

IN THIS ISSUE

Your RDTC - looking towards the future with you	1
What's new from the RDTC	1
Latest prescribing news from your area	2
Post exposure prophylaxis for chickenpox and shingles	2
National flu immunisation programme 2022 - 2023	2
NPSA: Potassium Permanganate	2
The Cardiovascular Disease (CVD) eLearning programme	3
WHO Rapid communication: TB	3
Menopause and HRT : sources of information	3
SPC revision: Librium (chlordiazepoxide) regards potential genotoxicity	3
New SPS publications	4
Medicines Availability Information	4
New and updated NICE advice	4
UK product launches	4

Your RDTC - looking towards the future with you

Medicines are the most common intervention in healthcare. Over 1.1 billion prescription items were dispensed in the community in England in 2021, at a cost of £9.0 billion. This will account for around 11% of spending by clinical commissioning groups (CCGs) in 2021-22.

Whilst optimising the medicines budget is a high priority for all NHS organisations, integrated care systems will focus on improving the health of their population and the Regional Drug and Therapeutics Centre (RDTC) are supporting this, as demonstrated in our "Prescribing for Population Health" series.

How can we help?

We have a unique blend of skills and a broad range of experience in our multidisciplinary team, which comprises pharmacists, information scientists, data analysts and a statistician. The proactive support of our professional networks enables the sharing of knowledge across stakeholders and sectors, reducing duplication of effort and facilitating best and equitable use of limited resources.

The RDTC has over 30 years' of experience in providing high quality information and support to NHS healthcare organisations. We are NICE accredited and our team are embedded in regional and local decision-making groups. This means we are ideally placed to support integrated care systems (ICSs) with complex analysis of medicines use and outcomes.

The RDTC is a unique resource for NHS information provision; the centre strives to offer a cost- and clinically-effective service and to support our stakeholder organisations to the very best of our ability.

For more information on our team and all our services please visit:

<https://rdtc.nhs.uk/prescribing-support/about-prescribing-support/>



The [Prescribing Support workplan](#) details all the current ongoing projects being undertaken by the RDTC. Descriptions of each type of publication and anticipated publication frequency can be found on the last page. To suggest a topic or enquire about anything on this workplan, please email us at nuth.nyrdtc.rxsupp@nhs.net

Recent publications from the RDTC

- **Monthly Formulary Amendments - April**
 - **Formulary assessment tool:**
 - Testosterone 2% in post-menopausal women
 - Dacepton (apomorphine)
 - Lenzetto spray
 - Levomepromazine
 - Indapamide 1.5mg MR
 - **Comparison tables:**
 - DOACs for AF
 - **Monthly Horizon Scanning:**
 - April, May
- **Prescribing Analysis reports**
 - Monthly Financial Headlines (March 2022)
 - Price concession bulletin (April 2022)
 - Cost Comparison charts (April 2022)
 - Top 50 BNF drugs (April 2022)
 - Drug Tariff Monitor (April 2022)
 - **Therapeutic reports with Q3 2021/22 data:**
 - Drugs for Dementia
 - Diabetes
 - Antibacterial drugs
 - Cardiovascular
 - Respiratory



@RDTC_Rx

Latest prescribing news from your area

To access formulary decision summaries from your local formulary committee:

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

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

Post exposure prophylaxis for chickenpox and shingles

Post exposure prophylaxis (PEP) is offered to individuals at high risk of severe chickenpox following an exposure. This includes immunosuppressed individuals, young babies in their first week of life and pregnant women.

After reviews of the effectiveness of antivirals and varicella zoster immunoglobulin (VZIG) in prevention of chickenpox, antiviral medication is now the post exposure treatment of choice for all immunosuppressed patients and pregnant women, regardless of stage in pregnancy.

The only groups of individuals where VZIG is recommended for PEP is those neonates exposed within one week of delivery, (either in utero from maternal infection or post-delivery) or if oral antivirals are contraindicated due to malabsorption, or renal toxicity.

See the detailed guide '[Guidelines on post exposure prophylaxis \(PEP\) for varicella and shingles \(April 2022\)](#)' for the latest information.

National flu immunisation programme 2022 - 2023

As social contact returns to pre-pandemic norms there is likely to be a resurgence in influenza activity in winter 2022 to 2023 to levels similar to or higher than before the pandemic. The potential for co-circulation of influenza, COVID-19 and other respiratory viruses could add substantially to pressures in the NHS in 2022 to 2023, by addition, or by prolongation of the overall period for which respiratory viruses circulate in sequence.

The 2 March 2022 [letter](#) confirmed that those eligible for the NHS influenza programme are the cohorts offered vaccine prior to the pandemic.

Cohorts that were eligible in the 2021 to 2022 season but that are **not included** in the cohorts for 2022 to 2023 are:

- those aged 50 to 64 years
- secondary school children in Years 7 to 11 (between 11 and 15 years of age on 31 August 2022)

Full guidance from the DHSC/UKHSA can be found [here](#).

NPSA: Inadvertent oral administration of potassium permanganate

Potassium permanganate is routinely used in the NHS as a dilute solution to treat weeping and blistering skin conditions, such as acute weeping/ infected eczema and leg ulcers. It is not licensed as a medicine. Supplied in concentrated forms, either as a 'tablet' or a solution, it requires dilution before it is used as a soak or in the bath.

These concentrated forms resemble an oral tablet or juice drink and if ingested are highly toxic; causing rapid swelling and bleeding of the lips and tongue, gross oropharyngeal oedema, local tissue necrosis, stridor, and gastrointestinal ulceration. Ingestion can be fatal due to gastrointestinal haemorrhage, acute respiratory distress syndrome and/or multiorgan failure. Even dilute solutions can be toxic if swallowed.

Actions to be completed by 04 Oct 2022 in primary care:

- ensure patients are not on repeat prescriptions for potassium permanganate
- ensure prescriptions include clear instructions to dilute before use
- check dispensing label includes the warning 'HARMFUL IF SWALLOWED'
- prescriptions are only issued by an appropriate prescriber
- if potassium permanganate is to be used in a patient's home, a risk assessment must be undertaken before prescribing
- all patients must be supplied with a patient information leaflet

The full NPSA guidance can be found [here](#).

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](https://twitter.com/RDTC_Rx)

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](#)

The Cardiovascular Disease (CVD) eLearning programme

The [Cardiovascular Disease](#) (CVD) eLearning programme has been developed to provide an overview of CVD care across the entire patient pathway and promote better patient care. It aims to provide all health and social care professionals and multidisciplinary teams with the appropriate level of knowledge, skills and experience they need to deliver effective CVD prevention and care to people with CVD, and at risk of CVD.

The British Heart Foundation (2020) estimates that more than half of people in the UK will develop a heart or circulatory condition in their lifetime. In addition, CVD has been identified as clinical priority in the NHS Long Term Plan (LTP).

The Cardiovascular Diseases (CVD) Toolkit aligns to the NHS Long Term Plan and provides learners with a comprehensive list of online resources that can be used to support workforce upskilling, training and development. Register [here](#) or alternatively NHS employees can access this eLearning via their ESR.

WHO Rapid communication: Key changes to the treatment of drug-resistant tuberculosis

This [Rapid Communication](#) (released in advance of updated WHO consolidated guidelines expected later in 2022) include updates on shorter novel 6-month all-oral regimens for the treatment of multidrug- and rifampicin-resistant TB (MDR/RR-TB), with or without additional resistance to fluoroquinolones (pre-XDR-TB) as well as an alternative 9-month all-oral regimen for the treatment of MDR/RR-TB.

Menopause and HRT availability : sources of information

Following recent high profile media coverage, the subject of menopause is a topic prescribers and clinicians will be increasingly discussing with their patients. This is at a time where supply of HRT is unpredictable and some patients will find themselves having to change products to ensure a continuation of treatment.

To access the most up-to-date information on treatment options and the latest thinking about menopause, visit the [British Menopause Society](#) webpage. Here you will find:

- [BMS PPMC Resources Toolkit](#) - a comprehensive range of evidence-based, peer reviewed resources that answer the key questions in menopause care. They incorporate recommendations for best practice from the NICE Guideline Menopause: Diagnosis and Management ([NG23](#)).
- [HRT preparations and equivalent alternatives](#) advice
- A British Menopause Society [update on HRT supply](#)

Practical diagnosis, management and prescribing advice can be obtained from NICE CKS : [Menopause](#), which was last updated in March 2022.

RDTC stakeholders can access Formulary assessment tools for Lenzetto, testosterone and Bijuve and New drug evaluations for Lenzetto and Bijuve within the [Endocrine](#) section of the RDTC website.

Finally, SPS have produced a [medicines availability tool](#) focussing on HRT which is regularly updated. You will need to be registered with the SPS site to view. Full details of the Serious Shortage Protocols are [here](#).

SPC revision: Librium potential genotoxicity

The [SPC](#) for Librium has been revised to highlight a genotoxic potential and to advise that:

- women of childbearing potential should use effective contraceptive measures while being treated with Librium and for 7 months following completion of treatment
- men are recommended to use effective contraceptive measures and to not father a child while receiving Librium and for 4 months following completion of treatment.

A response from UKTIS (UK Teratology Information service) confirms that there is no newly published data on human pregnancy (maternal or paternal) preconception exposure to chlordiazepoxide which relate to the updates in the Librium SPC. It remains important that women and men experiencing acute alcohol withdrawal are treated appropriately. Clinicians should not be discouraged from using chlordiazepoxide based on the evidence communicated in the Librium SPC. The benefits of treating pregnant women (at any stage of pregnancy) who are experiencing acute alcohol withdrawal with chlordiazepoxide likely outweigh the risks. The full response can be found [here](#).

New SPS publications

Recently added resources on the SPS website:

- [How enteral feeding tubes affect medicines](#)
- [Example medicines to prescribe by brand name in primary care](#)
- [Understanding why people take medicines with soft food or thickened fluid](#)
- [Switching between aminophylline and theophylline in adult respiratory care](#)
- [Epilepsy: treatment during pregnancy](#)
- [Prescribing available HRT products](#)
- [Vitamin B12 deficiency: treatment during pregnancy](#)
- [Using medicines for preventing acute mountain sickness](#)
- [Small volume intramuscular injections in people taking oral anticoagulants](#)
- [Using transdermal patches safely in healthcare settings](#)



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

Medicines Availability Information

Prilocaine (Citanest® 1%)

500mg/50ml solution for injection vials are now unavailable until the end of June 2022. Teams should identify where the product is used and, following a risk assessment, switch to an alternative to meet patient requirements.

Insulin isophane human (Insuman Basal SoloStar®) 100 IU/ml suspension for injection in a pre-filled pen have an anticipated re-supply date of 10th June 2022. Clinicians

should not initiate any new patients on the Solostar PFP until the supply issue has resolved. Other human isophane insulin products which could support an uplift in demand are Humulin I KwikPen and Insulatard InnoLet.

Alteplase (Actilyse Cathflo®) 2mg powder for solution for injection vials. This product is now unavailable until March 2024. Other alteplase (Actilyse®) formulations remain available, however, they cannot

support the increase in demand. TauroLock™ U25.000 remain available and can support an increase in demand. However this product is classified as a medical device, is ONLY recommended for instillation in central venous access systems as a dwell-lock solution to prevent infection and catheter occlusion. Nursing staff will require education and training on the administration of an alternative agent e.g. dilution of Syner-KINASE® 100,000IU vials.

New and updated NICE guidance

NICE Guidance—updated

[NG128: Stroke and transient ischaemic attack in over 16s: diagnosis and initial management](#)

NICE Guidance—new

[NG215: Medicines associated with dependence or withdrawal symptoms: safe prescribing and withdrawal management for adults](#)

[NG216: Social work with adults experiencing complex needs](#)

[NG217: Epilepsies in children, young people and adults](#)

[NG218: Vaccine uptake in the general population](#)

UK product launches

melatonin 1 mg, 2 mg, 3 mg, 4 mg, 5 mg tablets (Adaflex®). Only melatonin product to be licensed in ADHD where sleep hygiene measures have been insufficient. Licensed to be crushed and mixed with water. [RDTC formulary assessment tool](#) in development.

fidaxomicin (Dificlir®) 40 mg/ml granules for oral suspension. Indicated for the treatment *C. difficile*-associated diarrhoea (CDAD) in adults and paediatric patients from birth to < 18 years of age. This is a new formulation and the price is equivalent to the tablets which are already marketed.

finerenone (Kerendia®) film-coated tablets. Nonsteroidal mineralocorticoid receptor antagonist which modulates expression of pro-inflammatory and pro-fibrotic mediators. Indicated for the treatment of chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults.

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