NHS Cumbria Clinical Commissioning Group

PRESCRIPTION PAD

The Newsletter of the Cumbria Area Prescribing Committee

March 2017 No. 44

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Clinical policy and Formulary news	Recommendations on new medicines	News from the MHRA	NICE Guidance
COPD inhaler decision tool Implementation of BLACK RAG rating Armour Thyroid RAG rating Lithium significant event Updated PPI Specials prescribing guideline Diabetic foot infection guidance Updated transfer of care audit report	Calcipotriol + betamethasone 50 micrograms/g and 0.5g/g cutaneous foam (Enstilar®) Fosfomycin trometamol Granules for oral solution (equivalent to 3g fosfomycin) (Monuril®) Vitamin A Oral solution 10,000 units/ml Brivaracetam 10mg, 25mg, 75mg, 100mg film coated tablets; 10mg/ml oral solution; 10mg/ml solution for injection / infusion (Briviact®)	Etoricoxib (Arcoxia): revised dose recommendation for rheumatoid arthritis and ankylosing spondylitis Show your support for reporting suspected adverse drug reactions	See relevant page

Clinical Policy and Formulary News

COPD inhaler decision tool	A North Cumbria COPD inhaler decision tool has been produced to assist clinicians to manage patients appropriately. Available at http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/
RAG list BLACK rating	Cumbria APC recently clarified what should happen to patients currently prescribed a drug to which, after a review of the evidence (for safety, clinical and cost effectiveness) and the position in any relevant national guidance, the committee allocates a BLACK RAG rating. The committee discussed the implementation of this RAG rating and agreed that (in line with NICE principles) that there should be no new prescribing but that patients who are already prescribed this drug may continue until they and their NHS clinician consider it appropriate to stop. All patients currently prescribed a drug allocated a BLACK RAG rating should be reviewed by the prescribing clinician with a view to managing their condition in line with the evidence and the APC decision. The shared decision made at this review should be regularly revisited. It may be appropriate for a GP to refer the patient to a specialist if they or the patient feel they need further advice to enable them to manage their condition. If, after specialist review, prescribing is to continue, the consultant can ask the GP to continue prescribing if the GP was prescribing previously. The practice should ensure that the patient has access to their medication, ie they continue to prescribe, until the result of the specialist review is known.
Armour Thyroid **RAG rating**	Armour Thyroid has now been given a **BLACK** RAG rating for hypothyroidism for new patients. All current patients should be reviewed in line with the principles above. Available at http://medicines.necsu.nhs.uk/cumbria-traffic-light-classification/
Lithium significant event	A recent significant event resulting in the death of a patient prescribed lithium has highlighted the need for all organisations involved in the care of these patients to work together to ensure that patients are identified and blood testing is carried out in line with national guidance. However, all clinicians need to be familiar with the symptoms of lithium toxicity and alert to the possibility that patients may be experiencing toxicity at normal or only slightly elevated lithium blood levels.

NICE guidance Bipolar disorder: assessment and management (https://www.nice.org.uk/guidance/cg185/chapter/1-Recommendations) recommendations include:

- **Aim to maintain plasma lithium level between 0.6 and 0.8mmol/ litre in people being prescribed lithium for the first time.**
- **Consider maintaining plasma lithium levels at 0.8 to 1.0mmol/L* for a trial period of at least 6 months for people who:**
  - have had a relapse while taking lithium in the past, OR
  - are taking lithium and have subthreshold symptoms with functional impairment
  -

***Suitability of patients for 6 monthly monitoring and maintenance at 0.8 to 1.0 mmol/L should be assessed by the specialist, will be the exception, documented in the clinical notes and on the lithium register, and communicated to the GP*.**

- **Laboratory test minimum frequency (summary):**
  - Lithium levels 3 Monthly (for 1st year/after 1st year 6 monthly or 3 monthly **for groups specified by specialist**)
  - Thyroid Function Test (TFTs) 6 Monthly
  - Urea and Electrolytes (U&Es) - including calcium and estimated glomerular filtration rate (eGFR) 6 Monthly (*more often if there is evidence of impaired renal or thyroid function, raised calcium levels or an increase in mood symptoms that might be related to impaired thyroid function).*

Annual physical health check for those with bipolar disorder

A practice guide to reviewing requests for liquid Proton Pump Inhibitor (PPI) Specials (unlicensed preparations)

An updated version of the Practice guide to reviewing requests for liquid PPI specials is now available which clarifies the information which must be given to parents/carers if young children are prescribed Omeprazole MUPS® (Losec)

For children who can drink or swallow semi-solid food:
Break the tablet and disperse it in a spoonful of non-carbonated water. This can then be mixed with fruit juice or apple sauce if desired. Patients should be advised that the dispersion should be taken immediately (or within 30 minutes) and always be stirred just before drinking and rinsed down with half a glass of water. DO NOT USE milk or carbonated water. The enteric-coated pellets must not be chewed. (SPC Losec Mups, correct as of June 16)

There is a risk of choking if not taken as directed. Please pass on this information to parent /carer and include above directions on prescription.

Diabetic foot infection guidance	DIABETIC FOOT INFECTIONS – Empirical Guidelines for Primary and In-Patient Care have been produced to assist clinicians to manage these infections depending on severity of infection covering first and second line choices and duration of treatment. There is also supporting information which defines severity and includes wound care considerations. Available at http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/
Transfer of care audit	In Prescription Pad 42, we presented the results of the national Transfer of Care Audit which practices across Cumbria participated in. NHS SPS have reissued the audit report due to there being an error in one of the calculations. The updated report (with changes highlighted) can be found at http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/

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All Medicines Optimisation guidance, Shared Care Guidelines, PGDs and other resources can now be found on the NECS Medicines Optimisation Website.
http://medicines.necsu.nhs.uk/guidelines/cumbria-guidelines/

Recommendations on New Medicines

	Drug	Licensed indication	Recommendation
The following drugs have been recommended as suitable for use	**Fosfomycin trometamol Granules for oral solution (equivalent to 3g fosfomycin) (Monuril®)**	Treatment of acute lower uncomplicated urinary tract infections, caused by pathogens sensitive to fosfomycin in adult and adolescent females.	AMBER
	Calcipotriol + betamethasone 50 micrograms/g and 0.5g/g cutaneous foam Enstilar®	Topical treatment of psoriasis vulgaris in adults.	GREEN
	Vitamin A Oral solution 10,000 units/ml	Treatment of low vitamin A levels in children. This product replaces vitamin A 150,000 units/ml preparation which has been discontinued.	GREEN
	Brivaracetam 10mg, 25mg, 75mg, 100mg film coated tablets; 10mg/ml oral solution; 10mg/ml solution for injection / infusion Briviact®	Adjunctive therapy in the treatment of partial-onset seizures with or without secondary generalisation in adult and adolescent patients from 16 years of age with epilepsy.	AMBER RED Injection
Lothian amendments			
13.2 Emollient and barrier preparations	Cream based first choice is now Zerobase® cream Soap substitute first choice is ZeroAQS® emollient cream Barrier preparation first choice is now Metanium ®		

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News from the MHRA

Etoricoxib (Arcoxia): revised dose recommendation for rheumatoid arthritis and ankylosing spondylitis

(Drug safety update October 2016)

Prescribing information has been updated to introduce a lower recommended dose of 60mg daily for patients with rheumatoid arthritis or ankylosing spondylitis.

Advice for healthcare professionals:

- The cardiovascular and other important risks of etoricoxib (Arcoxia) may increase with dose and duration of exposure. Therfore, the lowest effective daily dose should be used, and the need for the treatment should be regularly reassessed.
- The recommended dose is 60mg once daily.
- In patients with insufficient relief from symptoms, an increased dose of 90mg once daily may improve efficacy.
- Once the patient is clinically stabilised, doen-titration to 60mg once daily may be appropriate
- In the absence of therapeutic benefit, other treatment options should be considered.

Show your support for reporting suspected adverse drug reactions

(Drug safety update November 2016)

The MHRA are running a social media campaign to promote the reporting of suspected adverse drug reactions to the Yellow Card Scheme. The main message of the campaign is that reporting helps make medicines safer and saves lives.

- Follow us on our social media channels and show your support for the importance of reporting adverse drug reactions (ADRs) by retweeting, commenting, liking and sharing material with your social media contacts. You can follow the MHRA via Twitter, You Tube, Facebook, Linkedin
- Encourage dialogue between your colleagues and your patients about the importance of reporting ADRs. Engage locally with your regional Yellow Card Centre or your local Medication Safety Officer (MSO) in England at your hospital trust.
- Don’t wait to report any suspected ADR’s to the Yellow Card Scheme.

NICE guidance

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

	Drug	Condition	Summary
TA418	Dapagliflozin	In triple therapy for treating type 2 diabetes, recommended as an option only in combination with metformin and a sulphonylurea.	Dapagliflozin in a triple therapy regimen is recommended as an option for treating type 2 diabetes in adults, only in combination with metformin and a sulfonylurea. GREEN

	Condition	Recommendations
NG59	Low back pain and sciatica in over 16s: assessment and management.	This guideline covers assessing and managing low back pain and sciatica in people aged 16 and over. It outlines physical, psychological, pharmacological and surgical treatments to help people manage their low back pain and sciatica in their daily life. The guideline aims to improve people's quality of life by promoting the most effective forms of care for low back pain and sciatica. This guideline includes recommendations on: • assessment of low back pain and sciatica • non-invasive treatments for low back pain and sciatica • invasive treatments for low back pain and sciatica **Spinal injections** 1.3.1 Do not offer spinal injections for managing low back pain. Patients should no longer be referred for spinal injections for low back pain. **Pharmacological interventions** 1.2.16 For recommendations on pharmacological management of sciatica, see NICE's guideline on neuropathic pain in adults.

		1.2.17 Consider oral non-steroidal anti-inflammatory drugs (NSAIDs) for managing low back pain, taking into account potential differences in gastrointestinal, liver and cardio-renal toxicity, and the person's risk factors, including age. 1.2.18 When prescribing oral NSAIDs for low back pain, think about appropriate clinical assessment, ongoing monitoring of risk factors, and the use of gastroprotective treatment. 1.2.19 Prescribe oral NSAIDs for low back pain at the lowest effective dose for the shortest possible period of time. 1.2.20 Consider weak opioids (with or without paracetamol) for managing acute low back pain only if an NSAID is contraindicated, not tolerated or has been ineffective. 1.2.21 Do not offer paracetamol alone for managing low back pain. 1.2.22 Do not routinely offer opioids for managing acute low back pain (see recommendation 1.2.20). 1.2.23 Do not offer opioids for managing chronic low back pain. 1.2.24 Do not offer selective serotonin reuptake inhibitors, serotonin–norepinephrine reuptake inhibitors or tricyclic antidepressants for managing low back pain. 1.2.25 Do not offer anticonvulsants for managing low back pain.
NG60	HIV testing: increasing uptake among people who may have undiagnosed HIV (Joint NICE and PHE guideline).	This guideline covers how to increase the uptake of HIV testing in primary and secondary care, specialist sexual health services and the community. It describes how to plan and deliver services that are tailored to the local prevalence of HIV, promote awareness of HIV testing and increase opportunities to offer testing to people who may have undiagnosed HIV. There are no specific prescribing recommendations

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