

CCG Updates Prescribing Edition

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NHS

**Stockport
Clinical Commissioning Group**



World Antibiotic Awareness Week (WAAW) 14th -21st November 2106 – let's make the most of it

As you will no doubt be aware, one of the greatest threats we face globally is that resistance to existing antibiotics is increasing. Our UK Independent Review on antimicrobial resistance (AMR), led by Lord Jim O'Neill and published in May highlighted that unless we act to tackle this issue now, by 2050 there could be up to 10 million deaths and an economic cost of £66 trillion.

Public Health England has developed a [range of tools](#) to support better use of antimicrobials and we are asking you to support locally.

The weeklong campaign will support better antimicrobial stewardship which is a long term national and local aim. You will have recently received a letter from us asking you to support better stewardship. We have provided you with your practices data for the national key therapeutic topics and a handy hints and tips sheet.

Antibiotic prescribing in primary care has been shown to directly affect antimicrobial resistance and has been increasing, highlighting the need to preserve our current antibiotic portfolio and to safeguard against developing resistance patterns. NICE has produced quality standards; we have local guidance and numerous other resources including the TARGET antibiotic toolkit to support better use of antibiotics. A one page information sheet supporting prudent antibiotic prescribing including numerous resources (links to training materials and patient leaflets) can be found [here](#).

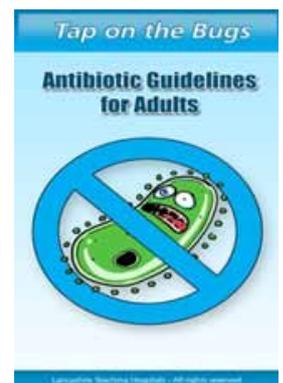
Antibiotic Prescribing App

The "Tap on the Bugs" app provides the Stockport antibiotic guidelines in an easy to use and easily accessible format. It is available on both Android and Apple devices – on phones, iPads etc.

In the app store just search "Tap on the Bugs" or "Antibiotic Guidelines" to find it.

The app is hosted by Lancashire Teaching Hospitals and both Stockport and Preston Guidelines are on there. Please make sure you use the Stockport guidelines, both the community and hospital antibiotic guidelines are there for you.

The app can also be tailored to your needs. So if there are any additions or modifications you require contact snt-tr.pathologyenquiries@nhs.net with any comments or suggestions.



Inside this issue:

- OptimiseRx
- Flu jabs and egg allergy
- Safety
- Opioids



OptimiseRx messages

Following prescribing errors in primary care when sulfadiazine was prescribed in the place of sulfasalazine, OptimiseRx, the clinical decision support tool, has been updated to produce a warning message when issuing new prescriptions and re-authorisations of sulfadiazine.

Please note that when an OptimiseRx message is accepted which results in a replacement drug being prescribed, the original repeat medicine is 'discontinued' by EMIS and placed in past drugs with 'FirstDatabank' automatically entered as the reason for discontinuation.

The screenshot shows a window titled "Best practice guidance" with the OptimiseRx logo in the top right. Below the logo, it says "Selected drug - Sulfadiazine 500mg tablets". A warning message is displayed: "Review use of sulfadiazine; verify that this is not being mistaken for sulfasalazine, which has very different indications." Below the message, there is a "Source" section with a "View reference information" button. The source text reads: "The MHRA drug safety update (2013) reports very serious incidents resulting from confusion between sulfadiazine and sulfasalazine. Sulfadiazine is indicated for the prevention of rheumatic fever. Sulfasalazine is indicated for the treatment of mild to moderate, and severe ulcerative colitis and maintenance of remission; active Crohn's disease; and rheumatoid arthritis." A link "View the triggered rule for this patient" is also present. At the bottom, there is a disclaimer: "Disclaimer: The Medicines Optimisation module is intended for the use of healthcare professionals and is provided on the basis that the healthcare professionals will retain FULL and SOLE responsibility for deciding what treatment to prescribe or dispense for any particular patient or circumstance. View full disclaimer." and an "OK" button.

COPD Rescue Packs Prescriptions

As the winter months approach, please could practices consider identifying their COPD patients who self-manage exacerbations at home with rescue medicines i.e. steroids and antibiotics, to check and ensure they have an adequate supply of in date medication.

PBMC corner

This month we welcome a new PBMC, Paula Henry from Heald Green 1 Surgery.

The newly published SOP for Venlafaxine MR capsule to Vensir® branded generic was introduced by pharmacists Jacqueline Coleman and Ana Cervinschi, the aim of this is to pick up remaining cost savings from patients not wishing to change to Venlalic® MR tablets.

PBMCs were asked to check their practice process for passing on any OptimiseRx messages that appear when they are producing prescriptions, this is to ensure that safety and cost effective messages are not missed.

"Private and confidential" should be included in the heading of any medication change letters sent out from SOP work.

PBMCs are asked to send a copy of their monthly work sheet to their practice prescribing adviser



Flu jabs & Egg Allergy

Q. Which flu vaccine can be given to people with egg allergy?

A. Most influenza vaccines are produced using hens eggs and contain ovalbumin. There is one ovalbumin-free vaccine (Optaflu®) but this is only licensed in adults from 18 years. The ovalbumin content of other influenza vaccines varies but in many is very low (less than 0.12mcg/ml).

Children or adults who have had severe anaphylaxis to egg which has previously required intensive care should be referred to specialist for immunisation in hospital.

Adults with egg allergy that has not required intensive care may safely be immunised in any setting using an inactivated influenza vaccine with ovalbumin content less than 0.12mcg/ml (equivalent to 0.06mcg/dose).

Children with severe anaphylaxis that has not required intensive care can be safely vaccinated with Fluenz Tetra® in any setting, including primary care and schools. Children with clinical risk factors that contraindicate Fluenz Tetra® should be offered an inactivated influenza vaccine with ovalbumin content less than 0.12mcg/ml.

A list of influenza vaccines for the 2017/18 season was published in the August 2016 edition of [Vaccine Update](#).

'Cold Chain' Breakage Advice for Patients

Public Health England has published a [leaflet](#) for parents, carers and patients about the use of vaccines that have been temporarily stored outside their recommended temperature range. It explains how this can arise and explains that using such vaccines can be in a patient's best interest.

Information for healthcare professionals on the stability of medicines outside recommended storage conditions is available via the [SPS website](#). Search for the product name then click on the 'refrigerated medicines stability' tab on the right side of the screen.

Safety

Abasaglar®- Prescribing insulin by brand

Recent growth in the use of the cost effective insulin glargine biosimilar Abasaglar has caused some issues with generically written glargine scripts. **Can all practitioners ensure insulin is prescribed BY BRAND** this is especially true for Glargine (be it Lantus®, Abasaglar® or the high strength Toujeo®) to prevent medication errors and patients receiving the incorrect insulin.

Although Abasaglar® is effective as Lantus® at reducing HbA1c but is not an exact equivalent. Patients must receive appropriate counselling and monitoring if switching between these preparations.

Etoricoxib dose warning

A recent [Drug Safety Update](#) details changes in dose recommendations for etoricoxib (Arcoxia®) from 90mg to 60mg once daily in ankylosing spondylitis and rheumatoid arthritis. The lower dose has been shown to be effective in these conditions. Some patients may require dose increase to 90mg, but this should be reviewed when clinical stability is achieved, as down-titration may be appropriate. Please see [Arcoxia® SPC](#) for further details

BE OPIOID AWARE - Prescribing opioids for chronic pain

Whilst opioids are effective analgesics for acute pain and end of life care, they are of limited use for long term pain. Side effects are very common (50 – 80% of patients), and up to a quarter of patients taking opioids long term have developed a dependence on them.

Prescribers rarely choose to initiate opioids long term; most patients become dependent on opioids after being treated for acute pain.



Analgesic options beyond paracetamol or ibuprofen are limited; co-codamol or tramadol are widely used, especially for older patients, as NSAIDs have been highlighted as causing renal problems.

Did you know?

- The risk of harm increases above a dose greater than 120mg morphine (or equivalent) daily, with no increased analgesic benefit (= 60mg oxycodone daily, or fentanyl patch 25mcg or higher)
- A dose greater than 220mg morphine (or equivalent) daily impairs a person nearly as much as being over the legal limit of alcohol, and they are probably not safe to drive
- For patients over 80 years, opioids have a higher rate of hospital admission and all-cause mortality than NSAIDs (difficult relative risk analysis for individual patients though!)
- Patients with a history of mental health problems, personality disorder, or sexual/physical abuse are more likely to become emotionally dependent on opioids and to escalate the dose without permission
- Chronic opioid use is associated with reduced quality of life and employment status, and increased pain, healthcare use and mortality

Help and advice for prescribers

The Faculty of Pain Medicine has published its opioids aware resource pack for patients and healthcare professionals.

It can be found at www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware

Nice Bites

[This month's edition](#) covers multimorbidity: clinical assessment and management.

This guideline covers optimising care for adults with multimorbidity, by reducing treatment burden (polypharmacy and multiple appointments) and unplanned care NICE guidance.

