NHS
Hambleton, Richmondshire and Whitby
Clinical Commissioning Group

Medicines Management Update

January 2015

Update on Use of Antiviral Medicines - Influenza Season 14/15

https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAttachment.aspx?Attachment_id=102039

National guidance now indicates GPs may now prescribe at NHS expense, antiviral medicines for the prophylaxis and treatment of influenza, in accordance with NICE guidance and Schedule 2 to the National Health Service (General Medical Services Contracts) (Prescription of drugs etc.) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS).

The full NICE guidance on the use of antiviral medicines can be accessed at:

http://guidance.nice.org.uk/TA168 for treatment, and

http://guidance.nice.org.uk/TA158 for prophylaxis.

MHRA Device Alert - Autopen insulin pen injection devices. Manufacturer: Owen Mumford.

http://www.mhra.gov.uk/home/groups/dtsbs/documents/medicaldevicealert/con491142.pdf

Problem - Risk of hyperglycaemia, which could lead to immediate and long-term deterioration of health. Affected devices may have a mechanical fault which could cause the dose selector to revert to zero resulting in the devices not delivering the correct dose of insulin.

Action by Pharmacists, Healthcare professionals, those involved in purchasing, supplying and using these devices –

- Advise users to stop using affected devices and to seek a replacement pen. Ensure that a suitable alternative device is available to enable them to maintain their insulin regime.
- Discontinue supply of all affected devices.
- Quarantine and return any remaining stock of affected devices to the manufacturer.

Relvar Elipta Packaging Changes http://hcp.gsk.co.uk/products/relvar/relvar-ellipta-packaging-change.html

GSK will be making some changes to the packaging of Relvar Ellipta from late January 2015 onwards, including changing the colour of the inhaler mouthpiece cover and associated packaging from pale blue to yellow. The medicine and inhaler are otherwise unchanged and patients that have been prescribed Relvar, therefore, can be reassured to continue with their treatment as advised/prescribed by their clinician.

The colour change is in response to the practical insights and feedback that GSK has received from a number of professional and patient organisations. Given the common practice in the UK of referring to short acting beta agonists (SABAs) as "blue inhalers", the change will further support the clear distinction between Relvar and SABAs in clinical practice. Patients can be reassured that there is no change to the medicine or functionality of the inhaler, and they should continue to take Relvar Ellipta as advised by their clinician. GSK have produced a leaflet and made information available on their patient website to support the communication of these changes to patients.

NB Fluticasone furoate/vilanterol (Relvar) inhaler is not routinely commissioned in HRW CCG as a treatment option in asthma or COPD.

Price concessions for medicines

The DoH has granted the following price concessions for **December 2014**

- Amantadine100mg caps (56) - £19.80
- Amantadine 50mg/5ml oral solution sugar free (new) 150ml - £89.30
- Amiloride 5mg tablets (28) - £14.05
- Co-amilofruse 2.5/20 tablets (28) - £4.32
- Co-amilofruse 5/40 tablets (28) - £4.80
  Co-Tenidone 50/12.5mg tablets (28) - £3.36
- Co-Tenidone 100/25mg tablets (28) - £3.55
- Estriol 0.01% cream 80g -£16.04
- Exemestane 25mg caps (30) - £42.20
- Fenofibrate micronised 200mg caps (28) - £12
- Lisinopril 20mg/Hydrochlorothiazide 12.5mg tablets (new) (28) - £11.52
- Naftidrofuryl 100mg capsules (84) (new) £8.10
- Pizotifen 500mcg tablets (28) - £5.78
- Pizotifen 1.5mg tablets (28) - £5.45
- Tamoxifen 20mg tablets (30) - £4.15
- Trantolapril 2mg capsules (28) - £7.50

Medicines Compliance Aid Database launched by UKMi

UK Medicines Information (UKMi) has launched a Medicines Compliance Aid database, which makes recommendations on the suitability of transferring solid dose formulations from the manufacturers' original packaging into multi-compartment compliance aids (MCAs).

The database, which is open access, makes recommendations based on physico-chemical stability and characteristics of the medicine and formulation, information received from manufacturers, and data (where available) on the storage in MCAs.

The database can be searched by the brand or generic name of the medicine, although most entries will be based on the brand leader. Once searched, the product is given a traffic light colour-coded UKMi recommendation as to whether it is suitable or not to be placed in a MCA.

UKMi recommend using the database alongside the Royal Pharmaceutical Society's Guidance Improving patient outcomes through the better use of multi-compartment compliance aids.

Preventing Harms from the Use of Methadone

http://www.cqc.org.uk/sites/default/files/20141107_safer_use_of_controlled_drugs_preventing_harms_from_the_use_of_methadone_v2.pdf

CQC and NHS England have recently published the following recommendations for clinical practitioners who prescribe, dispense or administer methadone. They should check that:

1. They are competent to prescribe, dispense or administer in the context of use.
2. The methadone dose is safe for those who may be opioid/opiate naïve as a consequence of intentional/unintentional withdrawal or initiation of treatment.
3. Those who prescribe, dispense, administer or take methadone are fully aware of the consequence and potential for harm if:
   - The drug is taken to excess (in any context);
   - Combined with alcohol, and other drugs; and
   - Is given to someone with insufficient tolerance to the dose.
4. The concurrent use of methadone with other opioid(s)/opiate)(s) and/or respiratory depressants can result in a cumulative respiratory depressant effect leading to serious patient harm. Clinicians should review these medicines and avoid their use if possible; and if prescribed patients should be made aware of potential interactions.
5. All those involved in the use of methadone recognise the potential dangers if children have access to methadone.
6. The correct formulation has been prescribed, dispensed and administered and that a x10 error is not possible due to confusion between the 1mg/mL and 10mg/mL concentrate.
7. Additionally that supervised consumption is available and used to ensure compliance while preventing diversion; and allowing for individual progression to recovery and self-management.

Supporting information and other CD topics in this series can be found at
http://www.cqc.org.uk/content/use-controlled-drugs

Isotretinoin (Roaccutane): reminder of possible risk of psychiatric disorders—warn patients and family; monitor patients for signs of depression

http://www.mhra.gov.uk/home/groups/dsu/documents/publication/con491148.pdf

Following a review of the latest evidence of an association between isotretinoin and psychiatric disorders, we remind you to monitor all patients for signs of depression and refer for appropriate treatment if necessary. Warn patients and their family that isotretinoin might cause psychiatric disorders and tell them to watch out for symptoms

Advice for healthcare professionals

- Isotretinoin should only be prescribed by or under the supervision of a consultant dermatologist with expertise in the use of systemic retinoids for the treatment of severe acne and a full understanding of the risks of isotretinoin therapy and monitoring requirements.
- Warn patients and their family that isotretinoin might cause psychiatric disorders such as depression, anxiety, and in rare cases suicidal thoughts. Tell them to watch out for symptoms.
- When prescribing isotretinoin to patients with a history of depression, carefully consider the balance of benefits of treatment against the possible risk of psychiatric disorders.
- Monitor all patients for signs of depression and refer for appropriate treatment if necessary. Stopping isotretinoin may not be enough to alleviate symptoms and further psychiatric or psychological evaluation may be necessary.

UKMI NICE BITES: Bipolar Disorder NICE BITES

This guideline covers the recognition, assessment and management of bipolar disorder in children, young people and adults. It applies to people with bipolar I, bipolar II, mixed affective and rapid cycling disorders. NICE Bites CG185; 2014

Adults

Recognising bipolar disorder in primary care When adults present with depression, ask about previous periods of overactivity or disinhibited behaviour. If these lasted for ≥4 days, consider referral for a specialist mental health assessment. Refer people urgently for a specialist mental health assessment if mania or severe depression is suspected or they are a danger to themselves or others. Do NOT use questionnaires to identify bipolar disorder.

Managing bipolar disorder in primary care

Psychological interventions

- Offer people with bipolar depression:
  - a psychological intervention developed specifically for bipolar disorder with a published evidence-based manual describing how it should be delivered, **OR**
  - a high-intensity psychological intervention (CBT, interpersonal therapy or behavioural couples therapy). See NICE pathway: Depression.
- Discuss possible benefits and risks of psychological interventions and the person's preference. Monitor mood and if any signs of hypomania or deterioration of the depressive symptoms, liaise with/refer the person to secondary care. If the person develops mania or severe depression, refer urgently to secondary care.
- If bipolar disorder is managed solely in primary care, re-refer to secondary care if any one of the following applies:
  - there is a poor or partial response to treatment,
  - the person's functioning declines significantly,
  - treatment adherence is poor,
  - the person develops intolerable or medically important side effects from medication,
  - comorbid alcohol or drug misuse is suspected,
  - the person is considering stopping any medication after a period of relatively stable mood,
  - a woman with bipolar disorder is pregnant or planning a pregnancy.

Pharmacological interventions

Do NOT start lithium for people who have not taken lithium before, except under shared-care arrangements with the mental health specialist.
Link to TEWV Lithium SCG:
http://www.tewv.nhs.uk/Global/Policies%20and%20Procedures/Pharmacy/PHARM-0024-v5%20Safe%20Lithium%20Therapy%20Shared%20Care%20Guidelines.pdf

Do NOT start valproate in primary care.

Monitoring physical health – see NICE pathway

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