NHS Cumbria Clinical Commissioning Group

PRESCRIPTION PAD

The Newsletter of the Cumbria Area Prescribing Committee

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Clinical Policy and Formulary News

Drugs for erectile dysfunction	On the 1st August 2014, new legislation was introduced removing the restriction on the prescribing of generic sildenafil for the management of erectile dysfunction. Generic sildenafil may now be prescribed, where clinically appropriate, to any man requiring treatment for erectile dysfunction. Prescription for generic sildenafil no longer need to be endorsed 'SLS'. This guidance only applies to generic sildenafil, all other products (e.g., Alprostadil, Avanafil, tadalafil, vardenafil and branded Viagra®) continue to be restricted and can only be prescribed at NHS expense in line with Department of Health guidance (HSC1999/115, 148) This states that drugs used for the treatment of erectile dysfunction may only be prescribed on an NHS prescription for men with a number of listed conditions. The guidance on quantity (HSC 199-148) has been that under normal circumstances, one treatment a week should be provided. It should be noted that this is **GUIDANCE**, and as such has not been altered by the change in the regulations. We recommend that this be continued.
Low molecular weight heparin prescribing during pregnancy	Due to changes in the payment system, the prescribing of low molecular weight heparins (enoxaparin, dalteparin and tinzaparin) in pregnancy should now be undertaken entirely by secondary care, and GP's should **not** be asked to prescribe them.
Methotrexate syringes	Metoject® (methotrexate) syringe which could be given via IM, IV or SC injection was discontinued on 1 July 2014 and has been replaced with Metoject® PEN, a pre-filled methotrexate auto injector for SC use only. Pharmacists dispensing the new pen will need to provide counselling. Further information is available on the Metoject® website, http://metoject.co.uk/ .
Prescribing of red/back drugs	Prescribers are asked to inform their medicines manager when they get requests from hospitals to prescribe RED and BLACK listed drugs. These are collated and queried with the trusts.
Recurrent UTI guidelines	Guidelines on the treatment of recurrent urinary tract infections have been agreed and will shortly be published on the Medicines Optimisation NHS Networks site: http://www.networks.nhs.uk/nhs-networks/nhs-cumbria-ccg/medicines-management

Blood glucose testing strips

After a review of blood glucose meters and strips and lancets, the following have been chosen as the preparations of choice:

- **Element test strips** -Element meter (Neon Diagnostics)
- **Glucolab test strips** - Glucolab meter (Neon Diagnostics)
- **GlucoRx Nexus Test strips** - Nexus, Nexus Mini, Nexus Voice meters– (GlucoRx)
- **Greenlan lancets**
- **GlucoRx lancets**
- **GlucoRx fine point needles**
- **BBraun Omnican fine needles**

Guidelines on the Self-monitoring of Blood Glucose and the Blood Glucose Meters and Test Strips Implementation Plan are both available here.

Dexamethasone injection

Changes are being made to the labelling of dexamethasone injection. It was formerly referred to as 'Dexamethasone injection', but it was in fact dexamethasone phosphate. In future, the dose will be in terms of dexamethasone base.

This therefore means that the doses are different:

Dexamethasone phosphate (4mg/ml) 'Old formulation'	Dexamethasone base (3.3mg/ml) 'New formulation'	Volume of 'New formulation' to administer
2mg	1.66mg	0.5ml
4mg	3.3mg	1ml
8mg	6.6mg	2ml
12mg	9.9mg	3ml
16mg	13.3mg	4ml
20mg	16.6mg	5ml

Prescribers are now advised to prescribe dexamethasone as dexamethasone base.

Drugs for treating tuberculosis

The Area Prescribing Committee recommends that the prescribing of drugs for the treatment of tuberculosis should only be done by a specialist. There have been cases locally where patients have received inappropriately long courses of treatment due to problems with communication.

The antituberculosis drugs are to be added to the RAG list as **RED** drugs. For non-antituberculosis purposes (principally rifampicin), it remains **GREEN**.

Updates to LJF	**9.2 Fluids and electrolytes**	Electrolade® has been discontinued and replaced in the LJF with Dioralyte®.
	4.6 Drugs used in treatment of nausea and vertigo	Domperidone dose has been amended following MHRA safety advice. Prescribing notes for both metoclopramide and domperidone have been adding highlighting recent MHRA advice
	1.2 Antispasmodics and other drugs altering gut motility	This section has been re written extensively to take into account the MHRA advice regarding the use of domperidone and metoclopramide.
	10.1.2.2 local corticosteroid injections	The prescribing notes have been amended to reflect changes in dosing recommendations in line with BSR guidance.
Correction	Epiduo® is GREEN drug not BLACK, as listed in the last Prescription Pad.	

Recommendations on New Medicines

The following drugs have been recommended as suitable for use:	Beclometasone inhaler (Fostair®)	Symptomatic treatment of patients with severe COPD (FEV_1 <50% predicted normal) and a history of repeated exacerbations, who have significant symptoms despite regular therapy with long-acting bronchodilators.	Added to the formulary as a first-choice option for the treatment of COPD **GREEN**
	Canagliflozin tablets (Invokana®)	In adults aged 18 years and older with type 2 diabetes mellitus to improve glycaemic control as add-on therapy with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.	Added to formulary, see NICE TA below **AMBER**
The following drug was <u>not approved</u> by SMC and LJF, on the basis that a cost-effectiveness case was not submitted by the manufacturer:	Dapoxetine (Priligy®)	Treatment of premature ejaculation in adult men aged 18 to 64 years.	No submission received from manufacturer **BLACK**
The following drugs were approved by SMC but not by LJF, as the case for inclusion was not supported by local clinicians:	Aripiprazole prolonged release injection (Abilify Maintaina®)	Maintenance treatment of schizophrenia in adult patients stabilised with oral aripiprazole.	Clinicians made no submission in Lothian, but awaiting further review by NTAG **GREY**
	Fluticasone furoate / vilanterol (Relvar Ellipta®)	Regular treatment of asthma in adults and adolescents aged 12 years and older where use of a combination medicinal product (long-acting β_2-agonist and inhaled corticosteroid) is appropriate in patients not adequately controlled with inhaled corticosteroids and 'as needed' inhaled short acting β_2-agonists.	Clinicians made no submission **BLACK**

News from the MHRA

Use of combinations of drugs acting on the renin-angiotensin system	Combination use of medicines from different classes of renin-angiotensin system blocking agents is associated with an increased risk of hyperkalaemia, hypotension, and impaired renal function. New warnings have been agreed following an EU-wide review. In particular, prescribers are advised that people with **diabetic nephropathy** should **not** be given an ACE-inhibitor with an angiotensin-receptor blocker (ARB) as they are already prone to developing hyperkalaemia. Combining aliskiren with an ACE-inhibitor or ARB is contra-indicated in people with kidney impairment or diabetes However, in heart failure, there is some evidence that the benefits of combination use may outweigh the risks in a selected group of people with heart failure for whom other treatments are unsuitable. Candesartan and valsartan, both ARBs, are the only two RAS blocking agents licensed as add-on therapy to ACE-inhibitors for people with symptomatic heart failure who require such a combination despite optimal therapy.
Drugs and driving	The Department for Transport is introducing a new offence of driving with certain drugs above specified limits in the blood; this is likely to come into force on 2nd March 2015. The list of drugs includes opioid analgesics, benzodiazepines, ketamine and amfetamines. Anyone found to have any of these drugs in their blood above the specified limits will be guilty of an offence, whether their driving was impaired or not. However, there is a **medical defence** for people taking the drugs for medical reasons, if their ability to drive was **not** impaired. Advise patients to continue taking their medicines as prescribed. If the individual's driving **is impaired** however, they can be found guilty of an offence under the current law, which has no statutory medical defence and will not change.
Efficacy of emergency contraception in women with increased BMI	Previous concerns had been raised about the decreased efficacy of emergency contraception in women with a high body mass index. A review of the available evidence by the European Medicines Agency has confirmed that both levonorgestrel and ulipristal remain suitable emergency contraceptives for all women, regardless of body weight or body mass index.

NICE guidance

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

	Drug	Condition	Resume
TA312	**Alemtuzumab**	Multiple sclerosis (relapsing remitting)	Recommended as a possible treatment for people with active relapsing–remitting multiple sclerosis. **RED**
TA313	**Ustekinumab**	Psoriatic arthritis	Not recommended. **BLACK**
TA315	**Canagliflozin**	Diabetes mellitus, type 2 (as combination therapy)	Recommended as an option if: If a person needs to take 2 antidiabetic drugs, when taken with metformin, only if the person: • cannot take a sulfonylurea or • is at significant risk of hypoglycaemia or its consequences. If a person needs to take 3 antidiabetic drugs, canagliflozin is recommended as a possible treatment when taken with either metformin and a sulfonylurea, or metformin and pioglitazone. Canagliflozin is recommended as a possible treatment taken with insulin, with or without other antidiabetic drugs. AMBER
TA316	**Enzalutamide**	Prostate cancer (metastatic, previously treated with docetaxel-containing regime	Recommended within its marketing authorisation as an option for treating metastatic hormone-relapsed prostate cancer in adults whose disease has progressed during or after docetaxel-containing chemotherapy. **RED**
TA317	**Prasugrel**	PCI for treating acute coronary syndromes	Recommended as a possible treatment for adults with acute coronary syndrome who are having percutaneous coronary intervention. AMBER

TA318	**Lubiprostone**	Chronic idiopathic constipation	Recommended as an option for treating chronic idiopathic constipation, that is, for adults in whom treatment with at least 2 laxatives from different classes, at the highest tolerated recommended doses for at least 6 months, has failed to provide adequate relief and for whom invasive treatment for constipation is being considered. (It should be noted that the SPC states that 'a course of treatment for constipation with lubiprostone is 2 weeks' It does not indicate how often a course of treatment can be repeated, and the NICE guidance makes no reference to it being used as a course of treatment). If treatment with lubiprostone is not effective after 2 weeks, the person should be re-examined and the benefit of continuing treatment reconsidered. Lubiprostone should only be prescribed by a clinician with experience of treating chronic idiopathic constipation, who has carefully reviewed the person's previous courses of laxative treatment. **GREEN**
TA319	**Ipilimumab**	Melanoma (previously untreated, advanced, unresectable or metastatic)	Recommended as an option. **RED**

CG180	**Atrial fibrillation: the management of atrial fibrillation**	The guidance identifies the underanticoagulation for many patients with atrial fibrillation. It offers guidance on the benefits and risks of anticoagulants. We are working on practical guidance on identifying patients who may benefit from anticoagulation, and this will be available shortly. A concise resume of the NICE guideline can be found in NICE Bites, produced by the United Kingdom Medicines Information North West. Click here to access the summary.

CG181	**Lipid modification: cardiovascular risk assessment and the modification of blood lipids for the primary and secondary prevention of cardiovascular disease**	The guidance now recommends the use of the QRISK-2 tool to identify patients who may benefit from lipid modification therapy, although it stresses the benefits from modification of lifestyle, as well as the use of statins. We are working on practical guidance on identifying patients who may benefit from lipid modification, and this will be available shortly. A concise resume of the NICE guideline can be found in NICE Bites, produced by the United Kingdom Medicines Information North West. Click here to access the summary.