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Area Prescribing Committee

NEW MEDICINES

RED BARICITINIB tablets (Olumiant® ▼) for atopic dermatitis

NICE recommends baricitinib as an option for treating moderate to severe atopic dermatitis in adults. For specialist use only.

RED FILGOTINIB tablets (Jyseleca® ▼) for moderate to severe rheumatoid arthritis

NICE recommends filgotinib as an option for treating active moderate to severe RA in adults. For specialist use only.

RED BROLUCIZUMAB solution for injection (Beovu® ▼) for treating wet age-related macular degeneration

Brolucizumab is an additional anti-VEGF agent for treating wAMD, to sit alongside ranibizumab and aflibercept in the treatment pathway. For specialist use only.

AMBER INITIATED DAPAGLIFLOZIN tablets (Forxiga®) for symptomatic chronic heart failure with reduced ejection fraction

NICE recommends dapagliflozin as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults. Prescribing and monitoring of dapagliflozin must be retained by the heart failure specialist until the patient's heart failure regimen and, for diabetic patients, their diabetes regimen, are considered stable. The specialist can then request that the GP continues prescribing.

GREY AVATROMBOPAG (Doptelet® ▼) tablets for chronic immune thrombocytopenia

Not recommended until NICE TA published.

GREY ESKETAMINE (Spravato® ▼) nasal spray for Acute short-term treatment of psychiatric emergency due to Major Depressive Disorder

Not recommended until NICE TA published.

GREY UPADACITINIB prolonged-release tablets (RINVOQ® ▼) for Psoriatic arthritis

Not recommended until NICE TA published.

GREY UPADACITINIB prolonged-release tablets (RINVOQ® ▼) for Ankylosing spondylitis

Not recommended until NICE TA published

GREY UPADACITINIB prolonged-release tablets (RINVOQ® ▼) for treating moderate rheumatoid arthritis

Not recommended until NICE TA published.

GREY BEMPEDOIC ACID film-coated tablets (Nilemdo® ▼) for primary hypercholesterolaemia or mixed dyslipidaemia

Not recommended until NICE TA published.

GREY PRIDINOL tablets (Myopridin®) for central and peripheral muscle spasms

Not recommended until NICE TA published.

FORMULARY AND GUIDELINES

GREEN Semaglutide (oral) in Type 2 diabetes

Addition of oral formulation to formulary. Cost neutral in comparison with injectable formulation.

AMBER RECOMMENDED Viscose garments for skin conditions

Update of current statement at review-by date – minor changes regarding specialist to specify garment size.

AMBER INITIATED Flash Glucose Monitor – Freestyle Libre/ Libre 2®

Statement updated to include Freestyle Libre 2 upgraded version of flash glucose monitoring sensors. Cost identical to original Freestyle Libre sensors.

RED Infliximab - subcutaneous injection

Addition of subcutaneous formulation to formulary in addition to intravenous formulation.

RED Vedolizumab - subcutaneous injection

Addition of subcutaneous formulation to formulary in addition to intravenous formulation.

Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD

NHSE Accelerated Access Collaborative document - Pan Mersey endorsement of the document and addition of link to the document from the APC website.

Statin Intolerance Pathway

NHSE Accelerated Access Collaborative document - Pan Mersey endorsement of the document and addition of link to the document from the APC website.

SAFETY

Opioids: considerations for safe and effective prescribing in Chronic Pain

This document brings together a number of resources clinicians can use to support the appropriate use and review of opioids used for chronic pain.

ANTIMICROBIALS

Managing common infections in adults Part B: genital, skin, and eye infections

The final part now complete. All chapters are available on the APC website. CCG medicines management teams are requested to circulate this information to prescribers.

SHARED CARE

PURPLE Shared Care Frameworks

Additional bullet points to be added to the Primary Care Responsibilities section in Appendix 1 of the shared care frameworks.

Medicines Management Work Plan 2021/2022

During **June and July 2021**, the NHS Halton CCG Medicines Management Team will continue to support with the following COVID-19 related work:

- High-risk drug monitoring.
- Palliative care medication.
- Medicines support to care Homes.
- Medicines supply issues.
- Medication support guidance.
- Vaccination Programme.

The MMT will also be focussing on the following work plan projects:

- Lipid optimisation.
- Opioids in Chronic Pain.
- Oral nutritional supplements.
- Blood Glucose Meter formulary.
- DOACs.

Practice Medicine Co-ordinator (PMC) Reviews

The PMCs will be doing the following reviews during May & June:

- Safety Reviews:
 - Steroid Emergency Cards.
 - Pregabalin prescribing.
- Mop ups of previous switches:
 - Co-codamol to Zapain.
 - Quarterly brand to generics.

Hot Topic - Point-of-Care testing in Halton

POINT-OF-CARE TESTING IN HALTON TO DATE:

Since 2017, NHS Halton CCG have provided funding for point-of-care testing (POCT) analysers which are utilised by several GP practices within Halton. Currently, the POCT analysers are used to measure CRP in adults presenting with a lower respiratory tract infection, where after clinical assessment, it is not clear whether an antibiotic is required - in line with NICE Clinical Guidance 191: Pneumonia in adults. Whilst it is difficult to prove that any reduction in antibiotic prescribing is a result of CRP testing - particularly due to changes in antibiotic prescribing driven by the COVID-19 pandemic; the ability to attain a rapid CRP measurement has been well received by some GP practices, and we have anecdotal reports that use of CRP testing in practice has facilitated clinical decision-making and helped towards changing patient expectation with regards to antibiotic prescribing.

RELAUNCH OF POINT-OF-CARE TESTING

We are excited to announce that in the coming months, NHS Halton CCG will fund the purchase of bench top POCT analysers across the whole of Halton, providing all our GP practices the opportunity to experience the potential benefits that POCT has to offer.

As part of our relaunch, in addition to CRP testing, we plan to explore the alternative point-of-care tests that can be utilised with our analysers. This will allow the opportunity to obtain point-of-care HbA1c and lipid profile measurements within our GP practices. Training will be made available for all GP practices in due course.

Medicines Management Care Home Pharmacist **Zoe Mason** has returned to her substantive post within the CCG medicines management team as Frailty and Care Home Pharmacist following her 18-month secondment to the Bridgewater Halton Integrated Frailty Service (HIFS).

Zoe is available 8am -2.30pm Monday -Friday and referrals for complex care home/frailty medications reviews or clinical advice can be made via the details below.

Email: zoemason@nhs.net

Phone: 07765 789829

EMOLLIENT CREAM SAFETY - FIRE RISK TO EMOLLIENT CREAM USERS

For your information –

This month a large residential home has requested a surgery to switch all residents on an emollient cream to a non-flammable alternative due to the fire risk.

There is a fire risk with all emollients, regardless of paraffin content or concentration. A similar risk may apply for other products which are applied to the skin over large body areas, or in large volumes for repeated use for more than a few days.

As prescribers you must ensure patients and their carers understand the fire risk associated with the build-up of residue on clothing and bedding so they can take action to minimise the risk, such as:

- Instruct them not to smoke or go near naked flames because clothing or fabric such as bedding or bandages that have been in contact with an emollient or emollient-treated skin can rapidly ignite.
- Be aware that washing clothing or fabric at a high temperature may reduce emollient build-up but not totally remove it.

Safety

The Medicines Management Team would like to highlight some of the recent drug safety updates relevant to Primary Care:

POLYETHYLENE GLYCOL (PEG) LAXATIVES AND STARCH-BASED THICKENERS: POTENTIAL INTERACTIVE EFFECT WHEN MIXED, LEADING TO AN INCREASED RISK OF ASPIRATION

Advice for healthcare professionals:

- There have been reports of a possible potential harmful interaction between polyethylene glycol (PEG) laxatives and starch-based thickeners when they are mixed together.
- Combining the two compounds can counteract the thickening action and result in a thin watery liquid — patients with swallowing difficulties (dysphagia) are potentially at greater risk of aspiration of the thinner liquid.
- Avoid directly mixing together PEG laxatives and starch-based thickeners, especially in patients with dysphagia who are considered at risk of aspiration such as elderly people and people with disabilities that affect swallowing.

[Polyethylene glycol \(PEG\) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration - GOV.UK \(www.gov.uk\)](#)

COVID-19 VACCINES: UPDATES FOR APRIL 2021

[COVID-19 vaccines: updates for April 2021 - GOV.UK \(www.gov.uk\)](#)

Antimicrobial Update: April 2021

COVID-19 RAPID GUIDELINE: MANAGING COVID-19

In March 2021, NICE published NG191: [COVID-19 rapid guideline: Managing COVID-19](#) which replaces several previous COVID-19 rapid guidelines, including NG165: Managing suspected or confirmed pneumonia in adults in the community.

The key messages in NG191 with regards to antibiotic use in patients with COVID-19 remain the same:

- Do not use antibiotics for preventing or treating COVID-19.
- Only use antibiotics if there is strong clinical suspicion of additional bacterial infection.
- Do not offer an antibiotic for preventing secondary bacterial pneumonia in people with COVID-19.
- If a person has suspected or confirmed secondary bacterial pneumonia, start antibiotic treatment as soon as possible.

With respect to the choice of antibiotic to treat a suspected bacterial co-infection, it is important to highlight that whilst NG165 (previous rapid guideline) recommended the use of doxycycline as first line antibiotic, NG191 now refers to the [NICE antimicrobial prescribing guideline on community acquired pneumonia](#) which recommends amoxicillin as first choice oral antibiotic for low and moderate severity community acquired pneumonia.

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