

Prescribing Update

June 2021 Newsletter


Basildon and Brentwood
Clinical Commissioning Group


Thurrock
Clinical Commissioning Group

Dapagliflozin

- Dapagliflozin (Forxiga) is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults in accordance with NICE technology appraisal recommendations (NICE TA679, February 2021), only if it is used as an add-on to optimised standard care with:
 - ◇ angiotensin-converting enzyme (ACE) inhibitors or angiotensin-2 receptor blockers (ARBs), with beta blockers, and, if tolerated, mineralocorticoid receptor antagonists (MRAs), or
 - ◇ sacubitril valsartan, with beta blockers, and, if tolerated, MRAs.
- Dapagliflozin is in the Yellow List of the Traffic Lights List and is recommended for restricted use - for heart failure specialist initiation and primary care continuation.
- The recommended dose of dapagliflozin for heart failure is 10 mg once daily. Dapagliflozin is also licensed for the treatment of type 1 and type 2 diabetes mellitus, for which the licensed dose may be different to that used in heart failure.
- Currently, all SGLT2 inhibitors apart from dapagliflozin are **not** licensed as treatment options for symptomatic chronic heart failure with reduced ejection fraction. Therefore, apart from dapagliflozin in accordance with NICE TA679, all other SGLT2 inhibitors are **not recommended** as treatment options for symptomatic chronic heart failure with reduced ejection fraction.
- For further information please refer to the Mid and South Essex Health and Care Partnership dapagliflozin position statement and pathway.

Silk garments - reminder

- Silk garments are **not supported** for prescribing. Brands include DermaSilk, DreamSkin, and Skinnies Silk.
- NHS England does not recommend the prescribing of silk garments as part of the guidance on '*Items which should not routinely be prescribed in primary care: Guidance for CCGs*', and no routine exceptions have been identified.
- These are products of low clinical effectiveness, where there is a lack of robust evidence of clinical effectiveness.
- Do not initiate silk garments for any patient, even following specialist dermatology requests for severe eczema and allergic skin conditions. All patients prescribed silk garments should have their therapy reviewed, with a view to discontinuing prescribing. If patients wish to use silk garments they should be advised that they can be purchased directly from the manufacturer, retail outlets or over the counter (OTC) with the support of the community pharmacist.

Hydroxychloroquine

Following discussions with clinicians, and given the lack of extensive monitoring for hydroxychloroquine, it has been agreed that patients newly initiated on hydroxychloroquine do not require shared care arrangements. Please note that this is currently for new patients only. There are likely to be changes in the future for current patients, but this will be part of a larger review of shared care arrangements which may result in additional treatments being added to shared care.

MOCH service discontinuation

The Medicines Optimisation in Care Homes (MOCH) service is a national programme operating across Mid and South Essex. The service scope is very similar to the service requirements in the PCN Directed Enhanced Service (DES) 2020/2021, and therefore the service will be discontinued. The MOCH service was commissioned until the end of June 2021.

Prescribing Quality Incentive Scheme 2021/22

The Prescribing Quality Incentive Scheme has been finalised, and is designed to improve the quality, safety and cost-effectiveness of prescribing. Please find detailed below the main areas of monitoring and what is required from the practice to achieve the target:

- **Bimonthly prescribing actions:** Up to six bimonthly prescribing actions will be emailed to the practice for implementing during the year. Please provide feedback within the deadline.
- **Eclipse Live - red alerts and amber alerts:** Continue to review and action all Eclipse Live red alerts and at least 50% of the amber alerts each month. No feedback is required from the practice.
- **Antibiotics:** There are three antibiotic targets which will be monitored by the team, including:
 - ◇ Volume of antibiotic prescribing.
 - ◇ Percentage of cephalosporins, quinolones and co-amoxiclav items as a percentage of all antibiotic items.
 - ◇ Right Care UTI target: number of unique people of all ages prescribed trimethoprim more than once in any three consecutive months (see further details below).
- **ScriptSwitch:** Achieve a consistent monthly combined acceptance rate of 50% or more for the higher target, or 40 to 49% for the lower target.
- **NHSE low clinical value (LCV) drugs:** Continue to review the prescribing of NHSE LCV drugs. Achieve the target cost per ASTRO-PU or demonstrate a 20% reduction in costs.
- **NHSE over the counter (OTC) preparations:** Continue to review the prescribing of NHSE OTC preparations. Achieve the target cost per ASTRO-PU or demonstrate a 5% reduction in costs.
- **Unlicensed special order products:** Continue to review the prescribing of unlicensed special order products. Achieve the target cost per ASTRO-PU or demonstrate a 20% reduction in costs.
- **Emollients:** Continue to review the prescribing of emollients and bath and shower products. Achieve the target cost per ASTRO-PU or demonstrate a 20% reduction in costs.
- **Controlled Drugs:** Review the prescribing of high dose controlled drugs, morphine equivalent of 120mg/day. Information will be sent to practices detailing specific items to review further.
- **Practice specific targets:** Practice to agree and implement two practice specific targets.

If practices are interested in organising a prescribing meeting via Microsoft Teams to discuss the Prescribing Quality Incentive Scheme further, please email prescribing.mailbox@nhs.net with possible availability (including preferred days of the week/dates) so that a meeting can be arranged. 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.

Right Care UTI target

- The Right Care UTI target measures the number of unique people of all ages prescribed trimethoprim more than once in any three consecutive months within the 12 month period and this should be equal to or below the CCG average.
- This metric reports the number of people in whom the event (trimethoprim prescribed more than once in any three consecutive months) occurs at least once in the 12 month period.
- **Purpose of the target:** trimethoprim should usually not be prescribed empirically to treat lower UTIs in people who have already been prescribed trimethoprim in the preceding three months due the possibility of empirical treatment failure and resistance.
- **Plan and action:** run a report to identify all patients prescribed trimethoprim for the same period as the data detailed in the practice prescribing meeting report (or the previous 12 month period).
- Separate patients into two groups-acute prescription issues and repeat prescription issues.
 - ◇ If the majority of the patients identified are on repeat prescriptions of trimethoprim for UTI prophylaxis, review the use of trimethoprim as antibiotic prophylaxis and follow the recommended guidance (please note that MSE guidance is currently under review and will be circulated to practices once finalised).
 - ◇ If the majority of prescribing is as acute prescriptions for the treatment of UTI, undertake a UTI audit using templates that can be provided by the Medicines Management Team.
- Discuss the findings at a practice meeting, and submit the audit and practice action plan to Medicines Management Team.
- **Support:** please contact the Medicines Management Team for support if required.

Mid and South Essex Medicines Optimisation Committee (MSEMOC) Meeting Updates

Traffic Lights status classification:

GREEN	Recommended for primary care, community or specialist initiation.
YELLOW	Recommended for specialist INITIATION and primary care continuation with appropriate information from specialist.
AMBER	Recommended for specialist INITIATION and primary care continuation under shared care agreement/guideline.
RED	NOT RECOMMENDED for prescribing in primary care. Responsibility for prescribing, monitoring and dose adjustment should remain with the specialist in secondary or tertiary care.
BLACK	NOT RECOMMENDED for prescribing in primary care, community or secondary care. Black List includes non-formulary items, NHSE drugs of low clinical value, and NHSE over the counter items.

MSEMOC May 2021 meeting decisions and position statements

Drug/Position Statement	Indication	Traffic Light Status
Acalabrutinib	Treatment of chronic lymphocytic leukaemia (NICE TA689)	RED
Alprostadil cream	Treatment of erectile dysfunction	BLACK
Anakinra	Treatment of Still's disease (NICE TA685)	RED
Atezolizumab with bevacizumab	Treatment of advanced or unresectable hepatocellular carcinoma (NICE TA666)	RED
Avelumab	Untreated metastatic Merkel cell carcinoma (NICE TA691)	RED
Baricitinib	Treatment of moderate to severe atopic dermatitis (NICE TA681)	RED
Blinatumomab	Previously treated Philadelphia-chromosome-positive acute lymphoblastic leukaemia (terminated NICE TA686)	BLACK
Brolucizumab	Treatment of neovascular (wet) age-related macular degeneration (NICE TA672)	RED
Co-proxamol	Management of pain	BLACK
Dapagliflozin	Treatment of symptomatic chronic heart failure with reduced ejection fraction (NICE TA679)	YELLOW
Dapoxetine	Treatment of premature ejaculation	BLACK
Erenumab	Prophylaxis of migraine (NICE TA682)	RED
Filgotinib	Treatment of moderate to severe rheumatoid arthritis (NICE TA676)	RED
Lenalidomide	Maintenance treatment after an autologous stem cell transplant for newly diagnosed multiple myeloma (NICE TA680)	RED
Lidocaine plasters	Symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia)	YELLOW
Lidocaine plasters	All other indications	BLACK

MSEMOC May 2021 meeting decisions and position statements - continued

Drug/Position Statement	Indication	Traffic Light Status
Naltrexone (low dose)	Treatment of multiple sclerosis	BLACK
Niraparib	Maintenance treatment of advanced ovarian, fallopian tube and peritoneal cancer after response to first-line platinum-based chemotherapy (NICE TA673)	RED
Nivolumab	Adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease (NICE TA684)	RED
Omalizumab	Treatment of chronic rhinosinusitis with nasal polyps (terminated NICE TA678)	BLACK
Pembrolizumab	Untreated PD-L1-positive, locally advanced or metastatic urothelial cancer when cisplatin is unsuitable (terminated NICE TA674)	BLACK
Pembrolizumab with pemetrexed and platinum chemotherapy	Untreated, metastatic, non-squamous non-small-cell lung cancer (NICE TA674)	RED
Ribociclib with fulvestrant	Hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy (NICE TA687)	RED
Sucralfate oral suspension (licensed)	Treatment of duodenal and gastric ulcer, and chronic gastritis following treatment failure with standard treatment options and persistent symptoms, and treatment of radiation proctitis	YELLOW
Sucralfate	Topical haemostatic use in palliative care	RED
Unlicensed sucralfate tablets, enemas and liquid preparations	All indications	BLACK
Teduglutide	Short bowel syndrome (terminated NICE TA690)	BLACK
Vernakalant	Rapid conversion of recent onset atrial fibrillation to sinus rhythm (terminated NICE TA675)	BLACK

MSEMOC May 2021 Guidelines: the following guidelines have been approved by the MSEMOC

- Policy for the order of home oxygen to patients who are known to smoke
- Principles for biologic use not covered by NICE Technology Appraisals
- Proton pump inhibitor (PPI) use in paediatric patients
- Appropriate prescribing of specialist infant formulae
- Defining boundaries between NHS and private healthcare
- Psoriasis topical treatment pathway
- Severe plaque psoriasis treatment pathway
- National tariff excluded (high cost drugs) commissioned list of indications 2021-2022

Bempedoic acid with ezetimibe

- NICE have recently published technology appraisal recommendations (NICE TA694, April 2021) recommending bempedoic acid with ezetimibe as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults.
- Bempedoic acid with ezetimibe will be considered at the July 2021 Mid and South Essex Medicines Optimisation Committee.
- Bempedoic acid tablets (Nilemdo) and Bempedoic acid with ezetimibe tablets (Nustendi) will remain Red List drugs, hospital specialist only, and are not recommended for prescribing in primary care until a formal position and guidance has been agreed.