

IN THIS ISSUE

RDTC Publications overview 2021/22	1
What's new from the RDTC	1
Latest prescribing news from your area	2
NEW: Part VIIID of Drug Tariff	2
Spotlight on: Hidradenitis suppurativa	2
NPSA: Infant formula recall	2
Unintentional paracetamol overdose in adult inpatients	3
Updated routine immunisation schedule	3
Resources relating to Ramadan	3
SPS update: Medicines and bariatric surgery	3
New SPS publications	4
Medicines Availability Information	4
New and updated NICE advice	4
UK product launches	4

RDTC Publications Overview 2021/22

The RDTC aims to be an authoritative and trusted source of unbiased information on the safe, effective, and economical use of medicines. The unprecedented demands of 2020/21 have undoubtedly been challenging for all organisations and during this time we adapted rapidly to develop a new range of publications to meet the changing needs of our stakeholders. Our innovative approach to combining prescribing data analysis and evidence synthesis has enabled us to explore new ways of working and to tailor the support we offer to a format that is fully aligned to the needs of users.

To reflect national priorities and support the ongoing work on antimicrobial stewardship, sustainability, and polypharmacy we developed a new series of ICS level prescribing bulletins providing top-level data on antimicrobial prescribing, the carbon impact of inhalers, and overprescribing. These reports will continue to evolve as specific monitoring needs are further refined and datasets adapted.

The NHS Long Term Plan sets targets to deliver significant and accelerated reductions in the total emissions from the NHS by moving to lower carbon inhalers. The RDTC developed an inhaler carbon impact assessment tool in response to these targets. This tool is intended to be used at a commissioning level to estimate the impact of respiratory pathway choices made following a clinical decision-making process.

Our new series of monthly formulary amendments tools were developed to support stakeholder organisations in reviewing medicines for addition to their formularies and to reduce duplication of work. These pre-populated templates bring together NICE guidance, MHRA safety advice, and other relevant high-quality advice and guidelines to help to support consistent decision making by formulary groups and APCs. To further support this, we publish a series of monthly formulary amendments documents to ensure formularies remain up to date, and in line with latest NICE guidance and safety information.

We are continuing to develop new outputs and ongoing feedback is essential to ensure we improve our processes and deliver the guidance and resources our stakeholders need. We would welcome any feedback on these new publications, including suggestions for new topics and input on how often they should be updated. Get in touch at nuth.nyrdtc.rxsupp@nhs.net.

What's new from RDTC Publications

- Monthly Horizon Scanning:
 - February, March
- Monthly Formulary Amendments
 - February, March
- Evaluation Reports
 - Biosimilar insulin as-part

Topics in development

- New Drug Evaluation:
 - Linzagolix for Uterine fibroids
 - Bijuve, a bio-identical estradiol and progesterone HRT
- Comparison tables:
 - DOACs

Prescribing Analysis reports

- ◆ Monthly Financial Headlines (January 2022)
- ◆ Price concession bulletin (March 2022)
- ◆ Top 50 BNF Sections and Drugs reports (21/22 Q3)
- ◆ Growth Contrast (21/22 Q1,2&3)
- ◆ Cost Comparison Charts (January 2022)

Therapeutic reports with Q3 2021/22 data:

- ◆ Drugs for Dementia
- ◆ Diabetes
- ◆ Antibacterial drugs



@RDTC_Rx

Latest prescribing news from your area

To access formulary decision summaries from your local formulary committee, please click the links below:

- [County Durham & Tees Valley APC](#)
- [North Yorkshire and York Area Prescribing Committee](#)
- [Greater Manchester Medicines Management Group](#)

Have you got a issue regarding medicines that you are unable to answer?

Contact our Medicines Information Service

0191 2824 631
or [email us](#)

We provide a comprehensive answering service to support NHS healthcare professionals in primary care deal with clinical questions across a wide range of therapeutic, pharmaceutical and pharmacological issues in primary care

Have an idea for a new document?

If you need a report, document, or prescribing data that we don't already produce, get in touch at nuth.nyrdtc.rxsupp@nhs.net or tweet us at [@RDTC Rx](#)

Specials added to new Part VIID section of the Drug Tariff

From March 2022, the Drug Tariff will include a new section, Part VIID, which sets out payment arrangements for specials and imported unlicensed medicines to be paid relative to an identified pack size. This is the first of many changes expected to drug reimbursement following the publication of the Department of Health and Social Care's (DHSC's) response to the 2019 consultation on community pharmacy drug reimbursement reforms.

Specials listed in Part VIIB are currently restricted to manufactured non-solid dosage forms (for example liquids, creams, ointments and lotions etc) which, except for products classed as special containers, are reimbursed based on a price per unit above a minimum quantity. In comparison, the majority of the specials listed in Part VIID will be unlicensed medicines (mainly unlicensed tablets and capsules), with reimbursement prices calculated relative to commonly identified pack sizes. The pack size listings are to support Broken Bulk claims which will be permitted for any specials listed in Part VIID from March 2022.

Spotlight on: Hidradenitis suppurativa

A skin condition called hidradenitis suppurativa (HS) can have a devastating impact on people's psychological, social, and physical well-being. In [new research](#), people with HS describe how they struggle with relationships and work. HS is painful and may get worse over time. Diagnosis is often not made until several years after the first symptoms appear.

The research found that people with HS missed out on life events due to pain and social isolation. They experienced stigma, were embarrassed by their condition, tried to hide it, and were afraid of others finding out. People felt unheard and misunderstood by healthcare professionals.

The research recommended:

- **Early diagnosis** would improve people's quality of life.
- **A multi-disciplinary team approach** would improve management of the physical, social and psychological consequences of HS.
- **Access to social support networks** would help people with HS deal with the stigma of the condition and adjust to living with it.
- **Better communication between people with HS and healthcare professionals** is needed. Discussions about the emotional impact of the condition need to be managed sensitively. As do behavioural changes such as giving up smoking and losing weight. Educating healthcare professionals about HS and its impact on quality of life could help.

NPSA: Potential contamination of Alimentum and Elecare infant formula food products

On 20 February 2022 the Food Standards Agency (FSA) published a product recall information notice ([PRIN](#)), which was updated on 22 February ([PRIN](#)) for two infant formula products used for special medical purposes, due to concerns of possible contamination with *Salmonella* Newport and *Cronobacter sakazakii* (formerly known as *Enterobacter sakazakii*). This relates to products produced in one manufacturing site in the USA and imported into the UK. The recall notices provide product details and specific batch codes – these products must not be used.

Elecare Similac and Alimentum Similac are distributed UK wide. These products are usually used for management of cow's milk protein allergy or other conditions as advised by a healthcare professional. The population at risk includes infants and young children with potentially pre-existing clinical conditions.

It is crucial to ensure relevant batches of these products are removed, including from individual's homes, and not prescribed and that anyone who has purchased or been prescribed Alimentum or Elecare be advised not to feed it to their baby and return it to the location where purchased/collected.



Have you got a issue regarding medicines that you are unable to answer?

Contact our Medicines Information Service

0191 2824 631
or [email us](#)

We provide a comprehensive answering service to support NHS healthcare professionals in primary care deal with clinical questions across a wide range of therapeutic, pharmaceutical and pharmacological issues in primary care

Have an idea for a new document?

If you need a report, document, or prescribing data that we don't already produce, get in touch at nuth.nyrdtc.rxsupp@nhs.net or tweet us at [@RDTC Rx](#)

Unintentional paracetamol overdose in adult inpatients with low bodyweight

This [investigation](#) explores the prescribing of oral paracetamol in adult inpatients who, on admission to hospital, have low bodyweight (less than 50kg). It specifically focuses on the dose of oral paracetamol prescribed and administered to this group of patients while in hospital, and the processes for ensuring weight is accurately recorded. As an example, which is referred to as 'the reference event', the investigation considered the experience of Dora, an 83-year-old woman who weighed less than 50kg on admission and lost further weight in hospital. While in hospital, Dora was prescribed oral paracetamol 1g four times a day. Towards the end of her admission, Dora developed multiorgan failure due to sepsis and was diagnosed with paracetamol-induced liver toxicity.

The investigation's findings and safety observations aim to increase awareness of the potential for paracetamol toxicity in adults with low bodyweight. Some of the findings and conclusions may also be applicable to other medications that have the potential to cause harm in patients with low bodyweight.

Updated routine immunisation schedule

The schedule was revised in February 2022 to include changes to vaccine supply and highlighting the need to check for a severe combined immunodeficiency (SCID) screening result prior to administering the first dose of the rotavirus vaccine and the Bacillus Calmette–Guérin (BCG) vaccine. HTML and PDF versions can be found [here](#).

Resources relating to Ramadan

This year, Ramadan starts on the evening of Saturday, April 2 lasting 30 days and ends at sundown on Sunday, May 1. It is a time for communal prayer, spiritual reflection, and meals with extended family and friends to break daily fasts, concluding with the community celebration of Eid-UI-Fitr.

Fasting is complete abstinence from food and drink between dawn and dusk. All those who are ill or frail, pregnant or menstruating women, breastfeeding mothers, and travellers are exempted. They are required to make up the number of days missed at a later date or feed a fasting person for each day missed (charitable act).

There are many questions in the Muslim community surrounding medication and Ramadan, as it's not always known whether fasting on medication is permitted. However, fasting on medication is, in fact, allowed during Ramadan, as long as this is prescribed or advised by a medical professional.

Some sources of information that you may find useful:

- Patient leaflet: [A pharmacy guide to Ramadan from the PSNC](#)
- [A Ramadan case study](#)
- [Keeping patients with diabetes healthy during Ramadan](#)
- [Supporting your workforce during Ramadan](#)
- [Muslim Council of Britain Ramadan resources](#)
- [Case-based learning: medicines management during Ramadan](#) (subscription required)
- [British Islamic Medical Association Ramadan Compendium](#)
- [New guide to support those who will be fasting from the RPS](#) (subscription required)

NEW SPS guidance: Factors to consider when using medicines following bariatric surgery (gastric bypass)

Bariatric surgery is recommended by NICE Clinical Guideline ([CG189](#)) as a treatment option for obese patients who meet specific criteria. In England in 2017, 27% of adults in the general population were obese and about 35% of the population are projected to be obese in 2030. Given that obesity is rising, it is likely that the number of patients eligible for bariatric surgery will also increase so prescribers understanding of the likely effect on medicines is increasingly important. Factors that you should consider when prescribing for a patient after bariatric surgery include the type of surgery, drug considerations such as altered pharmacokinetics, and patient choice.

The guidance on the effect of bariatric surgery on certain medicines can be found [here](#). General considerations regarding the alteration to physiology and its influence on medications can be found [here](#).

New SPS publications

Recently added resources on the SPS website:

- [Supply of folic acid 5mg tablets to reduce the risk of neural tube defect or to compensate for the increased demand for folate during pregnancy: PGD template](#)
- [Supply of aspirin tablets to individuals at risk of pre-eclampsia during pregnancy: PGD template](#)
- [Using coenzyme Q10 supplements to manage or prevent statin-induced muscle symptoms](#)
- [Prescribing in lactose intolerance and how to identify lactose free medicines.](#)
- [Understanding transcribing for medicines administration in healthcare](#)
- [Labelling and packaging of unlicensed specials medicines: best practice guidance for the NHS](#)



Details of all national shortages can be found on the [SPS website](#). Registration is required.

Medicines Availability Information

Benperidol (Anquil®) 250microgram tablets will be out of stock from the end of March 2022 with a resupply date to be confirmed. Management options during this shortage should be determined on a case-by-case basis, in consultation with the appropriate mental health specialist. Withdrawal of antipsychotic drugs after long-term therapy should normally/usually be gradual and closely monitored to avoid the risk of acute withdrawal syndromes or rapid relapse.

Phenelzine 15mg tablets (Nardil®) have been unavailable since August 2019 and this is now expected to be a long-term supply issue. There is currently no confirmed resupply date. It is clinically unsafe to stop or switch this drug abruptly, therefore any switching or withdrawal will need to be undertaken by a specialist. Supplies of unlicensed phenelzine 15mg capsule specials have become available. See the Supply Disruption Alert [here](#).

Xylocaine (lidocaine) 10mg Spray will not be available until an anticipated re-supply date of 22nd April 2022. NHS provider trust pharmacy procurement teams, medicines safety teams, and clinical teams should review local stock holdings of Xylocaine and prioritise existing stock for use in areas most in need of this product i.e. for upper GI endoscopy/procedures, whilst reviewing all associated clinical guidelines and ensuring alternatives are available.

New and updated NICE guidance

NICE Guidance—updated

NG91: [Otitis media \(acute\): antimicrobial prescribing](#)

NG136: [Hypertension in adults: diagnosis and management](#)

NG28: [Type 2 diabetes in adults: management](#)

NG18: [Diabetes \(type 1 and type 2\) in children and young people: diagnosis and management](#)

NG17: [Type 1 diabetes in adults: diagnosis and](#)

[management](#)

NICE Guidance—new

NG212: [Mental wellbeing at work](#)

NG213: [Disabled children and young people up to 25 with severe complex needs: integrated service delivery and organisation across health, social care and education](#)

NG214: [Integrated health and social care for people experiencing homelessness](#)

UK product launches

Eravacycline (Xerava[▼]®) a new tetracycline indicated for the treatment of complicated intra-abdominal infections (cIAI) in adults. Active against *Escherichia coli*, *Klebsiella pneumoniae*, *Staphylococcus aureus*, *Enterococcus faecalis*, *Enterococcus Faecium*, Viridans *Streptococcus* spp.

chloral hydrate (generic) 500mg/5ml oral solution indicated in adults for the short-term treatment (max. 2 weeks) of severe insomnia which is interfering with normal daily life and where other therapies have failed. First licensed product; previously available as a Drug Tariff Special.

nirmatrelvir / ritonavir (Paxlovid[▼]®) is indicated for the treatment of COVID-19 in adults who do not require supplemental oxygen and who are at increased risk for progression to severe COVID-19. See commissioning policy for antivirals for non-hospitalised patients [here](#).

Looking for something?

Our documents, reports, and other useful publications are all published on our website www.rdtc.nhs.uk

Drafts may be available on request

We need YOU!

We're always on the lookout for reviewers to comment on our draft publications. If you'd be interested [email us](#) and we'll add you to our reviewers list.

Specialise in a particular area?

We can tailor what we send you for review so that you only receive documents relevant to you

THIS NEWSLETTER IS PRODUCED BY THE NHS FOR THE NHS:
NOT TO BE USED FOR COMMERCIAL PURPOSES