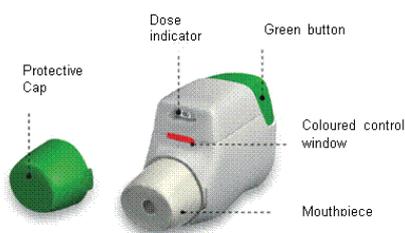


Prescribing Newsletter

April 2013

This newsletter is produced by the Medicines Management Team at the PCT, 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.

Acclidinium inhaler ▼ (Eklira Genuair®) has recently been added to the Joint Formulary, and provides an alternative to tiotropium (Spiriva) for COPD patients where treatment with a long-acting muscarinic antagonist (LAMA) is indicated.



Cost for 1 month's treatment:

Acclidinium inhaler ▼ £28.60
Spiriva Handihaler® £34.87, refill £33.50
Spriva Respimat® £35.50

The dose of 1 puff twice daily is delivered via the Genuair device which involves pressing a button once to release a dose before inhaling, a window which changes colour as the dose is loaded, a click sound after inhaling successfully and a dose indicator. These features should enhance correct inhaler use and prevent accidental overdose

NICE COPD guidelines recommend:

In people with stable COPD who remain breathless or have exacerbations despite use of short-acting bronchodilators as required, offer the following as maintenance therapy:

- if FEV1 ≥ 50% predicted: either long-acting beta2 agonist (LABA) or LAMA
- if FEV1 < 50% predicted: either LABA with an inhaled corticosteroid (ICS) in a combination inhaler, or LAMA.
- Offer LAMA in addition to LABA+ICS to people with COPD who remain breathless or have exacerbations, irrespective of their FEV1.

Action:

- At the next review or earlier, patients on tiotropium should have their inhaler technique checked and where it is poor, consider switching to acclidinium inhaler ▼.
- For COPD patients newly requiring a LAMA, consider acclidinium inhaler ▼ as an option
- As a new medicine, acclidinium inhaler ▼ is intensively monitored by the MHRA and the reporting of all suspected reactions via the [yellow card scheme](#) is encouraged
- Practice can obtain placebo Genuair inhalers by emailing: info.uk@almirall.com

Q and A – Pelvic toners

Q: Can I prescribe a Pelvic Toner

A: Yes, they are in the [Drug Tariff](#), but our advice is that patients should be referred to the [SCT Bladder and Bowel Service](#) in the first instance, for an in depth continence assessment. Where it is appropriate, pelvic toners will be prescribed by the service together with an individualised treatment regime and the monitoring of progress. Pelvic toners are not suitable for all. If used incorrectly, they could cause some localised trauma.

Joint Formulary changes include:

- addition of [Desunin](#) (Vitamin D 800iu tablets that are crushable), [Ulipristal 5mg](#) for fibroids, [Bramitob](#), [Stiripentol](#), [fidaxomicin](#) and [aclidinium](#) inhaler ▼.
- [Cerelle](#) (desogestrel 75 microgram) is half the price of [Cerazette](#) and is therefore the preferred brand.

Policy updates:

- [Gluten Free Policy](#) has been updated to include Juvela Gluten Free Fresh Bread, on the basis that the manufacturers have agreed to recompense the NHS any out of pocket expenses charged
- [Policy on Drugs NOT for Routine Prescribing in Primary Care](#) has been updated to include: Aralax; Dermasilk; Projuven; Intrinsa and Resperate and Souvenaid®

Inhaler technique revisited

Numerous studies have shown that a substantial proportion of patients fail to use their prescribed inhalers correctly, and that technique can be improved by training and regular checks by a competent healthcare professional. Moreover, a recent editorial in the [Drug & Therapeutics Bulletin October 2012](#) concluded: "Only when healthcare professionals are competent and confident to use inhalers can we be sure that patients and the NHS will be getting best value for money".

In order to address the issues raised, local inhaler technique workshops were run during November to January, giving the opportunity for hands on experience in using a range of placebo devices. 43 general practices sent representatives. Attendees were given a selection of placebo devices to take away and encouraged to cascade their learning to their practice colleagues.

An area not covered in the practical training, but which clinicians should be aware of are the numerous factors governing the choice and correct use of an inhaler and the importance of avoiding focus on just one or two aspects since this is likely to be misleading. For instance, considerable attention has been given to inspiratory flow rate as an indicator of effective inhaler choice, based on the assumption that low flows through some dry powder inhalers (DPI) indicate that dose delivery is impaired. However, the reality is more complicated, since effective actuation of a DPI depends on the combination of

- flow rate
- timing of inspiratory effort
- duration of inspiration
- individual characteristics of different devices

Addressing all the above factors will ensure correct technique, which in turn will ensure dose delivery to the airways. More information is available in the December 2012 edition of the SEC Breathing Matters, available from the [Medicines Management Team](#)

Action: It is essential that all patients using inhalers have an assessment of their technique regularly, carried out by a healthcare professional who is familiar with all of the requirements for effective use with the respective inhaler devices.

MHRA Drug Safety Update

January 2013

- Roflumilast (Daxas[▼]): risk of suicidal behaviour – avoid use in patients with previous or existing psychiatric symptoms and discontinue treatment if new or worsening symptoms are identified
- Tredaptive (combined niacin-laropiprant) – no longer for prescribing as preliminary HPS2-THRIVE trial failed to show benefit outweighs risks

February 2013

- [Denosumab 60mg \(Prolia\)[▼]](#): rare cases of atypical femoral fracture with long-term use (>2.5yrs). During treatment, patients presenting with new or unusual thigh, hip or groin pain should be evaluated for an incomplete femoral fracture. Discontinuation should be considered if an atypical femur fracture is suspected, while the patient is evaluated

March 2013

- Aqueous Cream as a leave on emollient may cause skin irritation, particularly in children, possibly due to sodium lauryl sulphate (SLS) – patients and carers should be warned of the risk and advised to discontinue treatment if this occurs, and use an alternative emollient not containing SLS.
- [Dabigatran[▼]](#) is contraindicated in patients with prosthetic heart valve(s) requiring anticoagulant treatment related to their valve surgery, regardless of the length of time that has elapsed since valve replacement took place

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

January 2013 - [MTG13](#) WatchBP Home A for opportunistically detecting AF during diagnosis and monitoring of hypertension and [TA271](#) Diabetic macular oedema - fluocinolone acetonide intravitreal implant

February 2013 - [CG156](#) Fertility; [TA274](#) ranibizumab - Macular oedema (diabetic); [TA275](#) Apixaban - Stroke and systemic embolism (prevention, non-valvular atrial fibrillation)

Note: South East Coast Health Priorities Support Unit (SEC HPSU) have updated their [model guidance and Patient FAQs for anticoagulants for stroke prevention in AF](#) post TA275. These replace previous guidance and patient decision aid issued on CCG website

March 2013 - [TA276](#) Cystic fibrosis (pseudomonas lung infection) - colistimethate sodium and tobramycin

Although every effort is made to ensure this newsletter is accurate, the producers can accept no responsibility for errors or omissions in information provided by external organisations. Any opinions expressed are those of the editor and do not necessarily represent the opinions of Brighton and Hove CCG, NHS Sussex.