Please note that ePACT data is showing some very high costs when this low molecular weight heparin is prescribed generically as dalteparin rather than as Fragmin brand. Please accept the OptimiseRx message to prescribe by brand so that the costs are minimised. Thank you for your co-operation.

Co-proxamol Tablets

A few patients remain on co-proxamol many years after it was withdrawn from use. Prescribers are asked to review these patients and offer alternative analgesia if possible. It is unlicensed and currently costs in excess of £150 for 100 tablets but may be considerably more depending on where it is sourced from.

The Pharmaceutical Advisers can be contacted on 01908 278744 or 01908 278713 or speak to your neighbourhood pharmacist