New ScriptSwitch features

Most practices are familiar with and use the prescribing support tool Optum ScriptSwitch. Optum ScriptSwitch has introduced some new features as part of the software:

- **RADAR alerts for ScriptSwitch:** this allows ScriptSwitch to link in with the patient record and provides Eclipse RADAR alerts. These are the same red/amber safety alerts that are delivered through EclipseLive. These patient specific alerts pop up on the clinical screen when the patient record is open. These show as a small pop-up, and prescribers can choose to view the full details of the alert or close the pop-up to review at a later time. These alerts help to improve patient safety, but do not replace the Eclipse alerts that the practice extract and review on a regular basis as part of the Prescribing Quality Incentive Scheme.
- **Demographic integration:** ScriptSwitch switches and information messages can be customised to display for selected patient demographics (CCG can customise for the age range of patients).
- **Rejected recommendation withholding:** ScriptSwitch will not present a recommendation that has been declined twice for a specific patient within a 12 month period.

As these new features integrate with the patient record, practices have to activate the part of the clinical system that allows the information to be used. Optum ScriptSwitch will be in contact with all practices, and if the practice is happy to proceed with this, Optum ScriptSwitch will guide the practice with the activation. If the practice requires any further information please contact Optum customer services ScriptSwitch support on 02476214700 option 1.

NELFT SystmOne task process and communication

NELFT have been working to streamline the way that they share information with practices and the aim is to make it easier for practices to determine the urgency and the nature of any tasks.

The tasks will have a heading. Any 'Urgent Action' tasks will also be followed up by a phone call to the practice and will only be used where a response is required the same day. 'Routine' tasks will be used for non-urgent tasks.

Tasks will no longer be sent to practices for information purposes, but the data will be documented in the patient record so that it is accessible.

This is already in place in Basildon and Brentwood CCG, and NELFT are hoping to roll this out in Thurrock CCG shortly and will attend the next CEG to update Thurrock practices.

Review Dermol prescribing - reminder

- There continues to be significant primary care prescribing of Dermol products, including Dermol 500 Lotion, Dermol Cream, and Dermol shower, bath and wash products. Dermol 500 Lotion is the second most frequently prescribed emollient.
- All of the Dermol products contain an antibacterial. There is limited evidence to support the use of emollients containing antibacterials and routine use should be avoided. Use should be restricted to active or recurrent infection and usually for limited periods only. Avoid long term use without a specific indication.

Recommendations:

- Review the prescribing of all Dermol products. If there is a clinical need for an emollient, but no clinical need for an antibacterial, change to a formulary emollient product.
- Review and discontinue the prescribing of Dermol shower, bath and wash products (including children). These are not recommended by NHS England and can be substituted with "leave-on" emollients.

Prescribing Update

NHS Basildon and Brentwood Clinical Commissioning Group

NHS Thurrock Clinical Commissioning Group

February 2020 Newsletter

Respiratory Formulary Update

The local guidance for the management of COPD in adults and the treatment of chronic asthma in adults have been updated and are available on the Medicines Management sections of the CCG website.

Treatment of chronic asthma in adults:

- Updated in accordance with BTS/SIGN British Guideline on the Management of Asthma (July 2019).
- New cost effective branded beclometasone inhaler recommendations (prescribe by brand name):
  - ◊ *Soprobec* MDI which is equivalent to *Clenil Modulite* MDI.
  - ◊ *Kelhale* MDI which is equivalent to *Qvar* MDI. Kelhale contains extra fine particles and is approximately twice as potent as Soprobec/Clenil Modulite.
  - ◊ These switches are included on the ScriptSwitch profile. Please review and consider the cost effective formulary brands.
- Step 4: If a patient is not controlled/frequent exacerbations, refer for specialist care and initiation of specialist therapies including treatment with high dose ICS (Relvar Ellipta) or theophylline.
- Updated advice regarding cost effective spacer devices dependent on compatibility with different MDIs.
- Please review high use of SABA inhalers (more than 6 inhalers/year) which is associated with an increased risk of asthma death, particularly when adherence to ICS is low (National Review of Asthma Deaths).

Guidelines for the Management of COPD in Adults:

- Updated in accordance with NICE Chronic obstructive pulmonary disease in over 16s: diagnosis and management (December 2018).
- COPD with asthmatic features or features suggesting steroid responsiveness: LABA + ICS (*Fostair* 100mcg/6mcg or *Relvar Ellipta* 92mcg/22mcg).
- COPD **without** asthmatic features, or COPD **without** features suggesting steroid responsiveness: LABA + LAMA (*Spiolto Respimat* 2.5mcg/2.5mcg or *Anoro Ellipta* 55mcg/22mcg).
- It is more cost effective to prescribe triple therapy as a single inhaler: LABA + LAMA + ICS (*Trimbow* 87mcg/9mcg/5mcg or *Trelegy Ellipta* 92mcg/22mcg/55mcg).
- Please be mindful of potential inhaler medicine duplication, including duplication of the same inhaled drug class in more than one device. For example, the triple therapy inhalers Trimbow and Trelegy Ellipta should not be used in combination with separate devices of ICS/LABA, separate LABA/LAMA or separate LAMA therapy.

AirFluSal

- AirFluSal is a branded generic equivalent of Seretide (salmeterol and fluticasone) and is available as MDI and dry powder inhaler preparations. AirFluSal provides a significant overall cost saving compared to Seretide and the generic equivalent.
- AirFluSal Forspiro (50 mcg/500 mcg) (dry powder inhaler) is licensed for the management of asthma and COPD in adults. AirFluSal MDI (25 mcg/125 mcg and 25 mcg/250mcg) is licensed for the management of asthma in adults.
- Seretide inhalers are no longer recommended as part of the respiratory formulary. However, there is considerable historic prescribing.
- If Seretide (or the generic equivalent) is required and other ICS/LABA combination inhalers cannot be used or the patient cannot be stepped down, please review and prescribe as the most cost effective brand name AirFluSal.

Prescribing of cyanocobalamin is not supported

Recommendations:

- Cyanocobalamin tablets are not supported for prescribing for the management of low or borderline vitamin B12 deficiency or for the management of deficiency of dietary origin. Do not prescribe cyanocobalamin tablets as these are readily available for purchase over the counter.
- Review all patients currently prescribed cyanocobalamin tablets (50mcg tablets, 1mg modified release tablets and unlicensed 1mg tablets). If prescribing is for mild deficiency or for prevention/ maintenance therapy, advise the patient to purchase cyanocobalamin tablets over the counter. If treatment is required (vitamin B12 < 145ng/L) consider use of hydroxocobalamin injection.
- Patients should be given dietary advice about foods that are a good source of vitamin B12. For example, eggs, meat, milk and other dairy products, salmon or cod or food such as breakfast cereal or bread, which has been fortified with vitamin B12.
- Review any patients prescribed cyanocobalamin injection, and if prescribing is for mild deficiency or for prevention/maintenance therapy, advise the patient to purchase cyanocobalamin tablets over the counter. If treatment is required (vitamin B12 < 145ng/L) consider use of hydroxocobalamin injection. Please also note that cyanocobalamin solution and Cytamen injection are Black Listed in the Drug Tariff and are not prescribable on the NHS.

Prescribing of vitamin B complex preparations is not supported

Recommendations:

- Do not initiate vitamin B compound or compound strong tablets except on the advice of a specialist for people at high risk of developing refeeding syndrome (NICE CG32).
- Refeeding syndrome will routinely be managed in the hospital setting, unless specifically requested to prescribe for this indication in primary care. Vitamin B compound strong tablets may be prescribed on a short-term basis only for patients at high risk of refeeding syndrome (vitamin B compound strong 1 or 2 tablets, three times a day provided immediately before and during the first 10 days of feeding only).
- Review and discontinue the prescribing of vitamin B compound and compound strong tablets in all people with alcohol dependence, and ensure that they are prescribed thiamine 200mg to 300 mg daily in divided doses.
- In previously alcohol dependent people who remain abstinent, the thiamine dose may be reduced to 50mg once daily, and stopped altogether if malnutrition is no longer a concern. Thiamine should be restarted if the patient starts drinking again.
- Review the prescribing of vitamin B compound and compound strong tablets in all other indications for appropriateness. Vitamin B compound and compound strong tablets are of questionable clinical benefit and should not be prescribed. These products are widely available to purchase for people who wish to use them for dietary supplementation.

Review vitamins and mineral preparations and supplements

Reminder:

The prescribing of vitamins and minerals is a low clinical priority and is only appropriate where there is an ACBS approved indication and for the management of actual vitamin or mineral deficiency. Vitamins and minerals should not be prescribed on prescriptions as a general 'pick-me-up' or as a dietary supplement, as there is limited evidence of clinical benefit. Locally, prescribing data has shown the following supplements and brands that have been prescribed that are not recommended, including Centrum, Haliborange, Pregnacare, Sanatogen, Efamol Efalex Brain, and Perfectil.

Review probiotics

Reminder:

The probiotics VSL#3 and Vivomixx are not allowed on NHS FP10 prescription, and this has been the case since November 2018. However, over the last 12 months there continues to be considerable prescribing for these probiotics. Practices should identify patients prescribed VSL#3 and Vivomixx for any indication and discontinue prescribing, and advise patients that this is no longer available as a NHS prescription product. Advise patients who wish to continue this product that it can be purchased as a food supplement in pharmacies and online.

Quantities of GLP-1 agonists on prescription

Recommendations:

- Prescribing data indicate that prescriptions for GLP-1 agonists have been reimbursed for quantities that suggest more than a four month supply. In some cases, quantities of 28 and 56 packs have been prescribed and charged for. Monthly prescription quantities (i.e. one pack) are generally encouraged to avoid waste and for safety reasons.
- Review and adjust the quantities of GLP-1 agonists on prescription to ensure that more than the intended quantities are not mistakenly prescribed, dispensed and charged for.
  - ◊ GLP-1 agonists include exenatide (Byetta, Bydureon), liraglutide (Victoza), dulaglutide (Trulicity), lixisenatide (Lyxumia), and semaglutide (Ozempic).
- All products come in a pack size which is sufficient for a one month supply and care needs to be taken that larger quantities are not prescribed mistakenly.
- Practices will be contacted shortly regarding prescribing quantities to review further.

Ranitidine supply update

The December 2019 DHSC Supply Disruption Alert for ranitidine suggests that ranitidine tablets continue to be unavailable, although locally there are reports of supplies dependent on the community pharmacy and the area. The alert advised healthcare professionals to consider the following:

- Identify current patients prescribed ranitidine tablets, effervescent tablets and oral solution for GI conditions, and review to establish if ongoing treatment is still required.
- If ongoing treatment is still required, then consider switching to an alternative oral treatment.

The alert also states that there has been no change to the regulatory position of oral ranitidine products and that remaining ranitidine supplies in wholesalers and pharmacies can be supplied.

Therefore, at present, it is at the clinical discretion of the prescriber as to whether to review and change patients currently prescribed ranitidine preparations. This may depend on stock levels and availability at the local community pharmacies to the practice. There are no guarantees regarding longer term stock levels.

Alternative agents for adults:

- Before switching to another agent, review if patients still clinically require treatment or could be stepped down to an antacid or alginate.
- PPIs: lansoprazole or omeprazole. Please consider past medical history, co-morbidities and potential drug interactions when reviewing.
- H2-receptor antagonists: only prescribe these as an alternative to ranitidine in patients in whom PPIs are unsuitable. Nizatidine is the most cost effective H2-receptor antagonist. Please note that there are currently short-term supply issues affecting cimetidine, famotidine and nizatidine.
- Please refer to the alert for information on clinical advice on alternatives to oral ranitidine in children.

Reminder - Prescribing Quality Incentive Scheme 2019-2020 Audit Work

Please note that the final deadline for submission of supporting information for the Prescribing Quality Incentive Scheme is 31st March 2020. Any feedback/supporting information that is received after this deadline will not be accepted, unless there are exceptional circumstances that have been approved by the Medicines Management Team prior to this date. If the practice is unsure about the agreed practice specific targets to audit, please contact the Medicines Management Team for clarification.