



# Prescribing News bulletin

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## Prescribing round-up

### Sussex Medicines Optimisation Incentive Scheme (MOIS) for Q3 and Q4 2021-2022

Following on from the MOIS Launch Webinar on 21st October 2021, we wanted to take the opportunity to highlight some useful information.

The three areas within the MOIS for Q3 and Q4 2021-2022 are:

- Dependence forming medicines (DFM)
- Direct Acting Oral Anticoagulants (DOAC)
- Freestyle Libre and/or Freestyle Libre 2 (FSL/2)

For more information on what is required for each domain, including the associated payments, please [download the complete MOIS pack](#). The [MOIS intranet page](#) hosts all the relevant information for the scheme including EMIS and SystemOne searches, the slides and recording of the launch webinar, and the data collection and submission forms.

To participate, please email a completed declaration of intention form to your local Medicines Optimisation (MO) team **by 12th November 2021**. This form can be found in Appendix A (Page 20) of the MOIS pack.

If you have any further queries, please contact your local MO team.



MO team contact details:

- [bhccg.mmt@nhs.net](mailto:bhccg.mmt@nhs.net) for Brighton and Hove
- [esxccg.mmt@nhs.net](mailto:esxccg.mmt@nhs.net) for East Sussex
- [wsxccg.mmt@nhs.net](mailto:wsxccg.mmt@nhs.net) for West Sussex

## PCNs incentivised to switch patients to lower carbon inhalers

The updated [Investment and Impact Fund \(IIF\) \(October 2021\)](#) introduced new targets to reduce inhaler carbon emissions and to encourage lower carbon inhaler alternatives in the NHS, as part of an expanded PCN incentive scheme.

From October 2021, in the sustainable NHS domain of the IIF, PCNs will be rewarded for demonstrating:

1. increased prescribing of Dry Powder Inhalers (DPIs) and Soft Mist Inhalers (SMIs) to patients aged 12 years or over **where clinically appropriate**, as low-carbon alternatives to Metered Dose Inhalers (MDIs) and
2. the prescribing of lower carbon salbutamol inhalers such as Salamol MDI or choosing a salbutamol DPI (e.g. easyhaler) versus prescribing Ventolin evohaler (a higher carbon inhaler) or writing generic prescriptions for salbutamol MDI (where Ventolin can be dispensed)

The aim is that, in line with best practice in other European countries, by 2023/24 only 25% of **non-salbutamol inhalers** prescribed will be MDIs (target for 2021/2022: 53% (lower threshold), 44% (upper threshold)). In Sussex currently, the average percentage of non-salbutamol inhalers is 60% MDIs in West Sussex, 59% MDIs in Brighton and Hove and 49% MDIs in East Sussex.

For **salbutamol inhalers**, the ambition is to reduce the mean life-cycle carbon intensity of salbutamol inhalers prescribed in England to 13.4 kg by 2023/24 (target for 2021/2022: 25.1 kg CO<sub>2</sub>e (lower threshold), 22.1 kg CO<sub>2</sub>e (upper threshold)). For comparison, the mean carbon emissions of Ventolin evohaler and Salamol '100' MDIs are 28.26kg and 11.95kg CO<sub>2</sub>e respectively. Therefore, Salamol MDI has only half the carbon footprint of Ventolin evohaler, whilst the patient experience is virtually the same (same inhaler technique as both MDIs).

For further information around this topic, [local guidance](#) has been developed to help support clinicians to have conversations with patients about switching from MDIs to DPIs and is available on the Sussex Commissioners' website. NHSEI and PrescQipp have published a [resource pack](#) on inhalers carbon footprint.



## World Antimicrobial Awareness Week 18th-24th of November 2021

[World Antimicrobial Awareness Week \(WAAW\)](#) is a time to think about increasing awareness of global antimicrobial resistance and to promote best practices among the general public, healthcare professionals, farmers, animal health professionals and policy makers to avoid further emergence and spread of antimicrobial resistance.

Antimicrobial resistance is when a microorganism evolves to become more or fully resistant to antibiotics.

Although the development of antimicrobial resistance occurs naturally, the use and misuse of antibiotics accelerates the emergence of resistance

Without effective antimicrobials the ability of modern medicines to treat infections, including during major surgery and cancer chemotherapy would be at increased risk.

The theme for WAAW 2021 is **“Spread Awareness, Stop Resistance”** and the global colour for the campaign is blue.

How to get involved in this year’s WAAW campaign:

### **A workplace/organisation:**

- Create or review antimicrobial stewardship programmes, educate staff on AMR and make a workplace commitment to AMR-related change.
- Share with the world! Use social and/or traditional media to announce why your workplace staff are ‘Going Blue’.

### **An Individual:**

- Wear light blue when participating in WAAW events.
- Adjust your social media profiles to blue.
- Share why you are Going Blue with friends, family, colleagues, and on social media e.g. ‘As a doctor, I’m ‘Going Blue’ to spread awareness among my colleagues about responsible antimicrobial prescribing’.

### **Antimicrobial resources:**

- [World Antimicrobial Awareness Week](#) at WHO Website
- RCGP [TARGET antibiotics toolkit](#)
- Become an [antibiotic guardian](#)



## Local Antimicrobial Guidelines

- East Sussex, Brighton & Hove, West Sussex (Crawley, Horsham and Mid Sussex): fully adopt [NICE/PHE antimicrobial prescribing guidelines](#)
- West Sussex (Coastal): local [SCAN Guidelines](#) based on NICE/PHE

# Drug safety updates

## MedSafety Week November 2021: support the safety of vaccines

As part of #MedSafetyWeek (1st – 7th November), the Medicines and Healthcare products Regulatory Agency (MHRA) has published a reminder to all healthcare professionals of the importance of reporting suspected adverse reactions to vaccines via the Yellow Card Scheme.

### Healthcare professionals, especially those administering vaccines, are encouraged:

- to report without delay suspected adverse drug reactions to the [Yellow Card scheme](#) online or via the Yellow Card app (download from the [Apple App Store](#) or [Google Play Store](#))
- report suspected reactions to COVID-19 vaccines and medicines to the [Coronavirus Yellow Card reporting site](#) or Yellow Card app
- for each vaccine administered, accurately record in clinical health records details such as the vaccine and product name, batch number, expiry date, the dose, number of vaccinations (if multiple), and site of administration
- include the brand and batch number when reporting suspected adverse reactions to vaccines to the Yellow Card scheme
- for suspected reactions following a third or booster dose of a COVID-19 vaccine, please provide details of any suspected reactions following previous COVID-19 vaccinations, including which vaccine was previously received
- consider a discussion about common 'side effects' with your patient; you could talk about:
  - noting the batch number and reading the product information that comes with the vaccine – it lists possible reactions and advises them on what to do, including reporting side effects
  - the purpose of the Yellow Card scheme and the importance of reporting any suspected problems to help the safe use of vaccines for others
  - what to do if they do experience any suspected adverse reactions following vaccination



- talk to your colleagues about being vigilant for new or rare suspected reactions with vaccines or medicines and reporting them to the MHRA
- follow the MHRA on its social media channels and show your support by retweeting, commenting, liking, and sharing material with your social media contacts using #MHRAYellowcard, #MedSafetyWeek, #ReportSideEffects, and #patientsafety

Further information is available on the [MHRA](#) website

## Chloral hydrate, cloral betaine (Welldorm): restriction of paediatric indication

The paediatric indication for chloral hydrate (for children aged 2 years and older) and cloral (previously chloral) betaine (children aged 12 years and older) has been restricted to short-term treatment (maximum 2 weeks) of severe insomnia only when the child or adolescent has a suspected or definite neurodevelopmental disorder and when the insomnia is interfering with normal daily life. Chloral hydrate and cloral betaine should only be used when other therapies (behavioural and pharmacological) have failed.

### Advice for healthcare professionals:

- chloral hydrate and cloral betaine are indicated currently only for the short-term treatment of severe insomnia that is interfering with normal daily life and when other therapies (behavioural and pharmacological) have failed, as an adjunct to non-pharmacological therapies
- use of these medicines in children and adolescents is not generally recommended and should be under the supervision of a medical specialist
- following a national review of safety and efficacy data, the paediatric indication for chloral hydrate and cloral betaine has been further restricted to only children and adolescents with a suspected or definite neurodevelopmental disorder – this reflects current clinical practice
- for all patients, treatment should be for the shortest duration possible and should not exceed 2 weeks
- repeated courses are not recommended and can only be administered following medical specialist re-assessment
- following prolonged treatment, slowly taper the dose before discontinuation – abrupt discontinuation can lead to delirium
- report suspected adverse drug reactions associated with chloral hydrate and cloral betaine to the [Yellow Card scheme](#)



### Advice to give to patients and carers:

- chloral hydrate and cloral betaine (brand names Welldorm Elixir and Welldorm) are short-term treatments (maximum of 2 weeks) for severe insomnia that is interfering with normal daily life when other therapies (behavioural and medicines) have not worked
- the MHRA and its independent advisors have reviewed the benefits and risks of these medicines in the paediatric population and recommended that they should only be used in children and adolescents who have a suspected or definite neurodevelopmental disorder
- always read the leaflet that accompanies your or your child's medicines and talk to your doctor, nurse, or pharmacist if you have any concerns

Further information is available on the [MHRA](#) website.

## APC updates

### West Sussex Area Prescribing Committee formulary updates

26 October 2021 | [West Sussex](#)

#### Formulary decisions agreed in October 2021

*(For further details on all of the decisions made, please see the [West Sussex APC summary points](#) on the formulary)*

#### Approved with a **RED** coding:

- [NICE TA734](#) – Published 07.10.21 Secukinumab for treating moderate to severe plaque psoriasis in children and young
- [NICE TA720](#) – Published 18.08.21 Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma.
- [NICE TA722](#) – Published 25.08.21 Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement.
- [NICE TA723](#) – Published 01.09.21 Bimekizumab for treating moderate to severe plaque psoriasis.
- [NICE TA725](#) – Published 15.09.21 Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy.



- **NICE TA728** – Published 22.09.21 Midostaurin for treating advanced systemic mastocytosis.
- **NICE TA729** – Published 22.09.21 Sapropterin for treating hyperphenylalaninaemia in phenylketonuria.
- **NICE HST15** – Published 07.07.21 Onasemnogene abeparvovec for treating spinal muscular atrophy.

**Terminated appraisals and other NICE TAs given a “Not recommended” coding:**

- **NICE TA732**: Published 06.10.21 Baloxavir marboxil for treating acute uncomplicated influenza. (*Terminated appraisal*)
- **NICE TA721** – Published 18.08.21 Abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer. (*Not recommended*)
- **NICE TA724** – Published 08.09.21 Nivolumab with ipilimumab and chemotherapy for untreated metastatic non-small-cell lung cancer. (*Not recommended*)
- **NICE TA726** – Published 22.09.21 Daratumumab with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma. (*Terminated appraisal*)
- **NICE TA727** – Published 22.09.21 Isatuximab with carfilzomib and dexamethasone for treating relapsed or refractory multiple myeloma. (*Terminated appraisal*)
- **NICE TA730** – Published 29.09.21 Avapritinib for treating unresectable or metastatic gastrointestinal stromal tumours. (*Terminated appraisal*)
- **NICE TA731** – Published 29.09.21 Vericiguat for treating chronic heart failure with reduced ejection fraction. (*Terminated appraisal*)

**Approved with a GREEN coding:**

- **NICE TA733**: Published 06.10.21 Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia.