Prescribing Update

NHS Basildon and Brentwood Clinical Commissioning Group

NHS Thurrock Clinical Commissioning Group

May 2019 Newsletter

Prescribing Quality Incentive Scheme 2019/20

The Prescribing Quality Incentive Scheme has been circulated to practices, and this will be discussed at the practice prescribing meetings. Please find detailed below the main areas of monitoring and what is required from the practice to achieve the target:

- **Bimonthly prescribing actions:** look out for the 6 bimonthly prescribing actions that will be emailed to the practice for implementing during the year. Please provide feedback within the deadline.
- **Eclipse Live-red and amber alerts:** Continue to review and action all of the red alerts and some amber alerts. The team are expecting at least 50% of the amber alerts to be reviewed. No feedback is required from the practice.
- **Antibiotics:** Demonstrate a reduction in the volume of antibiotic prescribing, which will be monitored by the team, and provide feedback regarding strategies and work undertaken to reduce the volume of antibiotic prescribing.
- **ScriptSwitch:** Achieve a consistent monthly 40% or above combined acceptance rate.
- **Respiratory (training and audit):** The team will be organising a respiratory training update for practice nurses. This will provide the training and support to undertake a review of prescribing of inhaled triple therapy in COPD.
- **Diabetes:** Undertake a diabetes medicines related audit. Audit templates available.
- **Controlled Drugs:** Individualised letters will be sent to practices once per year detailing specific Controlled Drug recommendations for review. Once reviewed, sign and return the relevant form to confirm that this work has been undertaken.
- **Over the counter (OTC) preparations/grey-list prescribing:** At the practice visit the practice will be provided with a list of OTC/grey list items to review based on prescribing data for the practice. The cost per ASTRO-PU should be less than **£75** per 1,000 ASTROPUs or demonstrate a **20%** reduction in costs.
- **Practice specific targets:** Two targets will be discussed and agreed during the practice prescribing meeting.

Please also refer to the RAG performance graphs which are emailed to practices on a monthly basis to review your performance against the targets, and share and discuss with colleagues in the practice.

Antibiotic update - fluoroquinolones new restricted indications and precautions for use

- The MHRA has issued a new Drug Safety Update regarding the use of fluoroquinolone antibiotics (including ciprofloxacin, levofloxacin, moxifloxacin and ofloxacin), following reports of rare but disabling side-effects and new restricted indications for these medicines.
- Systemic fluoroquinolone antibiotics can very rarely cause long-lasting, disabling and potentially irreversible side effects, mainly affecting the musculoskeletal and nervous systems.
- Therefore, patients should be advised to stop treatment and contact their doctor immediately at the first signs of a serious adverse reaction, such as tendinitis or tendon rupture, muscle pain or weakness, joint pain or swelling, peripheral neuropathy, or CNS effects.
- **Do not prescribe** fluoroquinolones:
  - ◊ For non-severe, or self-limiting infections, or non-bacterial infections.
  - ◊ For some mild to moderate infections (such as in acute exacerbation of chronic bronchitis and chronic obstructive pulmonary disease) unless other antibiotics that are commonly recommended for these infections are considered inappropriate.
- Ciprofloxacin or levofloxacin should no longer be prescribed for uncomplicated cystitis unless no other recommended antibiotics are suitable.
- Avoid use in patients who have previously had serious adverse reactions with a quinolone or fluoroquinolone antibiotic.
- Prescribe with special caution for people older than 60 years and for those with renal impairment or solid-organ transplants because they are at a higher risk of tendon injury.
- Avoid use of a corticosteroid with a fluoroquinolone since co-administration could exacerbate fluoroquinolone-induced tendinitis and tendon rupture.
- The local guidance has been updated, and the Public Health England guidance reflects these new recommendations and precautions.

Ghost Branded Generics

- It has been reported that Ghost Branded Generics may be costing the NHS an extra £11.6m per year in reimbursement to community pharmacy.
- Ghost Branded Generics are generic items prescribed generically with a manufacture's name specified. For example, *Naratriptan 2.5mg Tablets* is the correct generic name; a Ghost Branded version is *Naratriptan 2.5mg Tablets (Teva UK Limited)*. This means that the community pharmacy must supply this manufacturer's brand, and that it can be reimbursed at a significantly higher cost than the national Drug Tariff generic cost.
- On SystmOne, GPs have been able to specify the manufacturer of the generic drugs they prescribe to patients (this is not an issue with other systems such as EMIS). It is probable that Ghost Branded Generics have been prescribed unintentionally in the majority of cases, due to ease of selection.
- TPP, which supplies SystmOne, has made changes to the medicines prescribing screen to reduce the chances of incorrectly generating a new prescription for a Ghost Branded Generic. However, many Ghost Branded Generics may be as repeat prescriptions which will need to be identified by the practice and changed to the true generics where clinically appropriate.
- Basildon and Brentwood CCG has the 18th highest spend, and Thurrock CCG has the 47th highest spend out of the 195 CCGs for Ghost Branded Generics. Basildon and Brentwood CCG could achieve annual savings of up to £150k and Thurrock CCG, £100k, if all of the Ghost Branded Generics prescribed were changed to the generic with no manufacture specified.
- **Action:** Please do not specify a manufacture name unless for a clinical reason (such as some MHRA category antiepileptic drugs). If practices would like a breakdown of their prescribing data for Ghost Branded Generics to review, SystmOne have produced a series of reports to support practices identifying Ghost Branded Generic prescriptions. This can be found in SystmOne under clinical reporting (for further information please contact the Medicines Management Team).

Prescribing of buprenorphine and fentanyl patches

Locally there continues to be some generic prescribing of buprenorphine patches and fentanyl patches. These patches should be prescribed by brand name from a clinical safety perspective, as there are different types of patches available-those that are changed every 3 to 4 days and those that are changed every 7 days.

Butec and Reletrans are the locally preferred brand for a 7 day buprenorphine patch. These are significantly more cost effective than prescribing generically, or prescribing as the brand BuTrans (more than 50% lower cost), and are available in the full range of strengths.

Fencino and Matrifen are the locally preferred brand for a 72 hour fentanyl patch. These are significantly more cost effective than prescribing generically, or prescribing as the brand Durogesic DTrans (40% lower cost), and are available in the full range of strengths.

Action: Please continue to review the prescribing of buprenorphine and fentanyl patches (both generic and originator brand), ensuring a brand name is specified, and change to the more cost effective brand where appropriate. Please check that the quantity of patches on prescription is appropriate, and also in line with recommendations for schedule 3 controlled drugs (maximum quantity is 28 days' supply).

Supply issues update - nifedipine preparations

- There continues to be a temporary interruption to the supply of some Adalat presentations.
- As you may be aware, some preparations have been discontinued, and some preparations are currently out of stock:
  - ◊ **Adalat 5mg capsules**: these were discontinued from February 2019. The Department of Health and Social Care have been working with potential alternative manufacturers to get another licensed supply to the UK market. It is currently estimated that supplies could be available shortly.
  - ◊ **Adalat 10mg capsules**: these were discontinued by March 2019.
  - ◊ **Adalat Retard 10mg modified release tablets**: these were discontinued November 2018
  - ◊ **Adalat Retard 20mg modified release tablets**: these were discontinued August 2018.
  - ◊ **Adalat LA 20mg, 30mg and 60mg prolonged release tablets**: these are out of stock until 2021.
- Long acting/slow release preparations:
  - ◊ If a modified release once daily nifedipine preparation is required, consider the use of the brands Nidef modified release tablets or Adipine XL tablets, available as 30mg and 60mg (no 20mg strength), which are also more cost effective than Adalat LA. Supplies of these are currently available.
  - ◊ If a modified release twice daily nifedipine preparation is required, consider the use of the brand Adipine MR tablets, available as 10mg and 20mg, which are also more cost effective than Adalat Retard. Supplies of these are currently available.
  - ◊ It is advised that modified-release preparations of nifedipine should be prescribed as a consistent brand as different brands may not have the same clinical effect. However, this is not possible in the event of a shortage, and thus when switching between brands, closer monitoring of blood pressure may be required in the initial stages and patients should be reassured that they are receiving the same drug and dose but to report any adverse effects.
  - ◊ For patients on Adalat LA 20mg, options are to switch to a 10mg slow release twice daily preparation (such as Adipine MR tablets), or depending on current blood pressure, trial the next strength up (30mg) of a once daily preparation (Adipine XL).

Update on FreeStyle Libre

In March 2019, NHS England issued guidance relating to national funding arrangements of Flash Glucose Monitoring for relevant diabetes patients. As a result mid and south Essex CCGs have reviewed local guidance and policy regarding this, including patient criteria for funding.

Patients require an assessment by the diabetes specialist team to establish whether they meet criteria for NHS funding prior to GPs being allowed to prescribe these sensors.

Patients who are already under the care of the specialist diabetes team will discuss eligibility at the patient's next routine review. Patients not under the care of the diabetes specialist team but who meet criteria for use are advised to request referral to the specialist diabetes team for assessment. GPs will receive a letter advising prescribing arrangements for patients that fulfil criteria.

A maximum of 6 months of sensors will initially be funded for each patient. One sensor together with the scanner will be provided by the specialist clinic. Up to a maximum of 6 further monthly (28 day) prescriptions for 2 sensors (12 in total) can be issued on FP10s by GPs.

Continuation after 6 months will be at the specialist's discretion and GPs must receive confirmation from the specialist before they can continue to prescribe. Patients will be reassessed regularly by a specialist and prescriptions may be stopped if patients are not benefiting.

While some GPs have previously prescribed FreeStyle Libre and a few patients have had individual funding requests agreed, GPs should not continue to prescribe for any other patient without specialist approval.

Please refer to the Medicines Management section of the CCG website for further information, including a Patient Frequently Asked Questions sheet.

Gluten-free foods update

- In December 2018, the Department of Health and Social Care decided to restrict gluten-free (GF) prescriptions to certain breads and mixes.
- **Reminder:** only products which are listed in the Drug Tariff Advisory Committee on Borderline Substances (ACBS) are allowed on FP10 prescription. The ACBS recommended list only includes GF breads and mixes (not flour) and no other GF products.
- Please also find detailed below the updated recommended number of units per month, which are based on nutritional requirements, age and gender.

Recommended amount per month	
Age and sex	**No of units**
Child under 10 years	8
Child 11-18	12
Male 19 years and over	12
Female 19 years and over (including pregnant)	8

Number of units for different foods	
Food item	**No of units**
400g bread/rolls/baguettes	1
500g mix	2

Action: Please continue to review prescribing of GF products and ensure that prescribing is in line with the revised regulations, and only GF bread and/or GF mixes are prescribed for patients with the recommended monthly quantities. Please also ensure that patients in receipt of NHS prescriptions for GF bread and/or GF mixes have a diagnosis of Coeliac Disease or Dermatitis Herpetiformis.

Please also note that in Basildon and Brentwood CCG prescribing of GF products is further restricted to pregnant women (from the point of confirmed pregnancy) and young people under the age of 18. Prescribing for all other patients is not supported.

Cow's milk protein allergy (CMPA) pathway

Following the successful launch of the SystmOne digital pathway to improve identification and management of cow's milk protein allergy (CMPA), the health visiting and dietetic services have received compliments from families pleased with their experience of prompt care.

A reminder that the pathway can be launched in the patient record of a child under 3 years old by clicking on 'Clinical Tools' or the F12 button then searching for 'Cow…'. The pathway identifies red flag symptoms for immediate referral to Paediatric Assessment Unit and scores symptoms in other babies to aid identification of CMPA and distinguish it from other conditions.

Following the pathway ensures that consistent information is shared with families and importantly that appropriate management is commenced from the outset (prescribed first line formula or milk free diet for breastfeeding mothers) **before** referral to the dietetic service.

Melatonin prolonged-release tablets - Slenyto

Slenyto is a new licensed melatonin product that has been launched. Slenyto is a modified-release preparation of melatonin licensed for the treatment of insomnia in children and adolescents aged 2 to 18 years with autism spectrum disorder (ASD) and/or Smith-Magenis syndrome, where sleep hygiene measures have been insufficient. This provides a licensed option in children. It is available as both 1mg and 5mg prolonged-release tablets. Circadin (melatonin) 2mg prolonged release tablets continues to be an option dependent on the dose/strength required, however, is an off-label use in children.

Please continue to review the prescribing of unlicensed/generic melatonin products and liquid specials and change to a licensed and potentially more cost effective product, Slenyto or Circadin.