Pan Mersey Area Prescribing Committee

RECOMMENDATIONS

**BLACK** APREMILAST tablets (Otezla®▼) for plaque psoriasis

The Pan Mersey Area Prescribing Committee (APC) does not recommend the prescribing of APREMILAST tablets (Otezla®▼) for plaque psoriasis in accordance with NICE TA368.

**BLACK** APREMILAST tablets (Otezla®▼) for active psoriatic arthritis

The Pan Mersey Area Prescribing Committee (APC) does not recommend the prescribing of APREMILAST tablets (Otezla®▼) for active psoriatic arthritis in accordance with NICE TA372.

**GREY** E-Cigarettes

The Pan Mersey Area Prescribing Committee does not currently recommend the prescribing of e–cigarettes for smoking cessation.

**RED** DEXAMETHASONE intravitreal implant (Ozurdex®) in the treatment of non-infectious uveitis

The Pan Mersey Area Prescribing Committee recommends the prescribing of DEXAMETHASONE intravitreal implant (Ozurdex®) as a third-line treatment option for the treatment of posterior non-infectious uveitis.

**AMBER** CICLOSPORIN 1mg/mL (0.1%) eye drops, emulsion (Ikervis®)

The Pan Mersey Area Prescribing Committee recommends the prescribing of CICLOSPORIN eye drops, emulsion (Ikervis®) following initiation by a specialist in the management of dry eye disease in line with NICE TA369.

**GREEN** VORTIOXETINE tablets (Brintellix®▼)

The Pan Mersey Area Prescribing Committee recommends the prescribing of VORTIOXETINE tablets (Brintellix®▼) as a third line option for treating major depressive episodes in adults whose condition has responded inadequately to two antidepressants within the current episode, in accordance with NICE TA367.

FORMULARY

Antimicrobial Guide and Management of Common Infections in Primary Care

Strategies to Optimise Prescribing of Antimicrobials in Primary Care
GUIDELINES

- **Anti-TNF for managing planned conception in patients with active inflammatory arthritis - application and case for introduction of biologics**

- **Biologic agents in management of Juvenile Idiopathic Arthritis**

- **Gout, pharmacological management**

SHARED CARE

- **Lithium treatment in adults**

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**Practice Update – Prescribing Decision Support**

As of February 2016 the roll out of our new prescribing decision support software, OptimiseRx, will begin. This system will replace ScriptSwitch and the decision has been made following a successful pilot of the system across four of our GP practices.

OptimiseRx is fully integrated into the prescribing workflow within EMIS Web. Messages are only triggered when the patient’s demographic details and medication and condition history all combine to flag a message as appropriate to that specific patient at that point in time.

OptimiseRx must be activated within each practice before it is available within EMIS Web but this is relatively simple and full instructions have been shared with practice managers – the medicines management team will be in touch in the next couple of weeks to support practices with the roll out.

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**Safety**

**DRUG SAFETY UPDATE**

- **Levonorgestrel-releasing Intrauterine Systems: Prescribe by Brand Name**

Levonorgestrel-releasing intrauterine systems should always be prescribed by brand name because products have different indications, durations of use, and introducers. Further details are available [here](#).

- **Valproate and Risk of Abnormal Pregnancy Outcomes: New Communication Materials**

**Summary of risks and precautions**

Children exposed in utero to valproate are at a high risk of serious developmental disorders (in up to 30-40% of cases) and congenital malformations (in approximately 10% of cases)

Valproate should not be prescribed to female children, female adolescents, women of childbearing potential or pregnant women unless other treatments are ineffective or not tolerated.
Advice for general practitioners

- Valproate treatment must be started and supervised by a specialist experienced in managing epilepsy or bipolar disorder.

- Consider the need to arrange treatment reviews with the relevant specialist for women of childbearing potential and girls who are currently taking valproate.

- If a woman who is taking valproate tells you she is pregnant or would like to have a baby, refer her to the specialist responsible for her care.

Please continue to report any suspected side effects to valproate or any other medicine on a Yellow Card (see also guidance on reporting side effects experienced by the woman or child to medicines taken during pregnancy).

Off-label use: risks and advice still apply

Valproate is not licensed for treatment of conditions other than epilepsy or bipolar disorder in the UK. However, we are aware that these medicines are sometimes used ‘off-label’ (e.g. for migraine or chronic pain). If you are considering initiating or continuing such treatment, the same risks and advice in this article apply.

New communication materials have been developed to assist in improving awareness of risks of valproate in pregnancy following a recent alert.

Resources include:

- A guide to give to patients
- A card to give to patients
- Consultation checklist
- Booklet for healthcare professionals

Full information is available via the following link:


Patient safety alert: Desmopressin

An alert has been issued to highlight the risk of severe harm or death when desmopressin is delayed or omitted in patients with cranial diabetes insipidus.

Cranial diabetes insipidus is a rare disorder of the pituitary gland characterised by an inability to produce antidiuretic hormone (ADH). This results in the production of large volumes of dilute urine. Cranial diabetes insipidus is the most common type of diabetes insipidus. It can be caused by damage to the hypothalamus or pituitary gland, for example, after an infection, operation, brain tumour or head injury. Left untreated, patients with cranial diabetes insipidus will develop life-threatening dehydration and hypernatraemia. Desmopressin is a synthetic form of ADH used to treat cranial diabetes insipidus and is considered a life sustaining medication in this situation. In the treatment of cranial diabetes insipidus, desmopressin is most commonly administered as an intranasal spray or oral tablets, but may also be given as an injection, which is useful in the treatment of acutely unwell or fasting patients.

While 56 reported incidents to the National Reporting and Learning System (NRLS) identified dosing errors with resulting patient harm, NHS England is aware of four incidents in the past seven years where omission of
desmopressin has resulted in severe dehydration and death. A further 76 incidents to the NRLS described omission or delay that had been detected and acted on before the patient became critically ill.

Patient Safety Alert - Desmopressin FINAL 8 Feb 2016.pdf

Drug safety update: Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia

MHRA has advised healthcare professionals that it is essential to monitor blood electrolytes regularly in patients co-prescribed a potassium sparing diuretic with an ACE inhibitor or angiotensin receptor blocker for heart failure; especially in those with marked renal impairment.

Details of the full safety update can be found here.

Hot Topic

Vitamin B Supplementation

Vitamin B supplementation has previously been used to prevent Wernicke's encephalopathy in alcoholic patients.

However current NICE guidance recommends the use of thiamine alone to prevent Wernicke's encephalopathy and there is no recommendation for the use of vitamin B Co or vitamin B Co strong due to a lack of evidence base for this treatment.

NICE CG 100 advises the following for Wernicke's encephalopathy:

1. Offer prophylactic oral thiamine to harmful or dependent drinkers at high risk of developing, or with suspected, Wernicke's encephalopathy. Thiamine should be given in doses toward the upper end of the 'British national formulary' range i.e. 200-300mg daily in divided doses.

2. Offer prophylactic oral thiamine to harmful or dependent drinkers:
   - if they are malnourished or at risk of malnourishment or
   - if they have decompensated liver disease or
   - if they are in acute withdrawal or
   - before and during a planned medically assisted alcohol withdrawal.

3. Offer prophylactic parenteral thiamine followed by oral thiamine to harmful or dependent drinkers:
   - if they are malnourished or at risk of malnourishment or
   - if they have decompensated liver disease
   and in addition
   - they attend an emergency department or
   - are admitted to hospital with an acute illness or injury.

Full details are available at http://www.nice.org.uk/guidance/cg100

N.B. Vitamin B preparations can also be used to prevent re-feeding syndrome. This is a potentially fatal scenario caused by electrolyte imbalance when normal eating is re-commenced following a period of malnutrition.

To prevent re-feeding syndrome in high risk patients NICE CG32 recommends considering:
Providing immediately before and during the first 10 days of feeding: oral thiamine 200–300 mg daily, vitamin B compound 1 or 2 tablets, three times a day (or full dose daily intravenous vitamin B preparation, if necessary) and a balanced multivitamin/trace element supplement once daily.

Vitamin B tablets, Compound and Vitamin B tablets, Compound, Strong should only be used on the advice of a dietician or in secondary care to prevent “re-feeding syndrome”. From the NICE guidance above we would only expect prescribing for this indication to be for 10 days.

Full details are available at http://www.nice.org.uk/guidance/cg32

**Current 5 Boroughs Partnership (SBP) Mental Health Trust Practice**

Within the SBP it has been common practice for patients admitted with a history of alcohol abuse to be prescribed both thiamine 50mg four times a day, and vitamin B compound strong tablets (actual doses for this vary). This was common practice in most Trusts prior to NICE CG 100. This policy is now under review due to the new NICE evidence.

As vitamin B compound strong would still be required in re-feeding syndrome, it is possible that there may be some residual prescribing of this medicine, but numbers would be expected to be small. Furthermore, this treatment would only be indicated for 10 days, so should not continue past discharge.

**Antimicrobial Stewardship and Resistance**

*Pan Mersey Antimicrobial Guide and Management of Common Infections in Primary Care*

The quick reference guide for the 2015 Antimicrobial prescribing guidelines has now been updated and uploaded onto the Pan Mersey website. The medicine management team will be visiting practices to replace the laminated 2014 version with the more up to date copies.

It can be found via the following link: Antimicrobial Quick Reference Guide

As of December 2015 the data for overall prescribing of antibiotics for the CCG as a whole has reduced by 9% compared to the end of year position for 2014/15 and by 4.5% compared to the end of year position for 2013/14 – this is a fantastic achievement and means that Halton have significantly improved their position nationally thanks to all the hard work that has gone on by our GP practices to review prescribing and to educate patients.

It is hoped that we will continue the work into 2016/17 in order to build on the work that has already been done and to help create some positive momentum in this crucial area.

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