NHS
Cumbria
Clinical Commissioning Group

PRESCRIPTION PAD

The Newsletter of the Cumbria Area Prescribing Committee

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Clinical Policy and Formulary News

Dapsone

A shared care protocol for dapsone is now available. This covers prescribing for dermatitis herpetiformis (licensed indication) and vasculitis (unlicensed).

Dapsone is an antibacterial which inhibits the synthesis of folic acid. It has been shown to be beneficial for a range of dermatoses and is first line therapy for Dermatitis herpetiformis, The early side effects are haematological and are dose related. Peripheral neuropathy although an uncommon side effect is clinically significant due to its frequent subtle onset and the high potential for long term persistence even after the cessation of therapy.

Monitoring should be carried out in primary care

- FBC every 2 weeks for 8 weeks, then every 3 months thereafter, unless advised otherwise by Secondary Care
- LFTs every month until stable then 3 monthly

Available at http://medicines.necsu.nhs.uk/cumbria-shared-care-protocols/

Enoxaparin

An updated version of the shared care protocol for enoxaparin is available. This now specifies the patient groups (unlicensed indications) that are covered:

- Cancer patients with active disease and/or receiving chemotherapy
- Patients with liver disease especially if prothrombin time is prolonged
- Patients unable to comply with oral anticoagulant therapy
- Patients awaiting completion of investigations before commencing an oral anticoagulant
- All other indications not included in the RED list below
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The following indications are agreed RED (full supply from hospital):

- Treatment and prophylaxis of VTE in pregnancy
- Prophylaxis of VTE in oncology patients on VTE inducing therapy
- Pre and post-operative use as replacement for warfarin in high risk patients i.e bridging therapy. (Primary care to prescribe if due to unforeseen circumstances patients require additional doses and cannot collect from the hospital).

	• Prophylaxis post-operatively e.g. TKR, THR, general surgery • Prophylaxis in patients with lower limb plaster cast Enoxaparin for travel prophylaxis in AMBER- see CKS for further information: http://cks.nice.org.uk/dvt-prevention-for-travellers#!scenario and consult haematologist for advice. Available at http://medicines.necsu.nhs.uk/cumbria-shared-care-protocols/
Sulfasalazine	An updated version of the shared care protocol for sulfasalazine is now available. This now includes prescribing for ulcerative colitis and Crohn's disease. A section of definitions has been included. An additional caution is that breastfeeding should be avoided. Available at http://medicines.necsu.nhs.uk/cumbria-shared-care-protocols/
Acetyl cholinesterase inhibitors	The shared care protocol for the acetyl cholinesterase inhibitors (AChEI) donepezil, rivastigmine, galantamine and memantine has been reviewed and an updated version is now available. There are no significant changes, prescribers are reminded that donepezil is the AchEI of choice in Cumbria as it is the least expensive. Galantamine is the most expensive AChEI - Rivastigmine and Galantamine should be reserved for patients who for whom Donepezil is inappropriate due to adverse effects, adherence, formulation or other clinical reasons. Available at http://medicines.necsu.nhs.uk/cumbria-shared-care-protocols/
STOPP START toolkit	An updated version of the STOPP START toolkit is now available. This has been reviewed and updated in line with STOPP/START version 2. The document is designed to be used by healthcare professionals as a reference tool to support medication review for elderly patients. The introductory section has been expanded to cover factors to be considered when prescribing for the elderly and there is also a quick reference guide to highlight drugs which are associated with most adverse effects (and are implicated in admissions due to adverse drug reactions) which can be used to prioritise drugs for review. The guidelines can be found at http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/
Ulipristal	Ulipristal For the treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age has a RAG rating of AMBER for both pre-operative and intermittent repeat courses for women who are not intending to undergo surgery. The total number of repeat issues which can be prescribed has now been extended to from three to four. The first month will be issued by secondary care and must be accompanied by a patient information leaflet, repeat courses (three in total) should only be prescribed by a GP on the

	recommendation of a consultant.
Carbocisteine sachets	The use of carbocisteine sachets as an alternative to liquid special formulation has been approved with the RAG rating **GREEN**
Fulvestrant RAG rating	The RAG rating for fulvestrant has been reviewed and it has now been given a **BLACK** RAG rating in line with NICE TA239. The SCP has been withdrawn from the website. Any patients prescribed fulvestrant should be referred to specialist for review of their therapy.
PPI "specials" guidance – a practice guide	The practice guide to reviewing requests for liquid Proton Pump Inhibitor (PPI) specials (unlicensed preparations) has been updated and clarified with respect to products suitable for PEG and nasogastric tubes. The guidelines can be found at http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/

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Recommendations on New Medicines

	Drug	Licensed indication	Recommendation
The following drugs have been recommended as suitable for use	Dulaglutide 0.75mg and 1.5mg solution for injection in prefilled pen (Trulicity®)	Treatment in adults of type 2 diabetes mellitus to improve glycaemic control as add-on therapy in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.	AMBER
	Alendronic Acid 70mg effervescent tablets(Binosto®)	Treatment of postmenopausal osteoporosis.	GREEN
	Etanercept (Benepali®)	Treatment of rheumatoid arthritis, psoriatic arthritis, ankylosing spondylitis and non-radiographic axial spondyarthropathy. Noted that Benepali® is a biosimlar medicine and will replace Enbrel® as the etanercept of choice.	RED
	Botulinum toxin type A 50 unit, 100 unit and 200 unit powder for solution for injection (Botox®)	Focal spasticity, including the treatment of wrist and hand disability due to upper limb spasticity associated with stroke in adults.	RED
	Botulinum toxin type A 50 and 100 LD50 units powder for solution for injection (Xeomin®)	Post stroke spasticity of the upper limb presenting with flexed wrist and clenched fist in adults.	RED
	Botulinum toxin type A powder for solution for injection (Botox®)	The management of bladder dysfunctions in adult patients who are not adequately managed with anticholinergics: overactive bladder with symptoms of urinary incontinence, urgency and frequency.	RED

	Drug	Licensed indication	Recommendation
	Camellia Sinensis (green tea) leaf extract 10% ointment (Catephen®)	Cutaneous treatment of external genital and perianal warts (condylomata acuminata) in immunocompetent patients from the age of 18 years.	RED For use only in GUM clinic.
	Prasugrel (Efient®)	Patients undergoing flow diverter stent insertion for the treatment of an intracranial aneurysm with a subtherapeutic level of platelet inhibition after loading with clopidogrel, as measured by VerifyNow assay.	AMBER

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News from the MHRA

SGLT2 inhibitors: updated advice on the risk of diabetic ketoacidosis

(Drug safety update April 2016)

Test for raised ketones in patients with ketoacidosis symptoms, even if plasma glucose levels are near-normal.
Advice for healthcare professionals:
When treating patients who are taking a sodium-glucose co-transporter 2 (SGLT2) inhibitor (canagliflozin, dapagliflozin, or empagliflozin):

- Inform them of the signs and symptoms of diabetic ketoacidosis (DKA) and advise them to seek immediate medical advice if they develop any of these.
- Discuss the risk factors for DKA with pateints.
- Discontinue treatment with the SGLT2 inhibitor immediately if DKA is suspected or diagnosed.
- Do not restart treatment with any SGLT2 inhibitor in patients who experienced DKA during use, unless another cause for DKA was identified and resolved.
- Interrupt treatment with the SGLT2 inhibitor in patients who are hospitalised for major surgery or acute serious illnesses; treatment may be restarted once the patient's condition has stabilised.
- Report suspected side effects to SGLT2 inhibitors or any other medicines on a Yellow Card.

Live attenuated vaccines: avoid use in those who are clinically immunosuppresed

(Drug safety update April 2016)

Healthcare professionals working in primary and secondary care should ensure that clinically significant immunosuppression in a patient is identified before administration of a live attenuated vaccine.

Reminder for healthcare professionals:

- Live attenuated vaccines should not routinely be given to people who are clinically immunosuppressed (either due to drug treatment or underlying illness)
- It is important for healthcare professionals who are administering a particular vaccine to be familiar with the contraindications and special precautions before proceeding with immunisation.
- Specialists with responsibility for an immunosuppressed patient who may be in a group eligible for a live attenuated vaccine should include in their correspondence with primary care a statement of their opinion on the patient's suitability for the vaccine.
- If primary care professionals are in any doubt as to whether a person due to receive a live attenuated vaccine may be immunosuppressed at the time, immunisation should be deferred until secondary care specialist advice has been sought, including advice from an immunologist if required.
- Remember that close contacts of immunosuppressed individuals should be fully immunised to minimise the risk of infection of vaccine-preventable diseases in immunosuppressed individuals.

Meprobamate: Licence to be cancelled

(Drug safety update April 2016)

Following an EU wide review of meprobamate, the remaining licence holder in the UK has ceased manufacturing and the licence will be cancelled by the end of 2016.

Advice for healthcare professionals:

- Prescribers should review the treatment of any patient who is currently receiving a meprobamate containing medicine with a view to switching them to an alternative treatment.
- Prescribers should not start any new patients on medicines that contain meprobamate.

Paraffin-based skin emollients on dressings or clothing: fire risk

(Drug safety update April 2016)

Smoking or a naked flame could cause patients' dressings or clothing to catch fire when being treated with paraffin-based emollient that is in contact with the dressing or clothing.

Reminder to healthcare professionals:

- Advise patients not to smoke; use naked flames (or be near people who are smoking or using naked flames); or go near anything that may cause a fire while emollients are in contact with their medical dressings or clothing.
- Change patient clothing and bedding regularly, preferably daily, because emollients soak into fabric and can become a fire hazard.
- Incidents should be reported to NHs England's Serious Incident Framework

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NICE guidance

These are brief summaries. The complete guidance should be consulted (www.nice.org.uk)

	Drug	Condition	Summary
TA387	Abiraterone	Recommended for treating metastatic hormone relapsed prostate cancer before chemotherapy is initiated.	Abiraterone in combination with prednisone or prednisolone is recommended, within its marketing authorisation, as an option for treating metastatic hormone-relapsed prostate cancer: • in people who have no or mild symptoms after androgen deprivation therapy has failed, and before chemotherapy is indicated **RED**
TA388	Sacubitril valsartan	Treating symptomatic chronic heart failure with reduced ejection fraction.	Sacubitril valsartan is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in people: • with New York Heart Association (NYHA) class II to IV symptoms and • with a left ventricular ejection fraction of 35% or less and • who are already taking a stable dose of angiotensin-converting enzyme (ACE) inhibitors or angiotensin II receptor-blockers (ARBs).**RED**
TA389	Tapotecan, pegylated liposomal doxorubicin hydrochloride, paclitaxel, trabectedin and gemcitabine	Treating recurrent ovarian cancer.	Paclitaxel in combination with platinum or as monotherapy is recommended within its marketing authorisation as an option for treating recurrent ovarian cancer. Pegylated liposomal doxorubicin hydrochloride (PLDH) as monotherapy is recommended within its marketing authorisation as an option for treating recurrent ovarian cancer. PLDH in combination with platinum is recommended as an option for treating recurrent ovarian cancer.[1][2] The following are not recommended within their marketing authorisations for treating the first recurrence of platinum-sensitive ovarian cancer: • gemcitabine in combination with carboplatin

			• trabectedin in combination with PLDH • topotecan. Topotecan is not recommended within its marketing authorisation for treating recurrent platinum-resistant or platinum-refractory ovarian cancer. **RED**
TA390	Canagliflozin, Dapagliflozin and Empagliflozin as montherapies	Recommended as an option for treating type 2 diabetes	Canagliflozin, dapagliflozin and empagliflozin as monotherapies are recommended as options for treating type 2 diabetes in adults for whom metformin is contraindicated or not tolerated and when diet and exercise alone do not provide adequate glycaemic control, only if: • a dipeptidyl peptidase-4 (DPP-4) inhibitor would otherwise be prescribed and • a sulfonylurea or pioglitazone is not appropriate. **AMBER**

	Condition	Recommendations
NG45	Routine preoperative tests for elective surgery	This guideline covers routine preoperative tests for people aged over 16 who are having elective surgery. It aims to reduce unnecessary testing by advising which tests to offer people before minor, intermediate and major or complex surgery, taking into account specific comorbidities (cardiovascular, renal and respiratory conditions and diabetes and obesity). It does not cover pregnant women or people having cardiothoracic procedures or neurosurgery.
NG46	Controlled Drugs: safe use and management	This guideline covers systems and processes for using and managing controlled drugs safely in all NHS settings except care homes. It aims to improve working practices to comply with legislation and have robust governance arrangements. It also aims to reduce the safety risks associated with controlled drugs. This guideline includes recommendations:

		• for organisations on developing systems and processes, including governance arrangements, storage, stock checks, transportation and destruction and disposal • for organisations on record keeping, risk assessment and reporting controlled drug-related incidents for organisations • for health professionals on prescribing, obtaining and supplying, administering and handling controlled drugs • for health professionals monitoring use, including governance and systems for reporting concerns and incidents. A quick reference guide "Nice Bites" from UKMI North West can be found here http://medicines.necsu.nhs.uk/wp-content/uploads/2016/09/NICEBitesXMayX2016XNoX87XControlledXDrugs-safeXuseXandXmanagementXNG46.pdf
NG47	Haematological cancers: improving outcomes	This guideline covers integrated diagnostic reporting for diagnosing haematological cancer in adults, young people and children. It also covers staffing, facilities (levels of care) and multidisciplinary teams needed for adults and young people. It aims to improve care for people with suspected or diagnosed cancer by promoting best practice on the organisation of haematological cancer services.

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