CITY SCRIPTS

Brighton and Hove Clinical Commissioning Group

Prescribing Newsletter **June 2012**

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.

Atorvastatin – Patent Expired!

The patent for atorvastatin has now expired with a resultant 75% reduction in price (June 2012 Drug Tariff). It is anticipated that the prices will reduce further to match those of simvastatin, thereby increasing options for prescribing non-branded statin therapy in line with NICE guidance.
Discussions between Primary Care and the RSCH Lipid Clinic have resulted in the following agreed switches that would provide similar LDL cholesterol and anticipated cardiovascular event reduction at greatly reduced cost:

Current branded statin therapy	Proposed switch
rosuvastatin 5mg	≥ atorvastatin 10mg
rosuvastatin 10mg	≥ atorvastatin 20mg
rosuvastatin 20mg	≥ atorvastatin 40mg
rosuvastatin 40mg	≥ atorvastatin 80mg

Action: Switch rosuvastatin, the only branded statin, to an equivalent dose of generic atorvastatin, provided
- there are no significant drug interactions[1] nor contraindications[1] to atorvastatin treatment and
- the patient has not previously been intolerant to atorvastatin.

Both atorvastatin and rosuvastatin can be taken at any time of day.

If you have any questions or would like a copy of table of comparative common interactions, please do contact the Medicines Management Team at the CCG by emailing bhv-pct.MedicinesManagement@nhs.net

[1] Drug Safety Update Jan 2008, SPCs for Lipitor and Crestor, BNF March 2012

Antibiotics Guidelines have been updated and are available from the following weblink:
www.brightonhovecitypct.nhs.uk/healthprofessionals/clinical-areas/prescribing/guidelines/documents/AntibioticsinPrimaryCare-June2012.pdf
The update includes guidance on "post-operative wound infection, where for the majority of cases, flucloxacillin 500mg QDS is first line (*if penicillin allergic: clarthromycin 500mgBD*). If infection is severe, or fails to respond, contact microbiology for advice. *For facial:* co-amoxiclav 500/125 mg TDS (*if penicillin allergic: clindamycin 300mg QDS*) - All for 7 days

Anapen recall

Anapen® an adrenaline autoinjector used in treating anaphylaxis, has been recalled as a precautionary measure. This is because a possible issue has been identified that may result in inadequate doses of adrenaline being delivered, and in the worst case none at all. There are currently no known cases where this has actually occurred.
Action: Community Pharmacies and Practices should identify any patients who have received an Anapen® and ensure:
- All unexpired stock is returned for appropriate destruction
- Patients have an appointment with their GP or clinic to discuss switching to an alternative product as soon as possible, [Jext® is local formulary choice]
- There are significant differences between the available devices (Anapen®, Jext® and Epipen®) and therefore they should be prescribed by brand name and adequate training to patients should be given

NPC Moves to NICE to form Medicines and Prescribing Centre (MPC).

MPC will continue to provide medicines support (such as information on medicines, prescribing advice, training & education, governance & decision-making) across the NHS as well as
- Advice on medicines optimisation including support for QIPP
- Specific medicines advice, for example on unlicensed and off-label drugs
- Practical tools and materials to aid implementation

All future medicines and prescribing outputs will be published on the NICE website and signposted from the Medicines and prescribing homepage www.nice.org.uk/mpc/index.jsp

Infant Feeds reminder

Breast feeding remains the gold standard for **milk** feeding in infant nutrition. The incidence of Cows Milk Protein Allergy (CMPA) is lower in exclusively breast-fed infants compared to formula-fed or mixed-fed infants. If mother is exclusively breast feeding, NICE guidance http://guidance.nice.org.uk/CG116 recommends considering mother's diet when mild-to-moderate CMPA is suspected.

- Soya milk formula **is not recommended** for infants under six months of age and should **not** be considered first line for cow's milk protein allergy (CMPA) or intolerance.
- The **first line** choice, in formula fed infants when mild-to-moderate CMPA is suspected, is Nutramigen® 1 or 2 (depending on age), an extensively hydrolysed formulas (eHFs) ®
- Amino Acid Formula (AAF) such as Neocate should be reserved for second line use or in selected cases when alarm symptoms are present[1].

Children diagnosed with CMPA or intolerance to cows milk should be referred to a dietician for advice on a nutritionally adequate cows milk free diet. Since many children outgrow their condition, periodical review (yearly) through diagnostic challenge should be carried out to prevent children with this condition from continuing unnecessary elimination diets[2]

[1] *"Guidelines for the Diagnosis andManagement of Cows Milk Protein Allergy in Infants"* (Vandenplas Guidelines) http://adc.bmj.com/content/92/10/902.full?sid=b27996a1-baf3-47ef-ae7e-7d465bccb09d

[2] http://www.worldallergy.org/publications/WAO_DRACMA_guidelines.pdf

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

NICE has published the Opioids in palliative care clinical guideline CG140.
Oral sustained-release morphine is the first line option in patients who are suitable for oral treatment. Where the oral route is not suitable, patches are recommended where pain relief requirements are stable. Subcutaneous delivery is recommended where pain relief requirements are unstable. **Buccal fentanyl is not recommended.** The guideline also offers advice about the management of constipation, nausea and drowsiness.

A reminder on co-danthramer and co-danthrusate and Specialist ONLY Drugs

Within Brighton and Hove, 10 GP practices prescribed co-danthrusate over the last 6 months.
The CSM advice on indications for dantron containing products is that prescribing should be **restricted** to **constipation in terminally ill patients** of all ages due to its potential as a carcinogen. Therefore co-danthramer and co-danthrusate are included as Specialist Only Drugs (orange) in our joint formulary found at www.brightonandhove.nhs.uk/healthprofessionals/BrightonJointFormulary.asp
Specialist only drugs are drugs where the need for specialist* input has been identified. Such specialist only drugs will have "orange" status when:

- A specialist starts or recommends one of these drugs
- A drug is part of an agreed shared care arrangement. These are also called 'amber' drugs. These will normally be initiated and stabilised in secondary care, then transferred to primary care with the GP's agreement. This transfer is facilitated by the ESCA (effective shared care agreement). A link to the ESCA will be clearly indicated when needed.

** A specialist is **not** necessarily a consultant, rather a practitioner with specialist skills e.g. Specialist Registrar, GP with Specialist Interest, Community Psychiatric Nurse, Tissue Viability Nurse.*

MHRA Updates www.mhra.gov.uk/Publications/Safetyguidance/DrugSafetyUpdate/index.htm

The May 2012 edition of **Drug Safety Update** contains articles on

- Stronger CV warnings for **fingolimod**
- Small risk of serious ventricular arrhythmia and sudden cardiac death with **domperidone** - new recommendations
- Safety warnings with **strontium ranelate** in relation to the new contraindication in patients with current or previous VTE, including DVT and PE and/or patients with temporary or permanent immobilisation, as reported in the April 2012 City Scripts.

Atomoxetine – further MHRA advice on Heart Rate and BP

Following on from the January 2012 MHRA Drug Safety Update reminding clinicians the need to screen heart rate and blood pressure before starting treatment with atomoxetine, a MHRA assessment report has concluded that atomoxetine is not used in patients with severe cardiovascular or cerebrovascular and regular heart rate and BP should be monitored during treatment and patients advised to tell their doctor immediately if they develop chest pain, shortness of breath or an irregular or faster-than-normal heart beat.
Action: The 21 B&HCCG practices have prescribed atomoxetine during January-March 2012. They should ensure routine recall for monitoring.www.mhra.gov.uk/home/groups/comms-ic/documents/websiteresources/con152778.pdf