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Medicine Matters

A medicines optimisation newsletter for
Merton and Wandsworth Clinical Commissioning Groups

NHS Merton Clinical Commissioning Group

NHS Wandsworth Clinical Commissioning Group

Measles Outbreak

Between 1 January 2018 and 23 August 2018 there have been 859 laboratory confirmed measles cases in England. Cases were reported in most areas with London (300), the South-East (178), South-West (142), West Midlands (85) and Yorkshire and Humberside (83) reporting the most cases (based on provisional figures).
Public Health England is advising the public to ensure they have had 2 doses of MMR vaccine.

Key messages:

- There is no upper age limit to offering MMR vaccine.
- Immunisation of children aged 15 years or younger is covered under the global sum
- For children aged 16 and over, an item of service fee can be claimed manually via the CQRS MMR programme for each dose of MMR administered to these patients. This includes patients born before 1970 who have no history of measles or MMR vaccination.
- Central MMR vaccine stock can be used to immunise all ages.

It is also important to ensure that all healthcare staff are up to date with their MMR vaccines. The Care Quality Commission has published a helpful guide on immunisation of healthcare staff for primary care colleagues: http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-37-immunisation-healthcare-staff

Contact Public Health England if a patient is suspected having/ has measles on 0344 326 2052 (24 hours)
For further information see https://www.gov.uk/government/publications/national-measles-guidelines
https://www.gov.uk/government/publications/measles-post-exposure-prophylaxis

Cost effective Prescribing: Methylphenidate XL review

Wandsworth & Merton CCGs have advised practices to review certain strengths of methylphenidate XL tablets and Concerta® XL tablets and change to the brand Xenidate® XL. This has been endorsed by SWL SGH Mental Health Trust. Xenidate XL offers better value for money for the NHS and the brand change is not expected to have any significant clinical impact.

Although both Concerta® XL and Xenidate® XL tablet formulations are designed to make it difficult to alter (e.g. dissolving) in order to reduce the potential for abuse, a patient case of abusing Xenidate XL was found.

GPs are recommended **NOT** to change patients who have a history of substance misuse to Xenidate® XL tablets, if they are being prescribed Concerta® XL. If these patients are being prescribed generically, the practice will need to contact the community pharmacy to confirm the brand dispensed.

For patients who **do not** have a history of substance misuse, the change to Xenidate® XL is deemed appropriate.
For any queries, speak to your Practice Support Pharmacist.

Impact of 'no deal' Brexit on the supply of medicines

You may have patients asking about this. The Department for Health and Social Care (DHSC) has provided advice — see letter .This states that:

Hospitals, GPs and community pharmacies throughout the UK do not need to take any steps to stockpile additional medicines, beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions. Local stockpiling is not necessary and any incidences involving the over ordering of medicines will be investigated and followed up with the relevant Chief Or Responsible Pharmacist directly.

Clinicians should advise patients that the Government has plans in place to ensure a continued supply of medicines to patients from the moment we leave the EU. Patients will not need to and should not seek to store additional medicines at home.

Updated Influenza PGDs

NHS England London Region has published three updated Patient Group Directions (PGDs) on its website. This can be accessed at http://www.england.nhs.uk/london/immunis-team/

The updated PGDs are: NHSE PHE IM Influenza PGD v06.00, NHSE PHE LAIV PGD v07.00, NHSE PHE PPV PGD v02.00

Practices should ensure that any registered healthcare professional who is due to administer vaccinations under these PGDs has signed this latest version and be properly authorised.

Lithium Safety Reminder

In the last 12 months, there have been 6 incidents across SWL involving patients on lithium treatment in primary care, despite reminders of best practice for lithium prescribing. 3 resulted in patients ending up with toxic lithium levels and others involved drug interactions.

Prescribers are reminded:

- To always **check for interacting drugs** and to monitor levels* if an interacting drug is prescribed as per the shared care document. More frequent monitoring of eGFR and plasma lithium is essential. For prescribing responsibilities and further information, see Lithium shared-care guideline
- To **always prescribe lithium by brand.** Priadel® tablets are the formulary choice. For liquids, high strength Li-liquid (lithium citrate 1018mg/5ml equivalent to 400mg lithium carbonate) is the preferred brand. Data for 2017/18 shows that 1,968 prescription items for lithium carbonate were written generically across SWL. This poses the risk of patients receiving different brands resulting in toxicity or sub-therapeutic levels
- Different brands/formulations of lithium are **not bioequivalent or interchangeable**. Doses must be calculated according to the preparation when switching from tablets to liquid and vice versa.
- All patients should have a **lithium booklet** or have the Lithium App downloaded on their phone.
- To ensure physical health monitoring of patients on lithium (as below) is up to date and update patient record.

  3 monthly: Lithium levels (sample taken 12 hours after last dose)

  6 monthly: Serum calcium, TFTs & Renal Function (eGFR)

  Annual: Weight/BMI, BP, pulse**,** lipids, LFTs, fasting blood glucose & $HbA1_c$

Community Pharmacists are advised to check the brands with patients, record in the lithium book and inform prescribers when presented with a generic prescription of Lithium.

*Please note: currently lithium levels > 1.0mmol/L received by the GP do not have any guidance or recommendations for action. SWLSGH MH Trust is currently in discussion with the local Acute Trusts pathology departments about adding a corresponding advisory note for the prescriber when a level is >1.0 or >1.5.

For advice and/or managing toxic lithium levels ≥ 1.0mmol/L, please contact Springfield Medicines Information 0203 513 6829 .

Epipen Stock Issues

Due to manufacturing delays, there continues to be supply constraints of EpiPen Adrenaline Auto-Injectors in the UK.

To support patient access to the product during this supply constraint, healthcare professionals are encouraged to manage prescription renewals diligently. It is important to note that when validating the expiry date of an adrenaline auto-injector, the product expires on the last day of the month indicated.

To help manage product availability, pharmacies are allocated stock on a prescription-only basis and can place orders for up to a maximum of two EpiPen 0.3mg and 0.15mg Auto-Injectors per prescription. Supplies could vary across various pharmacies.

0.3mg Adrenaline Auto-injectors:

To address supply constraints of Epipen 0.3mg, Mylan UK has obtained acceptance from MHRA to extend the use beyond labelled expiry dates for **specific batch numbers**, beyond the labelled expiry date by 4 months. The affected batches (expiry dates between July 2018 and November 2018) can be found here: http://www.epipen.co.uk/.

Important: the extended use only applies to the lots of EpiPen 0.3mg auto-injectors listed

A limited supply of single and twin-pack Epipen 0.3mg Auto-injectors, that will expire in February 2019, has been made available for pharmacies to order.

0.15mg Adrenaline Auto-injectors:

EpiPen Jr 0.15mg Adrenaline Auto-Injectors is also out of stock. Due to the supply situation with EpiPen Jr 0.15mg, supplies of both Jext and Emerade 0.15mg adrenaline auto-injectors have been rapidly depleted. However, additional supplies of Jext and Emerade are expected soon. Supplies will be limited and the overall situation is likely to be constrained until the Epipen situation has resolved.

There are two alternative adrenaline auto-injector products available in the UK, Emerade and Jext. Supplies of both presentations are currently available, but may be limited due to the ongoing Epipen supply issues.

Emerade also supply a 0.5mg adrenaline auto-injector. Prescribers are reminded to ensure the correct dose is prescribed.

Further advice is also available via the Anaphylaxis UK website: https://www.anaphylaxis.org.uk/2018/08/09/updated-statement-from-mylan-on-the-availability-of-epipen-0-3mg-and-epipen-jr-0-15mg-adrenaline-auto-injector/

Epipen supply status can be found on: www.epipen.co.uk

Repeat Dispensing—reminder

Clinicians are reminded that Repeat Dispensing SHOULD ONLY be used for patients who have a long-term condition and are **stable** – where the medications do not change for a longer period of time.

For patients using blister packs, ensure that the interval is 7 days and the authorised no. of issues is 4. This will generate 4 weekly scripts (RDs) and 1 RA (the authorisation).

For patients getting regular repeats, the recommended interval is 28 or 56 days and the authorised no. of issues can be 6 or 12 (for 6 monthly or a year's supply).

If you have any queries about repeat dispensing, contact your Practice Support Pharmacist.