Prescribing Newsletter

Produced by Herefordshire CCG
Medicines Optimisation Team

NHS Herefordshire Clinical Commissioning Group

January 2020

Cannabis-based Medicinal Products

NICE NG144 was published on 11th November 2019, reviewing the prescribing of cannabis products for people with intractable nausea and vomiting, chronic pain, spasticity and severe treatment-resistant epilepsy.

NICE guidelines are not subject to statutory funding directions. They are advisory and local implementation is at the discretion of CCGs.

Key points to note for primary care;

- Use of cannabinoids in chronic pain indications was not recommended
- Sativex®, although approved in theory for some MS patients who've tried and failed other options remains non formulary and is not currently funded by HCCG. If / when approved for local use it would be for specialist initiation.
- Other products are more for secondary care use but both Nabilone and Epidyolex remain non-formulary

Safe and effective prescribing Oxycodone & Amitriptyline

This interaction has been highlighted nationally as one to watch out for given a recent death and subsequent coroner's report. Both have propensity to cause respiratory depression and, in this case, proved to be lethal. A new ePACT2 indicator has been developed and shared (see graph below).

Attached is a spreadsheet for you to check whether your practice has any patients (not all do). If you have got patients, you can identify them within your practice by using the EMIS search. Just be mindful that there are plenty of other prescribed 'risky' combinations involving opioids, hypnotics / benzodiazepines, gabapentinoids.

STOP PRESS!

Yellow Card Activation

Yellow Card functionality allows healthcare professionals to send electronic reports of suspected adverse drug reactions (ADRs) from EMIS Web to the Medicines and Healthcare products Regulatory Agency (MHRA).

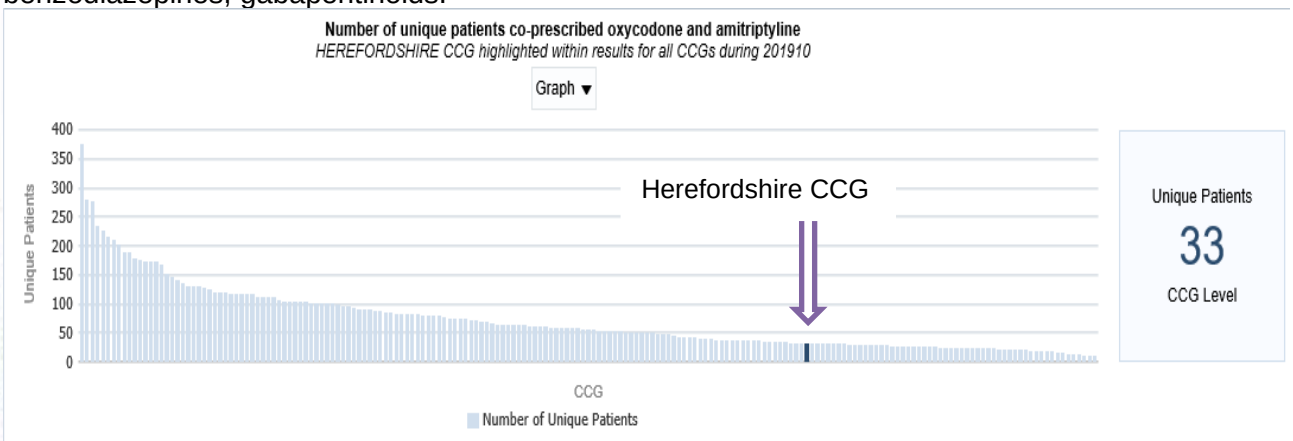
Find out more about the Yellow Card functionality on EMIS Now.

Vitamins in Alcoholism

The Regional Medicines Optimisation Committee reviewed the use of vitamin B supplementation in alcoholism, taking into account relevant guidance published by NICE and NHS England as well as information from other specialist sources. The advice of the RMOC is summarised here

Community Pharmacist Consultation Service (CPCS)

This new national service makes referrals from NHS 111 to community pharmacy for patients with a minor illness or in need of an urgent supply of a medicine. Over 80 NHS community pharmacies across Herefordshire & Worcs are starting to provide this service. An electronic post event message is sent securely to GP practice systems. There are plans for referrals to be taken from other parts of the NHS in time. Further information to follow on outcomes across Hfds & Worcs.



The information contained in this newsletter is issued on the understanding that it is the best available from the resources at our disposal at the time of issue. **Comments, suggestions, contributions welcome!** Medicines Optimisation Team herccg.medsopt@nhs.net

Biosimilar Insulin Changes
& Diabetes Update

Glargine biosimilar, Abasaglar, has been used for patient new starts in Herefordshire for over 3 years; Herefordshire is a high user 20% compared to nationally 5% see graph below. Glargine is the largest insulin cost in Herefordshire; using biosimilars saves NHS funds to be reinvested in other patient care initiatives, potentially up to £50k/year. Lantus®, Abasaglar®, and Semglee® are bioequivalent and can be used interchangeably on a unit-per-unit basis.

- **Semglee® disposable pens will now be used as first line formulary glargine insulin of choice for new starts and some patients that are appropriate at review.**
- Abasaglar® - may be used for patients using pen cartridge refills & is retained on formulary for existing patients
- Lantus® – may be required for half unit doses eg children

NB There is a HIGH strength glargine which is not commonly used
Always prescribe insulin by BRAND as per good practice safety advice and because insulin pen devices differ.
Patients should be advised to use all previous glargine stocks up before changing over. See advice on quantities
Semglee is not available in cartridges but most patients use pens.

- Look out for the Diabetes Specialist Team – Medication / Prescription Request Form which gives clear information for the prescribing of insulin and indicates if patients are approved for Freestyle Libre on the NHS.

Review points

- Over 10% of insulins are still prescribed generically in Herefordshire – please review and ensure branded
- A Biosimilar insulin poster for clinical areas is available to explain the changes for health care professionals and care home staff.
- More biosimilar insulins changes are expected in 2020 – get ready and prescribe by brand
- Review high cost needle brands >£5/box including: Unifine Pentips, BD Microfine, NovoTwist & NovoFine to lower cost formulary brands

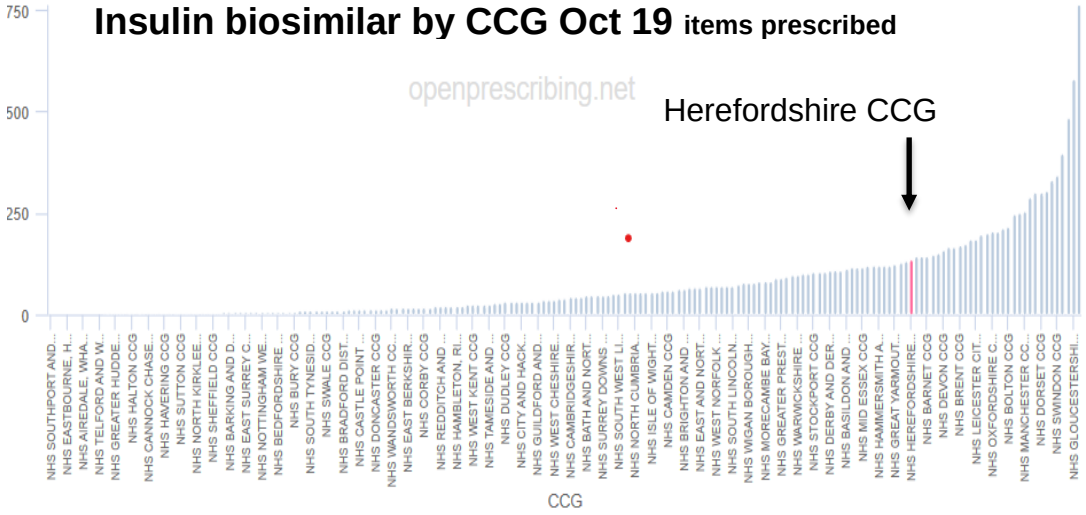
Insulin Pen Needles

Review **8mm** needles – reduce length to 6,5,4mm. (guidance here – see p2)

Omnican 31G = £6.01/box **change to Omnican 32G £3.95** (also finer needles)

NHS England & NICE guidelines use needles **under £5 / box** - no evidence of differences between brands **See HOF dashboard**

Currently still potential Herefordshire prescribing savings **£10k/year** across some practices



Hypertension in adults: diagnosis and management (NG136) – updated NICE guidance

Updated guidance includes new recommendations on diagnosis, threshold for drug treatment and identifying who to refer for same-day specialist review. Key updates include the recommendation that patients under 80 years with stage 1 hypertension and an estimated 10-year CVD risk ≥10% are offered medication in addition to lifestyle intervention. It is worth noting the target for patients with diabetes has changed from 140/80 to 140/90mmHg i.e. the same now as the general population. Of course, if > 80 years the target is slightly higher at 150/90 mmHg and you will use your clinical judgement for patients who are frail or have multimorbidity. For any patients with CKD, the target remains lower at 130/80. A very useful visual summary of targets, is available on this link

Some research reported recently concluded that BEDTIME is most definitely the best time to be taking BP medication; the bedtime dosing group had almost half as many cardiovascular events as the morning dosing group (as reported by Red Whale updates from European Heart Journal 2019 doi.1093/eurheart/ehz754).