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ACTIONS this month:-

- GPs to follow local antibiotic prescribing guidelines so as to prevent antibiotic resistance
- GPs to review patients with APS who take DOACs and consider switching to warfarin
- Elleste shortage - GPs, Pharmacists and Prescription Clerks may refer to table for alternatives

Antimicrobial Resistance Patterns

This table shows SW resistance patterns of 3 common microorganisms against some commonly used antibiotics (compared to England). This information is used to develop our local antibiotic guidance. For example, it endorses Nitrofurantoin as first choice treatment for UTIs or the advice to avoid Trimethoprim in >70 year olds.

South West Resistance Patterns for 2019 Q1 :

<i>E. Coli</i> not susceptible to antibiotics	<i>E. Coli</i> (Urinary)			<i>Streptococcus pneumoniae</i> (Respiratory)			<i>Haemophilus influenzae</i> (Upper/Lower respiratory)	
	SW	England		SW	England		SW	England
Ciprofloxacin	9.3%	10.6%	Penicillin	9.7%	10.2%	Co-amoxiclav	15.3%	17.3%
Nitrofurantoin	2.8%	2.5%	Erythromycin	10.4%	12.0%			
Trimethoprim	27.8%	29.3%	Tetracycline	9.5%	11.4%			
Cephalexin	7.8%	9.8%						
Co-amoxiclav	11.9%	20.4%						
Pivnecillinam	5.9%	7.0%						

Link: [Wilts Swindon BaNES Primary Care Guidance](#)

Whilst the CCGs as a whole are meeting the national criteria for some of the Antimicrobial Resistance indicators, there is still work to do to improve rates for prescribing of **broad spectrum antibiotics**. Practices who are not meeting the current NHS targets are being offered specific advice and support from the CCG Pharmacists, and we would encourage practices who have not yet booked a visit to do so as soon as possible by contacting their local Medicines Optimisation Team.

ACTION: GPs to follow local antibiotic prescribing guidelines so as to prevent antibiotic resistance. Review prescribing rates for the practice vs national criteria and contact Prescribing Team for additional support if above target.

DOAC usage in Antiphospholipid Syndrome (APS)

The manufacturers of **Rivaroxaban, Apixaban, Edoxaban** and **Dabigatran** have sent a combined letter to HCP advising that these drugs are **NOT recommended** in patients with APS, due to possible increased risk for recurrent thrombotic events, compared with a Vitamin K antagonist such as Warfarin. This is particularly relevant for those high-risk patients who test positive for all three antiphospholipid tests.

- A **search is available** on TPP to identify potential patients
- GPs should consider **switching to a Vitamin K antagonist** (may require specialist input or support)
- The prescribing of **DOACs for APS patients** should be restricted to **secondary/tertiary care**

Link: [Guidance on converting between anticoagulants](#)

ACTION: GPs to review patients with APS who take DOACs and consider switching to warfarin

Formulary Update

Formulary	Drug	Decision	Comments
3Ts	Opicapone	Amber	Second line COMT inhibitor for PD in patients who have been unable to tolerate a trial of Entacapone
3Ts	Semaglutide	Amber	NOT for monotherapy
3Ts	Utrogestan	Green	For adjunctive use with estrogen as HRT (specific patient cohort)
3Ts	Letrozole	Red	For fertility indications only

Shortages and Alternatives – HRT - Elleste range

Brand	Ingredient(s)	Current Availability	Equivalent	Ingredient(s)	Current Availability
Elleste Solo 1mg	estradiol hemihydrate	Out of stock	Progynova 1mg	estradiol hemihydrate	In Stock
			Zumenon 1mg		In Stock
Elleste Solo 2mg	estradiol hemihydrate	Out of Stock	Progynova 2mg	estradiol hemihydrate	In Stock
			Zumenon 2mg		In Stock
Elleste Duet Conti	estradiol 2mg/ norethisterone 1mg	Out of Stock	Kliofem	estradiol 2mg/ norethisterone 1mg	In Stock
Elleste Duet 1mg	estradiol 1mg/ norethisterone 1mg	Out of Stock	NovoFem	estradiol 1mg/ norethisterone 1mg	In Stock

ACTION: GPs, Pharmacists and Prescription Clerks may refer to this table to prescribe alternatives

Freestyle Libre – Update

Freestyle Libre sensors became an “Amber” product on 1st April since NHS England approved funding for up to 20% Type 1 diabetic patients. Since then, a few situations have arisen that require clarification

- **FSL must not be initiated in primary care** - Specialist to ensure within criteria, adequate training and confirm benefit. GPs must receive information from specialist in order to take over prescribing.
- Additionally, patients on these categories are also eligible for FSL
 - Any form of diabetes on hemodialysis **and** on insulin treatment who require intensive monitoring (>8 times daily)
 - Diabetes associated with cystic fibrosis (CF) on insulin treatment

Link to full NHS England policy [here](#)

Website Updates

Hay Fever (Seasonal Allergic Rhinitis)	https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1820
ICID (new Microguide version for Salisbury)	https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=14
MOCH Expiry Date guidelines	https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1824
MOCH Barrier Creams	https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1826
MOCH CQC Frequently Asked Questions	https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1827
MOCH NHS England Self Care FAQs	https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1828
MOCH CQC Fire Risk With Emollients	https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1829
Antimicrobial prescribing guidance for dentists (Scottish Dental CEP)	https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1830
Antimicrobial prescribing guidance for dentists - NICE summary	https://prescribing.wiltshireccg.nhs.uk/?wpdmdl=1831