Prescribing Update

December 2021 Newsletter

Brand prescribing of enoxaparin

Enoxaparin is in the Yellow List of the Traffic Lights list for the indication of prophylaxis and treatment of venous thromboembolism (VTE). For this indication enoxaparin is recommended for specialist initiation and primary care continuation with appropriate information from the specialist. Enoxaparin is in the Red List for all other indications.

Please note that different brands of enoxaparin are linked to brand specific devices for which there are differences in training and administration needs. Brand substitution may result in incorrect use or missed doses, therefore, from a patient safety perspective enoxaparin should be prescribed by brand name. The recommended formulary brand for newly initiated patients is Inhixa. However, if a patient is stabilised on an alternative brand, these should not be changed unless the clinician ensures the patient has been educated and trained on the use of the alternative device and has assessed their competence to self-inject.

Reminder - travel vaccinations not available at NHS expense

The following travel vaccines are not available at NHS expense and can be given as a private service:

- Japanese encephalitis
- Tick-borne encephalitis
- Meningitis ACWY (quadrivalent meningococcal meningitis vaccine; A, C, Y and W135)
- Rabies
- Tuberculosis
- Yellow fever
- Hepatitis B
- Combined hepatitis A and B vaccine is not supported for prescribing on the NHS for travel purposes by Mid and South Essex CCGs. Patients requiring both vaccines for travel purposes should be offered hepatitis A vaccine as an NHS service and hepatitis B vaccine separately as a private service.

Charges for private provision

For travel vaccines not available on the NHS, the practice may charge the registered patient for:

- The vaccine (for stock purchased and held by the practice).
- Administration of the vaccine.
- Provision of a private prescription (if a private prescription is provided to obtain the vaccine).

Patients should be advised to compare prices as there may be variation in the amount that individual pharmacies will charge to supply the vaccine. Alternatively, practices may choose to buy in the vaccine directly and charge patients for the cost of the vaccine.

The level of charges should be determined by the practice. It may be advisable to develop a practice policy which is available to patients, for example, in the form of a leaflet or as a section on the practice website.

Controlled drugs destruction Authorised Witness

The Misuse of Drugs Regulations 2001 state that those who must maintain controlled drugs registers are not allowed to destroy schedule 2 controlled drugs that are surplus or expired without the destruction being witnessed by an authorised person (called an authorised witness or AW). Practices can request an AW destruction by visiting www.cdreporting.co.uk and completing the 'destruction request' form. An AW from the CCG will then attend the practice to witness the destruction.

Reducing the environmental impact of inhalers

- Metered dose inhalers (MDIs) account for 71.6% of all inhaler device types prescribed in England.
- Hydrofluoroalkane (HFA) propellants contained in MDIs are potent greenhouse gases which can contribute to global warming.
- Dry powder inhalers (DPIs) contain no propellant and have substantially lower global warming potential compared to MDIs and are less harmful to the environment.
- As part of the NHS Long Term Plan, the NHS has committed to reducing its carbon footprint by 51% by 2025 to meet the Climate Change Act targets, including a shift to DPIs to deliver a reduction of 4%.
- The PCN DES specification for structured medication reviews and medicines optimisation makes a requirement of PCNs to "actively work with their CCG to optimise the quality of prescribing of metered dose inhalers, where a low carbon alternative may be appropriate".
- There is also an NHS England and NHS Improvement Investment and Impact Fund indicator to support the reduction of avoidable carbon emissions through encouraging use of lower carbon inhaler alternatives.
- The BTS/SIGN guideline on the management of asthma recommends that prescribers should be aware that there are significant differences in the global warming potential of different MDIs and that inhalers with low global warming potential should be used when they are likely to be equally effective.

Recommendations:

- **DPIs (and soft mist inhalers) are the preferred inhaler type** when clinically appropriate.
- Consider starting new patients on or switching existing patients to DPIs. Annual asthma or COPD review is an opportunity to discuss using a lower carbon footprint inhaler alternative.
  - ◊ Any change should be on an **individual patient basis**, with **training and assessment of inhaler technique** of the new device.
  - ◊ Consider clinical suitability and the ability of the patient to use the device. **DPIs require sufficient inspiratory flow rate.** Some patient groups, such as those with low inspiratory flow rate may not be able to use a DPI effectively - *examples include, frail, elderly patients, selected patients with COPD, very young patients or those with muscle weakness.*
  - ◊ Refer to the NICE patient decision aid-inhalers for asthma to facilitate discussions on appropriate inhaler devices for patients, which includes consideration of the carbon footprint of the inhaler.
- Refer to the MSEMOC Adult asthma treatment guidelines, which includes **formulary inhaler choices**. Consider formulary DPIs when they are likely to be equally effective as MDIs. Formulary MDIs take into account inhaler carbon footprints and include lower volume HFA inhalers where there is no alternative to MDIs.

Areas to focus on to reduce inhaler carbon footprint:

1) Review asthma patients at high risk or with poor control, including:

- Patients who have been admitted or needed oral steroids for asthma in the last year, or,
- Patients who are overusing salbutamol - *patients should need salbutamol no more than 3 times per week, or 2 inhalers per year.*
- Optimise care - respiratory review, review inhaler technique, offer a DPI if clinically appropriate, consider MART therapy if clinically appropriate.

2) Review higher carbon footprint inhalers:

- Review patients prescribed Flutiform MDI and Symbicort MDI - *these contain a large volume HFA which has a very high global warming potential.*

3) Switch from Ventolin Evohaler to Salamol (salbutamol 100mcg/dose) and **prescribe by brand name**:

- *Ventolin Evohaler has more than double the carbon footprint of Salamol.*

4) Consider combination inhalers:

- Review patients on more than one inhaler from different therapeutic groups (ICS, LABA, LAMA) and change to a single combination inhaler where one is available and is suitable.
- This will reduce the overall number of inhaler items, may improve treatment adherence, improve the inhaler carbon footprint and improve cost effectiveness.

5) Consider maintenance and reliever therapy (MART) in asthma:

- Single combination inhaler for maintenance and reliever therapy - *may contribute to lowering the inhaler carbon footprint.*

6) Encourage use of spacer devices to increase clinical effectiveness of MDIs

7) Waste reduction and inhaler recycling:

- Encourage patients to return used MDIs to community pharmacies for recycling or for environmentally safe disposal as used MDIs still contain propellants.

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 October 2021 meeting decisions and position statements

Drug / Position Statement	Indication	Traffic Light Status
Abatacept	Moderate rheumatoid arthritis (NICE TA715)	BLACK
Abiraterone	Newly diagnosed high-risk hormone-sensitive metastatic prostate cancer (negative NICE TA721)	BLACK
Adalimumab (biosimilar only)	Severe psoriatic arthritis in adults (NICE TA199)	RED
Adalimumab (biosimilar only)	Moderate rheumatoid arthritis (NICE TA715)	RED
Apremilast	Severe psoriatic arthritis in adults (NICE TA433)	RED
Budesonide orodispersible (Jorveza)	Eosinophilic oesophagitis (NICE TA708)	RED
Certolizumab	Severe psoriatic arthritis in adults (NICE TA445)	RED
Chlormethine gel	Mycosis fungoides-type cutaneous T-cell lymphoma (NICE TA720)	RED
Chronic fatigue syndrome medication	Chronic fatigue syndrome, myalgic encephalomyelitis/ encephalopathy	BLACK
Dasatinib	Philadelphia-chromosome-positive acute lymphoblastic leukaemia (terminated NICE TA714)	BLACK
Duvelisib	Relapsed follicular lymphoma after two or more systemic therapies (terminated NICE TA717)	BLACK
Enzalutamide	Hormone-sensitive metastatic prostate cancer (NICE TA712)	RED
Etanercept (biosimilar only)	Severe psoriatic arthritis in adults (NICE TA199)	RED
Etanercept (biosimilar only)	Moderate rheumatoid arthritis (NICE TA715)	RED
Golimumab	Severe psoriatic arthritis in adults (NICE TA220)	RED
Guselkumab	Severe psoriatic arthritis in adults (NICE TA711)	RED
Infliximab (biosimilar only)	Severe psoriatic arthritis in adults (NICE TA199)	RED
Infliximab (biosimilar only)	Moderate rheumatoid arthritis (NICE TA715)	RED
Ixekizumab	Severe psoriatic arthritis in adults (NICE TA537)	RED

MSEMOC October 2021 meeting decisions and position statements - continued

Drug / Position Statement	Indication	Traffic Light Status
Ixekizumab	Axial spondyloarthritis (NICE TA718)	RED
Lutein and oral antioxidant vitamin supplements	Eye indications including age-related macular degeneration	BLACK
Naltrexone and bupropion (Mysimba)	Overweight and obesity (NICE TA494)	BLACK
Nivolumab	Previously treated unresectable advanced or recurrent oesophageal cancer (NICE TA707)	RED
Nivolumab	Advanced non-squamous non-small-cell lung cancer after chemotherapy (NICE TA713)	RED
Nivolumab with ipilimumab	Previously treated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency (NICE TA716)	RED
Pembrolizumab	Untreated metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency (NICE TA709)	RED
Pemigatinib	Relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement (NICE TA722)	RED
Ravulizumab	Atypical haemolytic uraemic syndrome (NICE TA710)	RED
Sacubitril with valsartan (Entresto)	Heart failure in adults	YELLOW
Secukinumab	Severe psoriatic arthritis in adults (NICE TA445)	RED
Secukinumab	Non-radiographic axial spondyloarthritis (NICE TA719)	RED
Therapeutic clothing such as silk garments (excluding compression garments)	All indications	BLACK
Tofacitinib	Severe psoriatic arthritis in adults (NICE TA543)	RED
Vitamins and minerals	All indications (except for medically diagnosed deficiency)	BLACK

MSEMOC October 2021 Guidelines: the following guidelines have been approved by the MSEMOC
- Treatment of severe psoriatic arthritis in adults (biologic treatments)
- Guidelines for blood glucose testing strips, lancets and insulin pen needles
- Blood monitoring during national shortage of blood tubes
- Cardiovascular formulary (BNF chapter 2, some sub-chapters)
- Heart failure treatment algorithm
- Heart failure diuretics flow chart
- Entresto prescribing guidance and pathway
- Eye formulary (BNF chapter 11, some sub-chapters)
- Treatment pathway for management of glaucoma and ocular hypertension
- Management of dry eye syndrome
- Genitourinary formulary (BNF chapter 7, some sub-chapters)
- Guidelines for the management of urinary incontinence
- Wound care products formulary

The Medicines Management Team would like to wish all practices a merry Christmas and a happy New Year, and thank you all for your continued support around the prescribing agenda