NHS Hampshire, Southampton and Isle of Wight Clinical Commissioning Group
NHS Portsmouth Clinical Commissioning Group

Prescribing and Medicines Optimisation Guidance

Issue: 62 **Date: 11th January 2022**

1. **Neonatal and Paediatric Pharmacists Group (NPPG): Use of steroid medication warning cards for children and young people** (Link)

   This new position statement produced with input from the British Society for Paediatric Endocrinology and Diabetes provides clear guidance on the two different steroid cards that are available for use for children and young people and when each of these cards should be issued.

2. **NHS/NICE: Update to the national guidance for lipid management.** (Link)

   The clinical pathway for lipid management has now been updated to include bempedoic acid to primary prevention and inclisiran into the secondary prevention pathway. This pathway unifies multiple NICE guidance and technology appraisals into a single, two-page document to support clinical decision making on lipid management, supporting the NHS Long Term Plan's ambitions for cardiovascular disease prevention and to improve patient outcomes.

3. **SIGN: Prevention and management of venous thromboembolism in COVID-19** (Link)

   SIGN Guideline 163 provides recommendations based on current evidence for best practice in pharmacological prophylaxis and management of thrombotic complications of all degrees of severity of COVID-19, including advice for non-pregnant adults in ICU and non-ICU settings and in the community.

4. **Choice of Direct-Acting Oral Anticoagulant (DOAC)**

   All local formularies have edoxaban as the routine first choice DOAC for the treatment of people with non-valvular atrial fibrillation (AF). Edoxaban has the lowest acquisition price and previously had a primary care prescribing rebate in place which further reduced the cost.

   The NHS recently initiated a national procurement deal for DOACs with the aim of making expanding access more affordable and saving money for both the health service and the taxpayer from the reduction in strokes. The new

agreement will make DOACs more affordable allowing the NHS to provide treatment to an additional 610,000 more patients. This level of uptake will help to prevent an estimated 21,700 strokes and save the lives of 5,400 patients from a fatal outcome over the next three years.

The commercial agreement went live from the 1 January 2022 and HSI CCG and Portsmouth City CCG have both signed up to the agreement. As part of signing up to the national framework any local rebate schemes cease. There is an immediate saving to the CCGs and the potential for additional savings (which are then available to fund the increase in the use of DOACs) depending on the choice of DOAC. NHSEI will publish commissioning recommendations to encourage further identification (Detect), treatment (Protect) and optimisation (Perfect) and where appropriate, greater use of lower costs DOACs. As part of the agreement, up to £40 million investment nationally will be made in 'Detect, Protect and Perfect' pathway initiatives which will also help identify people with AF and move them onto effective and appropriate treatment.

As part of the CCGs signing up to the commercial agreement, hospitals will also have access to the framework prices. The pricing of the four DOACs in the national agreement is confidential. It is also important to note that all four DOACs are licensed to treat AF and have been recommended by NICE. The clinician, in conjunction with the patient, will continue to determine the most appropriate treatment for their clinical needs.

Link to NHS announcement:
NHS England » Thousands spared strokes thanks to new NHS drug agreements

Edoxaban will remain on local formularies as the preferred routine first choice DOAC for treating patients with AF. We will provide further information when the national commissioning recommendations are published. Our current spend on DOACs across HIOW is £26M per annum and practices prescribing of edoxaban as a proportion of total DOAC prescribing currently varies from 5% to 54%.

5. **CHM/MHRA: Recommendations to support the effective and safe use of adrenaline auto-injectors** (Link)

Adrenaline auto-injectors (Epipen, Jext and Emerade) are licensed medicinal products that deliver adrenaline by means of an auto-injector device for the emergency treatment of anaphylaxis, a life-threatening severe allergic reaction. Adrenaline auto-injectors (AAIs) are intended for self-administration by a patient, or administration by a carer, and should be carried at all times by patients considered to be at risk of anaphylaxis, so the medicine is available for immediate use before the arrival of the emergency services. Death from anaphylaxis can occur within a very short period of time and therefore swift intervention by the administration of one or more adrenaline auto-injectors can be lifesaving. Adrenaline auto-injectors are critical medicines, their effectiveness being of paramount importance. New recommendations include early administration of adrenaline, posture of the patient in anaphylaxis, two AAIs should be carried at all times and training devices and instructions for use should

be familiar, before the requirement arises. Trainer devices are available from all the manufacturers, on request. Patients and carers are strongly encouraged to obtain these to ensure familiarity with the brand supplied as there are important differences in the way each is used. The trainer devices do not contain a needle or adrenaline but otherwise mimic the functionality of a real device. Importantly, trainer devices can be re-used, allowing the patients and carers to practise the action of administration.

Over-arching key messages:

The following are key messages that should be conveyed to patients:

What to do in an emergency:

- Use your adrenaline auto-injector immediately if you have any signs of anaphylaxis. If in doubt use. Don't delay.
- Dial 999 – say anaphylaxis ("ana-fill-axis") – straight after using your auto-injector.
- Lie down and raise your legs.
- Sit up if you are struggling to breathe but don't change position suddenly.
- Lie down again as soon as you can.
- Stay lying down even if you are feeling better.
- You must not stand up even if someone encourages you to.
- Use your second auto-injector if you haven't improved after 5 minutes.

Be prepared:

- Carry two adrenaline auto-injectors with you at all times.
- You must use your auto-injector as soon as you notice any signs of anaphylaxis.
- Make sure you know beforehand what the signs are so you can act swiftly.
- Make sure you know how to use your auto-injector before you need to. Get familiar with it. Get a trainer auto-injector from the manufacturer. Practise. If you change brand, get familiar with the new one. Each one is used differently.

There is also consultation underway looking into the feasibility of AAIs becoming available in public places in the future. LINK

6. **DHSC: Withdrawal of the recommendation for consideration of inhaled budesonide as a treatment option for COVID-19.** (Link)

In parallel to the publication of revised NICE guidance (see below NG191) link, previously published UK interim position statement on inhaled budesonide as

treatment option for COVID infection has been withdrawn. It should no longer be considered as a treatment other than within context of a clinical trial

7. **NICE: COVID-19 rapid guideline: managing COVID-19 (NG191) - update** (Link)

   Updates include new recommendations on the diagnosis and treatment of COVID-19-associated pulmonary aspergillosis and a revised statement about the Omicron variant in the recommendation on casirivimab and imdevimab.

8. **NICE: Prostate cancer: diagnosis and management (NG131) – update** (Link)

   Update includes a new recommendation on risk stratification for people with newly diagnosed prostate cancer, and changes to other recommendations to reflect this change.

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Previous bulletins can be found at: https://gp-portal.westhampshireccg.nhs.uk/medicines/covid-19-medicines-information/covid-19-medicines-optimisation-bulletins/