Derbyshire Medicines Management Newsletter

www.derbyshiremedicinesmanagement.nhs.uk

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The purpose of the Medicines Management newsletter is to deliver succinct, evidence-based advice and information on primary care prescribing issues. Aimed at busy prescribers wanting to know key messages from the many publications in the previous month.

1. What's in the news

DTB May 2016 Volume 54 issue 5

Hyperkalaemia with spironolactone

Monitoring of blood electrolytes and renal function is essential in patients taking diuretic drugs and those drugs that act on the renin system especially when used in combination.

Our local heart failure guidance has been updated to reflect recent advice from SIGN with some local variation of monitoring, in agreement with the cardiologists. Prescribers should familiarise themselves with the new updated guidance and ensure appropriate systems are in place for monitoring.

Over the Counter (OTC) artificial tear drops for dry eye

The DTB reports on a Cochrane review showing the lack of comparative data comparing of one OTC treatment of dry eye preparation over another. Something we have looked at before.

The article coincides with the update of our local formulary eye chapter in the section on dry eye treatments. Our update has been in consultation with the ophthalmologists, listing preferred products in order of cost and includes updated advice on when preservative free preparations may be appropriate

Minimising the risk of diabetic ketoacidosis (DKA) with SGLT2 inhibitors

The DTB reminds prescribers of the EMA publication in February 2016, which highlights that rare cases of DKA, including life-threatening ones, have occurred in patients taking SGLT2 inhibitors, licensed to treat type 2 diabetes. A number of these cases were atypical with patients having only moderately raised blood sugar levels and some of them occurred during off-label use and clinical trials in patients with type 1 diabetes. Prescribers are reminded to consider the possibility of diabetic ketoacidosis in patients taking SGLT2 inhibitors who have non-specific symptoms such as nausea, vomiting, anorexia, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue or sleepiness

NSAIDs for chronic low back pain

The DTB reflects on a Cochrane review questioning the small and questionable clinical relevance of NSAIDs compared to placebo for reducing pain and disability. The trial also showed no difference between NSAIDs that are Cox 2 selective compared to unselective NSAIDs

NICE guidance on low back pain (lasting longer than 6 weeks but less than 12months) in adults written in 2009 is being updated. Pharmacological treatment includes paracetamol as the first-line option, followed by NSAIDs and weak opioids. While prescribers should continue to follow NICE guidance they should note the weak evidence base of NSAIDs in lower back pain, calling for regular reviews of efficacy against the long term risk of NSAIDs.

Deleted products 2016 | MIMS online for May 2016

Acticoat Absorbent Cavity	CAM (ephedrine)	Co-phenotrope
Duratouch	Ovysmen (ethinylestradiol/norethisterone)	Tylex Effervescent (co-codamol)

2. Drug safety update primarily relating to primary care prescribing

(For more information see Drug Safety Update) Volume 9, Issue 10 May 2016

1. BCR-ABL tyrosine kinase inhibitors (imatinib, dasatinib, nilotinib, bosutinib, and ponatinib): risk of hepatitis B reactivation.
2. Pomalidomide (Imnovid▼): risk of hepatitis B reactivation
3. Idelalisib (Zydelig▼): interim measures following signal of serious infection and deaths related to infection found in clinical trials

Letters sent to Healthcare professionals and relevant to primary care:

- canagliflozin-containing medicines (Invokana▼, Vokanamet▼): risk of lower limb amputation (primarily of the toe)

Noting from CANVAS (a long-term cardiovascular trial) a two-fold higher incidence of lower limb amputation (primarily of the toe). Summary

- The risk in the canagliflozin groups was 6 per 1000 patient years, compared with 3 per 1000 patient years with placebo.
- This increased risk was observed independent of predisposing risk factors, although the absolute risk was higher in patients with previous amputations, existing peripheral vascular disease or neuropathy. No dose response was observed.
- The issue is currently under investigation, and any mechanism behind the events is as yet unknown. However, dehydration and volume depletion might play a role in the development

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Reminder

Neovent® generic **Salmetero**l inhaler: contraindicated for use in patients with Peanut or Soya allergy

Prescribers are reminded to carefully consider the consequences of prescribing salmeterol metered dose inhalers (MDIs) generically in patients with Peanut or Soya allergy, as there are important differences between Serevent Evohaler® (manufactured by GlaxoSmithKline) and Neovent® (manufactured by Kent Pharmaceuticals), which may also impact on the suitability of the brand supplied by the Community Pharmacy to the patient.

Both Prescribers and Pharmacists are advised that:

- Neovent® contains additional excipients: anhydrous ethanol and soya lecithin (E322), and is consequently contraindicated in patients allergic to peanuts and soya; only licensed for use in adults and children over the age of 12 years.
- Serevent Evohaler® does not contain these additional excipients and is therefore a suitable alternative for patients allergic to peanuts and soya; licensed for use in adults and children from the age of 4.
- For patients with an allergy to peanuts or soya, requiring treatment with a Salmeterol MDI, it is advisable to prescribe by brand i.e. Serevent Evohaler – in order to reduce the risk of the incorrect preparation being dispensed to the patient.

NOTE: According to our Derbyshire prescribing formulary, the first line long-acting beta agonist (LABA) inhaler of choice is Formoterol and second line is Salmeterol

For any other generic preparations of Salmeterol MDI that may be on the market, please check patient allergy status & excipients within the product before proceeding further with dispensing & supplying the MDI

3. Local news and GP/pharmacist queries

Query from GP practice:

A female patient of ours with a history of deep vein thrombosis (DVT) has been advised by a consultant to wear compression stockings for any journey over 3 hour's duration. Should we prescribe these on the NHS?

Answer:

Compression hosiery for the sole purpose of DVT prevention is not available on NHS prescriptions and patients should be advised to purchase Class 1 below knee stockings or proprietary 'flight socks'.

For information and according to the drug tariff this is a summary of the stocking types and indications for NHS prescribing

Class I	Light (Mild) Support. Compression at ankle 14mm Hg - 17mm Hg
Indications	Superficial or early Varices. Varicosis during pregnancy.
Styles	Thigh length or below knee with knitted in heel (reciprocated).
Class II	Medium (Moderate) Support. Compression at ankle 18mm Hg - 24mm Hg
Indications	Varices of medium severity Ulcer treatment and prevention of recurrence. Mild oedema Varicosis during pregnancy Anklets and kneecaps: for soft tissue support
Styles	Thigh length or below knee with knitted in heel (reciprocated)
Class III	Strong support. Compression at ankle 25mm Hg - 35mm Hg
Indications	Gross varices Post Thrombotic Venous Insufficiency Gross Oedema Ulcer Treatment and prevention of recurrence Anklets and kneecaps: for soft tissue support
Styles	Thigh length or below knee open or knitted in heel (reciprocated)

4. Quality, Innovation, Productivity and Prevention (QIPP)

Suspected stroke or TIA- reminder

NICE CG 68 *Stroke and transient ischaemic attack in over 16s: diagnosis and initial management* 2008

In people with sudden onset of neurological symptoms a validated tool, such as FAST (Face Arm Speech Test), should be used outside hospital to screen for a diagnosis of stroke or TIA.

People who have a suspected TIA should have:

- aspirin (300 mg daily) started immediately

The pathway referral assessment is dependent upon the risk assessment scoring. The validated $ABCD^2$ has the following classification. $ABCD^2 \geq 4$ is High Risk, ≤3 deemed low risk.

$ABCD^{2-}$ Prognostic score to identify people at high risk of stroke after a TIA	A – age (≥ 60 years, 1 point) B – blood pressure at presentation (≥ 140/90 mmHg, 1 point) C – clinical features (unilateral weakness, 2 points; speech disturbance without weakness, 1 point) D– Duration of symptoms (≥ 60 minutes, 2 points; 10–59 minutes, 1 point) The calculation of ABCD2 also includes the presence of diabetes (1 point). *Total scores range from 0 (low risk) to 7 (high risk).*
FAST- Face Arm Speech Test.	Facial weakness – can the person smile? Has their mouth or eye drooped? Arm weakness – can the person raise both arms? Speech problems – can the person speak clearly and understand what you say? *Test all three symptoms.*

It was decided locally that after confirmation of diagnosis patients requiring secondary prevention of stroke will be prescribed clopidogrel monotherapy instead of dipyridamole MR and aspirin.

TARGET Antibiotics Toolkit

The RCGP has a useful Toolkit which includes a range of resources that can each be used to support prescribers' and patients' responsible antibiotic use. The Toolkit also supports recommendations made in the recent NICE guideline: Antimicrobial stewardship: systems and processes for effective antimicrobial medicine use published August 2015 and is linked within the guideline.

Generic shortages (NCSO and price concessions)

Prescribers should note that the re-imbursement price on FP10 may not necessarily reflect the Drug Tariff price as a result of a drug shortage. These concessionary prices are set by the Department of Health to reflect actual market prices.

A concession only lasts until the end of the month in which it was granted. If there is an on-going supply problem, it is possible that a new concession will be granted by the Department of Health the following month, however this is not guaranteed.

May 2016

Drug	Pack size	Drug tariff price	Price concession
Bumetanide 1mg tablets	28	£1.30	£2.05
Celiprolol 400mg tablets	28	£32.32	£39.65
Cimetidine 400mg tablets	60	£9.72	£19.99
Desmopressin 10micrograms/dose nasal spray	60 dose	£13.77	£24.00
Flecainide 50mg tablets	60	£3.35	£7.50
Flecainide 100mg tablets	60	£4.32	£10.73
Isosorbide mononitrate 10mg tablets (new)	56	£1.58	£16.05
Isosorbide mononitrate 20mg tablets (new)	56	£1.24	£10.50
Lamotrigine 5mg dispersible tablets sugar free	28	£2.68	£7.50
Lamotrigine 100mg dispersible tablets sugar free	56	£2.15	£3.60
Mefenamic acid 500mg tablets	28	£8.25	£9.50
Nitrofurantoin 100mg tablets	28	£2.88	£12.25
Nitrofurantoin 50mg tablets	28	£8.23	£11.50

5. NICE evidence summaries: New medicines (relating to primary care prescribing)

Chronic obstructive pulmonary disease: tiotropium/olodaterol (Spiolto Respimat)

Summary

Compared with its individual mono-components, a combination of tiotropium/olodaterol (Spiolto Respimat) has shown statistically significant improvements in lung function and health-related quality of life outcomes, although the clinical relevance of these improvements is unclear. There are no published studies which directly compare the efficacy and safety of tiotropium/olodaterol with other long-acting muscarinic antagonist (LAMA) and long-acting beta- 2 agonist (LABA) combination inhalers or with combination treatment with tiotropium plus an individual component LABA inhaler.

JAPC intends to review this combination inhaler for COPD. This is the fourth LAMA/LABA combination inhaler to be available in the UK. To summarise costs and combinations:

LABA/LAMA combination inhaler					
Formoterol 12mcg /aclidinium 340mcg	Duaklir Genuair	**BROWN**	1 inhalation bd	£32.50 (60 dose)	£390
Indacaterol 110mcg /Glycopyrronium 50mcg	Ultibro Breezhaler and caps	**BROWN**	1 inhalation od	£36.88 (30 dose)	£443
Vilanterol 22mcg /umeclidinium 55mcg	Anoro Ellipta	**BLACK**	1 inhalation od	£32.50 (30 dose)	£390
Olodaterol 2.5mcg / tiotropium 2.5mcg	Spiolto	**Not yet classified**	2 puffs once daily	£32.50 (60 dose)	£390

Controlled drugs

New guidance issued by NICE NG46 Controlled drugs: safe use and management has been published. This guideline covers systems and processes for using and managing CDs safely in all NHS settings except care homes. A valuable reference source for professionals providing CDs Prescribing.

6. Useful resources

BMJ	www.thebmj.com
JAMA: The Journal of the American Medical Association	http://jama.ama-assn.org/
The Lancet	www.thelancet.com
The New England Journal of Medicine	http://content.nejm.org/
BMJ, JAMA and NEJM can be accessed in full-text directly through your NHS Athens Account via: National Library for Health: search via My Journals MyAthens: Via National Library for Health Resources or Local Resources. Current Lancet articles are sometimes available with free registration from http://www.thelancet.com/content/register. Print copies of The Lancet are available at DCGH library.	www.library.nhs.uk or www.athens.ac.uk
If you have not already registered for an NHS Athens Account, please register at: NB: It is recommended that you register on a Trust (NHS) PC for speedy confirmation of your username a password. Once registered, your account can be accessed from any computer with online access.	https://register.athensams.net/nhs/nhseng/
UKMI Nathnac NHS evidence Electronic medicines compendium Clinical Knowledge Summaries Medicines Prescribing Centre (Formerly NPC) Medicines for children (patient information leaflets Drugs in lactation	http://www.ukmi.nhs.uk/ https://www.evidence.nhs.uk/search?om=%5B%7B%22srn%22%3A%5B%22%20ukmi%20%22%5D%7D%5D http://www.nathnac.org/ http://www.evidence.nhs.uk/ http://www.medicines.org.uk/emc/ www.cks.nhs.uk. http://www.nice.org.uk/mpc/ http://www.medicinesforchildren.org.uk/ http://www.midlandsmedicines.nhs.uk/content.asp?section=6&subsection=17&pageIdx=1
UK teratology services	http://www.uktis.org/index.html
Vaccine update- Vaccination newsletter for health professionals and immunisation practitioners	https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update