NHS
Isle of Wight
Clinical Commissioning Group

April 2018

RIGHT Medicine

WELCOME 7th Edition

This is the 'Right Medicine' Newsletter from the Medicines Optimisation Team (MOT).
We hope to provide community pharmacists with a useful overview of key information for quality cost-effective prescribing.

Please share and discuss with all members of your pharmacy team.

If you have any questions, please get in touch and if you have any suggestions for improvement, please let us know.

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1. Primary Care Prescribing Committee (PCPC)

The Primary Care Prescribing Committee meets on the third Tuesday of every month. The Clinical Executive has given PCPC decision making authority. Membership includes representatives from Primary Care and the CCG, it reports to the Clinical Executive and the Primary Care Committee. The minutes are available; you are welcome to request a copy.

2. Opioid Prescribing

- **Palliative Symptom Control**

Dr Paul Howard and colleagues have produced Palliative Symptom Control Guidelines for the Isle of Wight. A hyperlinked PDF is available from www.iwhospice.org/page/clinical-guidelines.html or from St. Mary's intranet.

The main headlines re changes from the previous version:

- **PO:SC oxycodone conversion ratio (p4) is now 1.5:1**. SC oxycodone and SC morphine are equipotent.
- **Advice not to increase opioids above a "ceiling dose" of Zomorph 60mg BD** *or* Oxycontin 40mg BD *or* fentanyl 50 size patch. It's not a rigid ceiling; there will be individuals where increasing above this is reasonable. But it's saying that at this dose, the risks increase (endocrine and immune dysfunction) and the likely benefit decreases (i.e. it's almost certainly opioid-poorly-responsive) and so our first line of attack would be considering alternatives such as non-opioids alongside ['adjuvants'], even if the PRNs appear to help. This is congruent with a similar message for their use in chronic pain.
- **Celecoxib 200mg twice daily** likely to be the NSAID of choice for many palliative care patients. It avoids the need for a PPI in all but the highest GI risk patients (in

terms of PPIs and C.Diff. risk). The previous perceived cardiovascular risk was overstated by studies that combined it with rofecoxib. It turns out to be no worse than conventional NSAIDs.

- **Pregabalin replaces gabapentin** as 1st line neuropathic anti-epileptic (p5). They're efficacy and tolerability are the same, so we've suggested pregabalin because it's fewer capsules.
- **Duloxetine replaces nortriptyline** as 2nd line analgesic-antidepressant if amitriptyline is poorly tolerated (p5).
- **Greater use of IV iron.** Cachexia prevents people absorbing oral iron. It also prevents the use of ferritin as a measure of iron deficiency. It might also be useful to consider iron a deprescribing option in people with advanced cachexia.

If you've not used it before, there's a section of syringe driver comparability (p22) and dosing (p17), as well as a list of drugs where SC route is approved (p21). Throughout, we've indicated off label uses and off label routes using a "dagger" symbol and non-green drugs with a # symbol.

Some new sections have been added to help with frequent queries:

- Deprescribing table for people in the last days of life (p20) – includes advice on managing co-morbidities such as Parkinsonism and diabetes
- Renal dose adjustments for pregabalin, gabapentin, zolendronate (p43)
- The 3rd section provides some detail about the use of "specialist options" - this is intended to be useful if we're titrating such drugs alongside non-specialists (i.e. in the community or hospital). For example, the 2nd line neuropathic anti-epileptics (valproate, oxcarbazepine, topiramate); methadone, ketamine.
- Some new pain sections – critical limb ischaemia (p7); assessing pain in cognitive impairment (p7)

This replaces several previously separate sets of guidance - so please remove/throw away/burn/eat previous versions: the syringe driver compatibility guidance, opioid conversion chart, and emergency flow diagrams (for seizures, naloxone, and flumazenil).

I do hope we all find them useful, and would be very happy to discuss any queries and/or arrange to come and discuss and/or do any educational type sessions if requested.

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IoW CCG Just In Case Palliative Care Medicines Service

This service is to improve access to palliative care drugs during pharmacy opening hours. Palliative care patients often experience new or worsening symptoms outside of doctors' normal working hours. Poor access to appropriate medication, particularly, in relation to the management of pain is a key factor that has a negative impact on palliative care patients and their families. We'd like to encourage all pharmacies to participate in providing this service.

Dr Howard has suggested a couple of changes to the JIC medicines:

- removing the higher strength oramorph (the 20mg/1ml)
- Lorazepam 1mg tablets (rapidly dispersible – e.g. Thornton and Ross, Genus)

There is just 1 form to complete on PharmOutcomes to claim for payment.

For more information refer to the service specification on PharmOutcomes.

- **Lidocaine Patches**

The only licensed indication for lidocaine plasters is for post-herpetic neuralgia (NICE CG173).

3. Formulary Development

The CCG is working with the Trust to develop one joint formulary to cover prescribing across the Isle of Wight. The Trust and CCG pharmacists will be reviewing each BNF chapter with support from clinical colleagues and the agreed joint formulary will be available electronically.

- **Freestyle Libre**

The Medicines Optimisation Team at the CCG is updating the Isle of Wight formulary to ensure the medicines are appropriate and cost effective. As part of this process we have recently worked with Liz Whittingstall from the Diabetes Team to put a policy in place for the prescribing of **Freestyle Libre** flash glucose sensors.

The policy is in line with national and local (SHIP8) guidance aimed at offering this new monitoring system to patients with Type 1 diabetes or those with Type 2 diabetes who are pregnant and who fulfil one or more of the following criteria:

- Patients who are required to undertake intensive monitoring with 8 or more finger prick blood tests a day.
- Those who meet the current NICE criteria for insulin pump therapy (HbA1c >69.4mmol/mol) or disabling hypoglycaemia as described in NICE TA151 (2011) where a successful trial of flash glucose monitoring may avoid the need for pump therapy.
- Those who have recently developed impaired awareness of hypoglycaemia, when it may be used as an initial tool in its management.
- Frequent (>2 per year) hospital admissions with diabetic ketoacidosis or hypoglycaemia
- Those requiring third parties to carry out monitoring or where conventional blood testing is not possible.

Freestyle Libre can only be initiated in secondary care by the Diabetes Team to ensure that patients receive the necessary education on how to get the most from the system and to ensure the patient is reviewed at regular intervals (initially a 6 month trial period).

The patient will be supplied with one sensor as part of the initiation kit with the monitor and the Diabetes Team will communicate with GPs to take over prescribing straight away. Patients will be prescribed two sensor packs every 28 days until next review. This is an ideal opportunity to use electronic Repeat Dispensing to set up a “batch” covering the period until the next review. The patient can order replacement sensors directly from Abbott should they fall off or have a fault so there should be no need to request acute replacement prescriptions.

If you have any patients that you feel meet the criteria and would benefit from using the Libre system they need to be referred to the Diabetes Team for an assessment.

- **Spirit Tee2 and Agamatrix Wavesense Jazz**

The CCG has worked with the St. Mary's Trust diabetes team to review the formulary for blood glucose test strips for patients with type II diabetes.

Please ensure that patients use up the items that they already have in stock before switching to the new products to reduce unnecessary waste.

MOT will ensure that pharmacies are aware of when the training is taking place at their local surgery and patients are being switched over to the new BGTS system.

- **RESOURCE ThickenUp Clear**

Due to the potential for clinical incidents relating to choking hazards, the MOT worked with the St. Mary's Trust Speech and Language Therapy Team (SALT) to test the available thickener products in different drinks. The products were evaluated against quality and cost criteria.

- **The preferred food thickener was Nestle Resource ThickenUp Clear.**

The hospital and care home staff are being trained. The MOT will assist practices with the switch to the new products.

- Please ensure that patients use up the items that they already have in stock before switching to the new products to reduce unnecessary waste.

The Nestle RESOURCE ThickenUp Clear website has some useful resources: https://www.nestlehealthscience.co.uk/brands/resource-dysphagia/resource-thickenup-clear

4. Drugs of Limited Clinical Value

- **Liothyronine**

The MOT will support practices to identify patients prescribed Liothyronine and work with prescribers to review the patients. Recent blood test results will be required.

The SHIP8 Clinical Commissioning Groups Priorities Committee policy (January 2018) regarding the use of liothyronine in the treatment of hypothyroidism recommends:

- Treatment with liothryoninine should not be initiated in primary care.
- Hypothyroidism should be treated first-line with levothyroxine.
- Patients whose symptoms are inadequately treated with optimal doses of levothyroxine should be referred to an NHS endocrinologist using Advice and Guidance and eReferral systems.
- Consultants wishing to consider treatment with liothyronine will be required to complete a Proforma supplied by the District Prescribing Committee and submitted to the CSU prior to prescribing.
- Treatment with liothyronine will need to be reviewed by the specialist at 3-months, before prescribing can be considered for transfer to primary care.
- Patients already being prescribed liothyronine in primary care, who are not under the care of an NHS Specialist, may be candidates for opportunistic review according to the above recommendations.

The SHIP8 committee did not review the treatment for thyroid cancer and nuclear medicine..

However, following local GPs querying the role of liothyronine in some specific cohorts of patients, advice is that it is sometimes used for patients with thyroid cancer, in preparation for radioiodine ablation, iodine scanning, or stimulated thyroglobulin test.

In these situations it is appropriate for patients to obtain their prescriptions from the centre undertaking the treatment and not be routinely obtained from primary care prescribers.

- **Armour Thyroid**

The MOT will support practices to identify patients prescribed Armour Thyroid and work with prescribers to review the patients. Armour thyroid is an unlicensed natural extract. There is no convincing evidence to support the use of thyroid extracts.

MOT will work with GPs to review patients and make recommendations for both liothyronine and Armour Thyroid.

5. Pharmacy Services

- **Patient Group Directives**

The MOT have reviewed and updated the Patient Group Directives (PGDs) for the CCG and Public Health commissioned pharmacy services. These services are all on PharmOutcomes with specific training and accreditation requirements.

The new PGDs are:

- Champix for smoking cessation after a referral from the Wellbeing service (as detailed above)
- Fusidic Acid for Impetigo
- Nitrofurantoin as first-line antibiotic for uncomplicated UTI in women (Trimethoprim remains an option as a second-line antibiotic if there are no exclusion criteria).

We appreciate that not every pharmacist will provide every service, but please refer on to another pharmacist and ring ahead to check that someone is available who can provide the service if you can't.

- **Pharmacy First**

The MOT has made some minor changes to the Pharmacy First minor ailments service with treatments available for few more conditions:

- acne
- hyperhidrosis
- warts/verrucae
- scabies
- migraine
- (athletes' foot has changed to fungal skin infections to widen the range of conditions that can be treated).

The new Pharmacy First Formulary has all been updated on PharmOutcomes.

The IoW Urgent Supply service (Friday 6.30pm – Monday 8.30am and Bank Holidays) and the standard emergency supply of a POM medicine at the request of a patient continue.

Return to Stock and Not Dispense services have ceased as of 1st April 2018.

- **MOTIVE – Targeted MURs**

The aim of MOTIVE (**M**edicines **O**p**T**imisation **I**n **V**ulnerabl**E** people) is a pharmacist-led service to support patients in the community and prevent avoidable readmissions to hospital post-discharge.

Patients are assessed in hospital and coded as MOTIVE 0-4 depending on their risk of medicine-related problems on discharge to home. If appropriate, patients are followed up post-discharge by their community pharmacist for:

- a Medicine Use Review (MUR)
- a New Medicine Service (NMS)
- a domiciliary visit by a practice pharmacist or the MOT pharmacist.

The pharmacist based medicine-related problem risk assessment considers:

- The number of medicines prescribed, and the complexity of the dosing regimen
- If high-risk medicines are being taken
- If the patient has any physical or cognitive impairment

- If the patient has any known adherence problems
- If the patient has any compliance or social support.

The aim of MOTIVE is to support patients in the community and prevent avoidable readmissions to hospital post-discharge.

More information on the Pharmacy Services is available on the PharmOutomes website: https://outcomes4health.org/o4h/

and the CPSC website: https://www.cpsc.org.uk/news/latest-cpsc-news/update-isle-wight-newly-commissioned-services

PharmOutcomes
Isle of Wight Public Health and CCG have purchased a license for PharmOutcomes to be used for all their commissioned services. PharmOutcomes enables messages to be sent, pharmacy service invoices to be raised and then payments to be made.

Important messages are routinely sent to all community pharmacies via PharmOutcomes, so it is necessary for pharmacy teams to regularly log on and check for messages in addition to entering service delivery activity when appropriate.

Isle of Wight Public Health & CCG expects all pharmacies to be regularly checking for messages as they will only be using this method to communicate with community pharmacies on the Island.
Actions required routinely:

- Log on to PharmOutcomes every day
- Read and action all messages
- Click the action complete button to notify message actioned. If you fail to respond to messages you may not get paid.

Please contact the PharmOutcomes help desk directly from the website if you have problems logging on to the system (Tel:216699).