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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

Update on Influenza Vaccine in London

NHSE has issued a letter on maximising use of aTIV influenza vaccine in London during winter 2018/19:

GP practices and community pharmacy providers should offer the adjuvanted trivalent vaccine (aTIV) for all 65s and over. Based on available evidence, the aTIV vaccine is more effective and highly cost effective in this age group compared with the non-adjuvanted (TIV) vaccines. Quadrivalent vaccine (QIV) is advised to be the best option for the 18-65s at risk group.

A large number of GP practices in London do not have enough aTIV for their over 65s practice populations.

NHSE (London) public health commissioning team advise the following steps to be taken to ensure that the over 65s population are adequately protected this winter:

- If your practice has not ordered aTIV for your over 65s population, the patients can be referred to community pharmacies where aTIV is available.
- If the community pharmacy does not have aTIV, the over 65 year old patient should be informed and can be offered QIV.
- If your practice has low stock of aTIV, the over 75s should be prioritised and those over 65s at clinical risk before offering to the rest of your over 65s cohort.

Community pharmacies vaccinating patients with Influenza vaccine must notify the patient's GP Practice using the form as outlined in the Service specification: Community pharmacy seasonal influenza vaccination advanced service.

Update on limited availability of EpiPen® and EpiPen® Junior (adrenaline auto-injector devices)

The limited availability of EpiPen® and EpiPen® Junior and interruptions in the supply continue for the remainder of 2018.
The Department of Health and Social Care (DHSC) have issued a **Revised Supply Disruption Alert** for EpiPen® and EpiPen® Junior - Adrenaline auto-injector devices (AAI). Please click here to view this alert.

Advice for Prescribers:

- Not to prescribe and dispense additional adult and child auto-injector prescriptions to patients who are worried about the shortages as this could exacerbate the overall supply situation.
- **Specific batches** of adult EpiPen® and Jext® 150 mcg and Jext® 300 mcg can be safely used for four months after the expiry date has passed. Refer to Epipen® and Jext® websites for more information on the batches.
- Children weighing **above 25kg** can, during this shortage period be prescribed 300mcg devices in **all brands** to preserve the limited supplies of 150mcg devices (junior devices) for smaller children, as there is currently greater availability of the adult devices. Note: This advice is off-label for Jext® and Emerade® devices but is recommended by clinical allergy specialists during this shortage period.

Advice to patients and parents/carers:

- GP practices to provide parents/carers with the letter (embedded within the alert) explaining the EpiPen® Junior shortage.
- When validating the expiry date of an AAI, the product expires on the last day of the month indicated e.g. a device labelled 'April 2019' does not expire until the end of April 2019.
- A replacement adult EpiPen® will not be prescribed whilst the original is within the extended use by date.
- Not to dispose of their expired devices until they have been replaced. If no new devices can be obtained use expired devices in an emergency as this is safer than not using a device. AAIs will not actively cause harm if used after expiry but may be less effective at treating the anaphylactic episode as the potency of the adrenaline gradually reduces (also dependent on the storage conditions).
- Using an in-date device (if one can be supplied), even if not of the usual brand, is preferable to using an expired device.

Advice to community pharmacies and other healthcare professionals:

- DHSC and NHS England have issued Guidance and Q&As on the dispensing of AAIs (150microgram) for pharmacies and dispensing GP practices.
- NHS Improvement (NHSI) has published a memo **(attached)** to remind all healthcare professionals providing services where anaphylaxis may be required, that they should be competent to draw up and administer adrenaline from ampoules with a normal syringe and needle. All enquiries relating to this issue should be sent to the DH Supply Resilience Team at supplyresiliencemd@dh.gsi.gov.uk
- The NHSI memo refers healthcare professionals to The Green Book and Resus Council guidance for further advice on the use of adrenaline in response to anaphylaxis. Pharmacists providing vaccination services can also to refer to PSNC FAQs.

- Guidance **(attached)** on supply and clinical management for schools has also been issued by DHSC.

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Freestyle Libre® - Initiation and continuation forms for prescribing in Primary Care

Freestyle Libre® is for specialist initiation and therefore initial prescriptions will be issued by specialist centres.

Please inform your practice support pharmacist if you are not receiving a copy of the patient-prescriber agreement/notification form for patients being started on FreeStyle Libre®.

If use is to continue in primary care and you are being requested to prescribe the sensors for a 3 month period, you should also receive a request form for short term prescribing.

Following a 6 month period, patients will be reviewed and if outcomes are achieved and confirmed in specialist clinics, a request for long-term prescribing form should be completed and sent to the practice.

Ongoing review is expected via the specialist clinics at subsequent follow-up appointments. Where the continuation criteria are not met, the specialist must explain this to the patient, explicitly informing them that use of the device is to be discontinued and discuss alternative options. The specialist must also confirm this in writing to the GP that the specific continuation criteria were not met, and so the use of the Freestyle device has been discontinued.

It is important that these forms are all completed and sent to GPs to provide assurance that the pan-London criteria for Freestyle Libre® prescribing is being applied in a fair and consistent manner.

Safer Benzodiazepine prescribing and withdrawal

Following the sad case in 2017 of a young woman from Devon who took her own life while suffering from a depressive disorder and the effects of withdrawal from short-acting benzodiazepines (lorazepam), a set of recommendations were made to prescribers as it was recognised that a large number of patients continue to take hypnotics and benzodiazepines for long-term periods in primary care without adequate review.

Recommendations for prescribers:

- Use the **lowest benzodiazepine dose** for the briefest time and do not exceed BNF dosing limits
  - No more than 2-4 weeks for hypnotics
  - Up to 4 weeks for anxiolytics
- Use only **one** benzodiazepine at a time
- **Reduce gradually** after both short term & long term use
- Only use in acute **self-limiting situations/**conditions and for severe symptoms (never mild symptoms)
- Avoid routine use in those with a **history of addiction**
- Patients who have not responded to one z-drug/benzodiazepine hypnotic should not be prescribed another. Another class of sedative may be tried e.g. promethazine.

Recommendations on discontinuation:

- Patients withdrawing from benzodiazepines need regular and close monitoring. Those on **short acting** benzodiazepines e.g. lorazepam are particularly at risk of withdrawal symptoms e.g. anxiety, panic attacks, insomnia etc. It is recommended that these patients are changed to the **equivalent dose of diazepam** (longer acting) before dose withdrawal is started.
- Refer to Drug Dependence Prescribing Policy for conversion doses.
- Communicate and document a clear plan for discontinuation
- Identify potential relapse indicators and early warning signs
- Create a comprehensive relapse contingency and crisis plan
- Agree frequency of assessments and use of appropriate rating scales

Further information please contact Springfield Medicines Information 0203513 6829 and refer to the following guidelines:

- Hypnotics and Anxiolytics Practice Guide
- NICE CKS
- BAP guidelines - https://www.bap.org.uk/pdfs/BAP_Guidelines-Benzodiazepines.pdf
- https://www.choiceandmedication.org/generate.php?sid=102&fname=handyfactsheetstoppingmedicines.pdf
- Drug Dependence Prescribing Policy

Fluphenazine decanoate discontinuation

Modecate® (fluphenazine decanoate) is expected to remain available in the UK only until the end of 2018.
GPs should seek advice from primary care mental health support services to make plans for patients whose fluphenazine is prescribed and administered by their practice i.e. those that are not under the care of the local mental health services. Details are as follows:

Borough	Support for primary care
Merton	Merton Assessment Team, The Wilson Hospital, Cranmer Street, Mitcham, CR4 4TP. **Tel:** 0203 458 5596
Wandsworth	Wandsworth SPA (Single Point of Access for adult mental health services) Springfield University Hospital, Harewood House (Building 1), 61 Glenburnie Road, Tooting, London, SW17 7DJ. **Tel:** 020 3513 4421 / 6257