CITY SCRIPTS

Brighton and Hove Clinical Commissioning Group

Prescribing Newsletter

November/December 2014

This newsletter is produced by the Medicines Management Team at the CCG, and is sent to all local GPs, Practice Nurses and Community Pharmacists. We would welcome any feedback on the content and usefulness of the newsletter and suggestions for future topics. With thanks to the MM teams of Surrey CCGs

Anticipatory Prescribing for Palliative Care

All clinicians involved with providing palliative care are advised to anticipate the possible needs of their patients over the next couple of weeks.
Providing patients with anticipatory medicines can vastly improve the quality of care for these patients as well as allowing the OOH service to provide a speedier response to the acutely ill.
In addition, a reminder around checking that patients have sufficient quantities of injectable medicines where these are in use would be advised. Where opiate doses increase by 50% on average, a four day bank holiday can often lead to supply problems.
IC24 estimate from previous work that around 80% of calls from patients requiring medicines for palliative care are due to the lack of anticipatory prescribing or insufficient quantities held in the home at weekends

Cavilon® Sachets on ONPOS for Nursing and Care Homes

The CQC have confirmed that they are happy with homes being supplied Cavilon® sachets on ONPOS as long as the system being operated within the Care Home is Safe, Effective, Caring, Responsive and Well Led.
This supply route is within the current CQC regulations The CQC expects to find clear protocols in place within the service which deal with the use of a particular product, and those products that are not supplied as single use should only be used for individual people and not for multiple people. There should also be an audit trail which shows the receipt of single use products into the home.
Action :GPs should not need to write FP10s for Cavilon® for Nursing and Care homes

Hyoscine Patches

Scopoderm (hyoscine) TTS®1.5mg patches are being discontinued by Novartis. However the over the counter pack of 2 Hyoscine 1mg/72hours transdermal patches remain available, listed as category C in the drug tariff.GPs should prescribe the packs of 2.

Tegretol Chewtabs®

Novartis is discontinuing Tegretol 100mg and 200mg Chewtabs® due to closure of the manufacturing site in the UK and not due to any safety concerns relating to the product. Patients currently taking Tegretol Chewtabs® will need to be changed to an alternative medication/formulation.
Abrupt withdrawal of Tegretol® may precipitate seizures, therefore withdrawal should be gradual. If treatment with Tegretol Chewtabs® has to be withdrawn abruptly in a patient with epilepsy, the changeover to another anti-epileptic drug should be performed under the cover of a suitable drug. Please refer to the SmPC for further safety information. http://www.medicines.org.uk/emc.
Changing to an alternative drug would need to be a clinical decision based on the individual patient's medical history.

Duraphat®

Products recommended by dentists such as fluoride tablets, toothpastes and mouthwashes should be purchased OTC or prescribed by the dentist recommending them. It is inappropriate to ask the GP to take clinical responsibility for this specialist prescribing .These products are NOT currently on the formulary.

Flexitol® Urea Heel Balm

£10,000 was spent in Brighton and Hove on this item in the last year. This product is not on the formulary and clinicians are advised not to prescribe but instead signpost patients to a local pharmacy to buy over the counter.

Medicines in Compliance Aids

UK Medicines Information (UKMi) has launched an open access Medicines Compliance Aid database, which makes recommendations on the suitability of transferring solid dose formulations from the manufacturer's original packaging into multi-compartment compliance aids (MCAs), where this data is available.

***Action**: Prescribers and dispensers may find this resource useful when considering the suitability of dispensing medicines in MCAs (blisters) for individual patients. It should be used alongside the RPS guidance Improving patient outcomes through the better use of MCAs.*

Useful Resource on Opioids in Renal Impairment(RI)

UKMI have recently published a useful document titled 'Which opioids can be used in renal impairment?' This includes useful dosing tables and can be found on the prescribing pages of the CCGs website at: http://staff.brightonandhoveccg.nhs.uk/sites/default/files/resources/ukmi_qa_402_2_opioids_in_ri_september_2014final1.pdf

In summary:

- Dihydrocodeine and pethidine should be avoided in RI
- Codeine should be used cautiously in mild to moderate RI and avoided in severe RI, although it is used in practice in some renal units
- Tramadol, diamorphine, morphine, hydromorphone, methadone and oxycodone should be used with caution in RI. Patients should be started on low doses and/or with extended intervals. The dose should be slowly titrated upwards depending on response and any observed adverse effects.

Fentanyl and buprenorphine are the safest opioids for use in RI.

Medicines in Pregnancy Information Service

The UK Teratology Information Service (UKTIS) provides an enquiry answering service to UK NHS health professionals only. UKTIS can be contacted on 0844 892 0909. They do NOT take calls from members of the public, who should be directed to www.medicinesinpregnancy.org, NHS111 or be advised to speak to their GP or prescriber**.**

In order to ensure you receive a full answer and risk assessment from UKTIS when calling with a patient-specific enquiry, please ensure that you have the following information available:

- Patient identifier and the name and address of a healthcare provider who has access to the patient's medical records
- Maternal age
- Stage of pregnancy- at the time of exposure and at the time of the enquiry.
- Maternal medical history

Obstetric history.

MHRA Drug Safety Update

The Medicines and Healthcare products Regulatory Agency (MHRA) has **published** Drug Safety Update for November 2014

The **drug safety** section in this issue reminds clinicians that **agomelatine** (*Valdoxan*®) (non-formulary) may cause **liver toxicity** in some people and that **liver function** should be tested **before and during treatment**.

It is recommended that treatment is stopped if serum transaminases exceed three times the upper limit of normal and that patients are advised to stop taking agomelatine and to get medical help immediately if they have any signs or symptoms of liver injury. The **stop press** section reminds readers of the **risk of ingestion of desiccants** in blister packs. There have been two reports recently of people swallowing the desiccant that came with their nicorandil tablets instead of the tablet itself. It is noted that the foil blister and patient information leaflet clearly advise people not to swallow the desiccant. It is recommended that people receiving blister packs containing a desiccant are reminded the desiccant should not be swallowed.

Action:** Clinicians will find this publication to be a **useful review** of current issues in **drug safety.

Common Questions and Answers on the Practical Use of Oral Anticoagulants in Non-Valvular Atrial Fibrillation

UKMi has produced a resource on Common Questions and Answers on the Practical Use of Oral Anticoagulants in Non-Valvular Atrial Fibrillation . The document highlights key factors influencing anticoagulant choice, identification of patients taking anticoagulants, when might warfarin be the preferred option, and active swapping from warfarin to novel agents.

That's NICE ..... www.nice.org.uk/Guidance/Date

October 2014

There were three clinical guidelines that impact upon primary care.

The **Multiple sclerosis** guideline offers evidence-based advice on the diagnosis, care and treatment of adults with multiple sclerosis.

The **Acute heart failure** guideline offers evidence-based advice on the care and management of adults with acute heart failure or possible acute heart failure.

The **Gallstone disease** guideline offers evidence-based advice on the diagnosis and management of gallstone disease in adults.

Action: Clinicians should be aware of this month's new guidance and implement any necessary changes to practice.

November 2014

There was one technology appraisal and one public health guideline that impacts upon primary care:

TA 325 Nalmefene for reducing alcohol consumption in people with alcohol dependence. This technology appraisal recommends this drug as a **possible treatment** for people with alcohol dependence who:

- are still drinking more than 7.5 units per day (for men) and more than 5 units per day (for women) 2 weeks after an initial assessment **and**
- do not have physical withdrawal symptoms **and**
- do not need to either stop drinking straight away or stop drinking completely.

The guidance recommends that nalmefene should only be taken if the patient is also having **ongoing psychosocial support focused on treatment adherence and reducing alcohol consumption.**. We are aware of the many enquiries regarding nalmefene that GPs must be receiving about nalmefene. This guidance is primarily for public health organisations, and will be discussed at the APC in January 2015. The key message is that the prescribing of nalmefene needs to be accompanied by psychosocial interventions which are currently commissioned by the Council as part of substance misuse treatment.

PH 56 Vitamin D: increasing supplement use in at risk groups including:

- infants and children aged under 5
- pregnant and breastfeeding women, particularly teenagers and young women
- people over 65
- people who have low or no exposure to the sun, for example, those who cover their skin for cultural reasons, who are housebound or confined indoors for long periods
- people with darker skin, for example, people of African, African-Caribbean or South Asian family origin.

The local guidance on vitamin D is found at the following link: HPSUGuidance. Women and children from families who are eligible for the Government's Healthy Start scheme can get free vitamin supplements including vitamin D in the form of tablets for women and drops for children. For further information on who qualifies for the scheme and where they can obtain vitamin supplements see www.healthystart.nhs.uk. Individuals who do not qualify for the Healthy Start scheme should be advised to purchase vitamin D supplements at the appropriate strength. Useful information relating to children increasing their intake of vitamin D can be found here: http://www.vitamindmission.co.uk/

Action: Clinicians should be **aware** of this month's new guidance and **implement** any necessary changes to practice.

BNF and Children's BNF

These are now accessible freely on NHS computers from the Medicines Complete website in a downloadable version that can be set as a short cut on your desktop using the URLs below. These are automatically updated to the latest version; hard copies are now only issued annually.
https://www.medicinescomplete.com/mc/bnf/current/
https://www.medicinescomplete.com/mc/bnfc/current/

Prescribing Guidelines for Dry Eye Management

Accessible via Chapter 11 of the Joint Formulary. The following changes to the JF support the guidance:

- Tear-Lac (hypromellose 0.3% preservative free) replaces the current hypromellose 0.3% preservative free preparations (i.e. Lumecare PF). Tear-Lac has a 6 month expiry once opened (hypromellose 0.3% eye drops are still 1st line)
- Optive eye drops (carmellose sodium 0.5%) has been added to the JF. Optive has a 6 month expiry once opened
- Clinitas eye gel replaces Viscotears/Geltears and is the preferred brand of carbomer 980.
- Hylo-Tear (hyaluronic acid 0.1% preservative free) is preferred to Celluvisc 1% (Celluvisc 0.5% has been removed from formulary as it is significantly more expensive than Celluvisc 1%). Hylo-Tear has a 6 month expiry once opened
- VitA-POS replaces Lacrilube and is the preferred liquid paraffin brand. VitA-POS has a 6 month expiry once opened.

Non-steroidal anti-inflammatory drugs and risk of venous thromboembolism

A systematic review and meta-analysis of observational studies found that there was a statistically significantly increased risk of venous thromboembolism (VTE) among users of non-steroidal anti-inflammatory drugs (NSAIDs) compared to non-users of NSAIDs (pooled risk ratio 1.80; 95% CI 1.28 to 2.52). However, the meta-analysis has a number of important limitations and these results should be interpreted with caution. The decision to prescribe an NSAID should continue to be based on an assessment of a person's individual risk factors, including any history of cardiovascular and gastrointestinal illness. Where an NSAID is needed, the lowest effective dose should be prescribed for the shortest period of time to control symptoms and the need for long-term treatment should be reviewed periodically.

Asthma in children and young people : effects of inhaled corticosteroids on growth

A Cochrane review found that, in children and young people with persistent asthma, during the first year of treatment, low-to-moderate doses of inhaled corticosteroids were associated with a statistically significant reduction in linear growth velocity (mean difference −0.48 cm/year) and a lower increase in height from baseline (mean difference −0.61 cm) compared with placebo or non-steroidal asthma drugs. The difference appeared less pronounced in subsequent years. A second Cochrane review found that, compared with lower doses, linear growth velocity was reduced by 0.20 cm when higher doses of inhaled corticosteroids were used in children aged less than 12 years with persistent asthma. These findings support the recommendations in the current British guideline on the management of asthma to use the lowest dose of inhaled corticosteroid that maintains disease control in children with asthma, and to monitor height and weight annually.

Benzodiazepine use and risk of Alzheimer's disease

A Canadian observational study found that past benzodiazepine use was associated with an increased risk of Alzheimer's disease. The study suggests that taking benzodiazepines for more than 3 months and the use of agents with longer half-lives strengthen the association, but potential biases in the study limit the conclusions that can be drawn. Prescribers should continue to follow NICE and MHRA guidance to restrict benzodiazepines to short-term use of no more than 2–4 weeks and only for specific indications.

Brighton Area Prescribing Committee and Joint Formulary (JF) Update

The Brighton APC turned 1 year old in October. The following is a recap of the decisions made in the past year:

JF TRAFIC LIGHT STATUS:

BLACK = Not supported in any healthcare setting. **RED** = Specialist only. **AMBER** = Specialist initiation with a shared care guideline. **BLUE** = Specialist initiation without a shared care guideline (but may have an information sheet). **GREEN** = Suitable for prescribing in any healthcare setting.

Date	Preparation	JF Decision	Notes
Oct 13	Linaclotide	**BLACK**	Not for routine prescribing in any health care setting for NHS patients.
Nov 14	Perampanel	**BLUE**	Specialist initiation or recommendation only. Information Sheet
Jan 14	Dapagliflozin	**GREEN**	Specialist initiation or recommendation only. In line with NICE TA288.
	Lixisenatide	**GREEN**	In line with NICE CG87 for GLP-1
	Renavit	**GREEN**	Alternative to Ketovite
	Ocriplasmin	**RED**	Hospital/secondary care only. For vitreomacular traction. In line with NICE TA297
	Ranibizumab	**RED**	For myopic CNV. In line with NICE TA298
	Insulin degludec	**BLACK**	Not for routine prescribing in any health care setting for NHS patients.
Feb 14	Zeroderm	**GREEN**	Preferred to Epaderm and Hydromol
	Zerocream	**GREEN**	Preferred to E45 cream
	Zerobase cream	**GREEN**	Preferred to Diprobase cream
	ZeroAQS cream	**GREEN**	Preferred to aqueous cream
	Fluocinolone Intravitreal Implant	**RED**	For Diabetic Macular Oedema. Hospital/secondary care only. In line with NICE TA301
	Dymista	**BLACK**	Not for routine prescribing in any health care setting for NHS patients.
April 14	Tapentadol	**BLUE**	Specialist initiation only by Pain Clinic. Information Sheet
	Aflibercept	**RED**	Hospital/secondary care only. In line with NICE TA305
	Aripiprazole Long Acting Injection	**RED**	SPFT Specialist use only.
	Accrete D3	**GREEN**	1st line choice in primary care rather than Adcal D3.
	Lucette	**GREEN**	Preferred brand rather than Yasmin (3rd line use)
	Repinex XL	**BLUE**	Preferred brand of Ropinirole XL (Specialist initiation)
	Fesoterodine Fumerate	**BLACK**	Not for routine prescribing in any health care setting for NHS patients.
June 14	Triptorelin	**GREEN**	
	Fosfomycin oral sachets	**BLUE**	Unlicensed. Only upon recommendation of microbiology. Community UTI guidelines
	Glucophage sachets (metformin)	**Removed**	Manufacturer has discontinued sachets. Liquid to be used for patients with swallowing difficulties only.
	Metformin 500mg/5ml liquid	**GREEN**	
	Fultium D3 3,200IU capsules	**GREEN**	Once a day higher strength.
	Evacal D3	**GREEN**	This is the preferred chewable preparation of calcium/colecalciferol which is to replace the prescribing of Adcal D3 in primary care.
	Doublebase Gel	**Removed**	An extension to the Zero range. Equivalent product to doublebase.
	Zerodouble Gel	**GREEN**	
July 14	Hylo-forte Eye drops	**GREEN**	
	Tocilizumab subcutaneous injection	**RED**	Subcutaneous Tocilizumab is preferred over intravenous infusion for all new patients.
	Canagliflozin	**GREEN**	As per NICE TA315
	Invita D3 liquid	**GREEN**	
Sept 14	Collagenase (Xiapex®)	**RED**	Hospital/secondary care only.
	Brimonidine gel (Mirvaso®)	**BLACK**	Mirvaso is considered **not** an appropriate use of NHS resources because of the lack of evidence and considered as a cosmetic treatment.
	Ingenol Mebutate (Picato®)	**GREEN**	
	Adrenaline Auto Injector (Emerade®)	**GREEN**	Available as a 150mcg, 300mcg and 500mcg pen. Emerade is a different device to the other AAIs with a different method of administration. Ensure that the patient has received appropriate training.
	Lubiprostone (Amitiza®)	**RED**	Hospital/secondary care only. As per NICE TA318
	Insuman® Basal	**GREEN**	
Oct 14	Hylo-Tear eye drops	**GREEN**	The inclusion of the following eye drops is to support the new dry eye guidelines.
	Tear-Lac eye drops	**GREEN**	Tear-Lac is the formulary choice for preservative free hypromellose eye drops.
	Lumecare eye drops	**Removed**	
	VitA-POS eye drops	**GREEN**	VitA-POS is the formulary choice for liquid paraffin eye ointment.
	Lacri-Lube eye drops	**Removed**	
	Clinitas Gel	**GREEN**	Clinitas Gel is the formulary choice for carbomer gel.
	Viscotears	**Removed**	
	Liquifilm tears	**Removed**	No place in treatment pathway.
	Celluvisc 0.5% minims	**Removed**	Much more costly compared to the 1% minims which are included in the JF.
	Optive eye drops	**GREEN**	
	Lurasidone	**BLUE**	Specialist initiation only by SPFT
Nov 14	Potassium Hydroxide: MolluDab/Molutex	**BLACK**	Not supported for prescribing – if patients wish to use these products they can be advised to purchase OTC from community pharmacy.
	Flunarizine	**RED**	Supported for use in patients with migraines that are refractory to standard treatment options. Specialist use only.
	Oral glycopyrronium	**BLACK**	Glycopyrronium oral preparations not supported for use in hyperhidrosis in new patients.
	Propantheline bromide tablets	**GREEN**	
	Cimetidine tablets	**Removed**	No place in therapy any more.
	Midodrine	**RED**	Specialist only

