CITY SCRIPTS

NHS
Brighton and Hove
Clinical Commissioning Group

Prescribing Newsletter **July 2013**

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.

Prescribing Action Plan – 2013-14

Practices will be asked to participate in a prescribing action plan as part of 2013/14 PIS – much of this will comprise of switching generic to cost effective brand or brand to generic , formulation change or in certain circumstances, existing brand to more cost effective brand – see list below:-
Community pharmacies should ensure adequate stock is held to fulfil need.

Cerazette OC switch to Cerelle brand of same	Oxycontin switch to Longtec brand
co-codamol 30/500 switch to Zapain brand of same drug	Paracetamol soluble tablets switch to plain paracetamol
Cosopt eye drops switch to generic	Prednisolone EC to plain 5mg tabs
Dutasteride switch to finasteride	Quetiapine modified release to quetiapine immediate release
Epipen switch to Jext	Rosuvastatin to atorvastatin
Fluticasone nasal spray switch to Avamys	Seretide 250 evohaler to Seretide 500 accuhaler in COPD or stepdown review in asthma
Gaviscon Advance switch to Peptac	
Microgynon switch to Rigevidon brand of same	Tolterodine XL switch to Neditol brand of same drug
Movicol switch to Laxido	Venlafaxine mr generics to Venlalic XL brand
Nebivolol 2.5mg switch to half 5mg scored tablet	Xalatan drops to generic latanoprost
Omacor switch to Prestylon	

Benzodiazepine and multiple substance misuse

The new Recovery focus for Substance Misuse means that we are all trying to work together to get patients drug free as quickly as possible. Many of the patients on the Substance Misuse National Enhanced Service (NES) are taking benzodiazepines as well as Subutex®/methadone, and it can be difficult to decide which substance to reduce first. Trying to do both at once can be counterproductive and lead to relapse.

We would encourage six monthly joint reviews with the NES nurse, GP and patient to set out aims for weaning down or stabilisation, and to decide at the review which drug to start with. As a general principal we would recommend that you do one at a time.

If a NES client (that is registered at that surgery) completes their opioid detox before the benzodiazepines then the NES nurse will still be around to offer help and advice with reductions and testing.

Joint Formulary changes include: aqueous cream is replaced by Aquamax® in Primary Care since it does not contain sodium lauryl sulphate; fluorouracil cream switched from amber to green and tacrolimus cream and pimecrolimus cream switched from amber to blue; addition of nortriptyline (blue, second-line to amitriptyline and imipramine) and Episenta® (orange), and removal of Disipal® recommendation from orphenadrine

CCG Website Updates on Prescribing Policy and links to useful resources

- Drugs for erectile dysfunction policy - May 2013 notes that first line PDE5-Inhibitor is generic sildenafil
- Vitamin D Model guidance from HPSU has been adopted locally. This model pathway for treating vitamin D deficiency and insufficiency covers background; prevention of vitamin D deficiency in at-risk groups and investigation and treatment of vitamin D deficiency and insufficiency in adults. The main prescribing points are that:
  - Licensed Fultium D3® 800iu capsules and Desunin 800iu tablets (can be crushed) are recommended in doses as per license on FP10 for deficiency
  - Lifestyle advice and Over the Counter (OTC) Vitamins are recommended for insufficiency.
- Aging, Dementia and Polypharmacy has links to the Anticholinergic Cognitive Burden (ACB) Scorecard and the AGS BEERS Criteria for potentially inappropriate medication use in older adults which were discussed at the PLS workshop on Dementia and prescribing.
  There is also a link to the Polypharmacy Guidance 2012 – NHS Scotland which is a useful guide to help address the issues resulting from the use of multiple medicines in the frail and elderly population, thereby improving therapeutic care through reduction in the risk of ADRs associated with Polypharmacy.

Antibiotics in Back Pain

A recent study in the European Spine Journal found that a 100 day course of antibiotic treatment was more effective than placebo in a very specific patient group with chronic low back pain following disc herniation and Mobic type 1 vertebral changes. 144 patients completed the one year follow up of this double blind RCT.

Further research involving larger numbers will be needed to confirm these findings along with extensive safety investigations around the risk of adverse reactions of long term broad spectrum antibiotics (i.e. C diff. and cholestatis) and also the risk of antibiotic resistance, before the treatment is approved and licensed for routine use in this highly select group of patients.

NHS Choices Behind the Headlines covered the study and the BMJ rapid response pertaining to the study prove an interesting read.

Action*:* This treatment is experimental and currently not recommended

Clinical Knowledge Summaries (CKS) service

NICE has launched a new version of the Clinical Knowledge Summaries (CKS) service, **www.cks.nhs.uk**. which is aimed at primary care practitioners, in the provision of summaries of best available evidence and practical guidance on best practice in, covering a full range of primary care presentations. Up to 10 new primary care topics have been planned for each year, based on published NICE clinical guidelines, together with an update cycle for existing topics.

Action: Primary Care practitioners should be familiar with this service.

MHRA Drug Safety Update

April 2013

- **Insulin degludec** (*Tresiba*®) is available in two strengths (100 units/mL; and 200 units/mL), therefore care should be taken when prescribing and administering to minimise risk of errors. Currently, this is non-formulary.
- **Cilostazol** (*Pletal*®), licensed for **intermittent claudication,** now restricted as second line treatment to lifestyle interventions and avoid in patients with: unstable angina, recent MI or coronary intervention (within 6 months); a history of severe tachyarrhythmia or those receiving two or more other antiplatelet or anticoagulant treatments.
  Benefit should be assessed after 3 months of new initiation and stop if patients have not benefited. Established patients should be reassessed at a routine appointment
- **Strontium** restricted to severe osteoporosis in Patients at high risk of fractures. Avoid in CHD & uncontrolled HT and patients at high CVD risk should be reviewed

May 2013 - Tolvaptan (*Samsca*®*),* treatment of hyponatraemia secondary to inappropriate antidiuretic hormone secretion (SIADH) has been associated with an increased risk of liver injury. LFTs are advised in anyone who reports symptoms that may indicate liver injury.

Thalidomide increases the risk of haematological second primary malignancies

June 2013 includes new contraindications and warnings for **diclofenac;** advice on vigilance for VTE with **co-cyprindiol** and restrictions on **codeine,** to children over 12 years and only be used to relieve **acute moderate pain,** provided other painkillers such as paracetamol or ibuprofen alone cannot relieve it. The maximum daily dose is recommended as 240mg in split daily doses, used at the lowest effective dose for the shortest period and a **maximum of 3 days** before a review.

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

April 2013 – Asthma (severe, persistent, patients aged 6+, adults) - omalizumab (rev TA133, TA201) (TA278); Rheumatoid arthritis - abatacept (2nd line) (rapid review of TA234) (TA280); Idiopathic pulmonary fibrosis – pirfenidone (TA282)

May 2013: Feverish illness in children (CG160) (replaces CG47) and Macular oedema (retinal vein occlusion) - ranibizumab (TA283)

June 2013: Familial breast cancer (CG164); Gout (tophaceous, severe debilitating, chronic) - pegloticase (TA291)*; Hepatitis B (chronic) (CG165); Idiopathic pulmonary fibrosis (CG163); Myelofibrosis (splenomegaly, symptoms) - ruxolitinib (TA289)*; Overactive bladder - mirabegron (TA290); Pulmonary embolism and recurrent venous thromboembolism - rivaroxaban (TA287); Stroke rehabilitation (CG162); Type 2 diabetes - Dapagliflozin combination therapy (TA288) and Ulcerative colitis (CG166)

*(not recommended)