

PRESCRIPTION PAD

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Cumbria Area Prescribing
Committee

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Clinical Policy and Formulary News

Lothian Joint Formulary amendments

Carbo-Dome® coal tar solution has been discontinued. Therefore this has been removed from the formulary and additional information included on alternative products.

Recommendations have been broken down into options for mild/moderate and moderate psoriasis. [LINK](#)

New choices have been included for moderate-severe COPD.

Aclidinium is a new drug that has been included as first choice and glycopyrronium is a new drug that has been included as joint second choice with tiotropium.

Both of the new devices for these drugs are considered easier for patients to use, than the tiotropium devices. They are also less expensive than the tiotropium devices.

The aclidinium device is considered to be slightly better than the glycopyrronium device. Glycopyrronium device is still a single use capsule device, similar to tiotropium Handihaler® – but is easier to use.

There is no need to switch stable patients from tiotropium to these new products.

Aclidinium should be taken twice daily and glycopyrronium should be taken once daily.

Dapagliflozin has been added as a prescribing note. It is only approved as dual therapy in combination with metformin, where a sulphonylurea is not appropriate.

Recommendations on New Medicines

<i>The following drugs have been recommended as suitable for use:</i>	Acclidinium inhaler (Eklira Genuair®)	Maintenance bronchodilator treatment to relieve symptoms in adult patients with COPD.	Included in the LJF as first choice drug for new patients, instead of tiotropium. Change from tiotropium not recommended. GREEN
	Glycopyrronium Inhaler (Seebri Breezhaler®)	Maintenance bronchodilator treatment to relieve symptoms in adult patients with COPD.	Included on the LJF as a joint second line treatment with tiotropium. Acclidinium recommended as first-choice agent (see above) GREEN
	Colecalciferol 800 IU tablets (Desunin®)	Prevention and treatment of vitamin D deficiency in adults and adolescents.	Included in the LJF. GREEN
	Dapagliflozin tablets (Forxiga®)	Type 2 diabetes mellitus to improve glycaemic control as add-on combination therapy in combination with other glucose-lowering medicinal products including insulin, when these, together with diet and exercise, do not provide adequate glycaemic control.	Restricted to use as dual therapy in combination with metformin, when metformin alone with diet and exercise does not provide adequate glycaemic control and a sulphonylurea is inappropriate. GREEN
<i>The following drugs were not approved by LJF, on the basis that they offer no benefit over drugs already in the formulary:</i>	Linagliptin + metformin tablets (Jentadueto®)	Treatment of adult patients with type 2 diabetes mellitus: <ul style="list-style-type: none"> • as an adjunct to diet and exercise to improve glycaemic control in adult patients inadequately controlled on their maximal tolerated dose of metformin alone, or those already being treated with the combination of linagliptin and metformin. • in combination with a sulphonylurea (i.e., triple combination therapy) as an adjunct to diet and exercise in adult patients inadequately controlled on their maximal tolerated dose of metformin and a sulphonylurea. 	Not included linagliptin on the LJF because the medicine does not represent sufficient added benefit to other comparator medicines to treat the condition in question which are already available in the formulary. Sitagliptin remains the LJF choice. BLACK

<i>The following drugs were not approved by SMC and LJF, on the basis that a cost-effectiveness case was not submitted by the manufacturer:</i>	Etoricoxib tablets (Arcoxia®)	Short-term treatment of moderate pain associated with dental surgery.	Not recommended, non-submission to SMC. BLACK
	Hydrocortisone MR tablets (Plenadren®)	Treatment of adrenal insufficiency in adults.	Not recommended, non-submission to SMC. BLACK
	Tadalafil tablets (Cialis®)	Treatment of the signs and symptoms of benign prostatic hyperplasia in adult males.	Not recommended, non-submission to SMC. BLACK

Denosumab Atypical femoral fractures have been reported rarely in patients with postmenopausal osteoporosis receiving long-term (≥ 2.5 years) treatment with denosumab 60mg (Prolia[▼]) in a clinical trial.

During denosumab treatment, patients presenting with new or unusual thigh, hip or groin pain should be evaluated for an incomplete femoral fracture. Discontinuation of denosumab therapy should be considered if an atypical femur fracture is suspected, while the patient is evaluated.

Aqueous cream Aqueous cream may cause local skin reactions, such as stinging, burning, itching, and redness, when it is used as a leave-on emollient, particularly in children with atopic eczema. The reactions, which are not generally serious, often occur within 20 minutes of application but can occur later. Reactions may be due to the presence of sodium lauryl sulfate or other ingredients.

If a patient reports or shows signs of skin irritation with the use of aqueous cream, treatment should be discontinued and an alternative emollient that does not contain sodium lauryl sulfate should be tried.

The LJF choices of emollient are:

	First choice	Second choice
Ointment base	White soft paraffin 50%/liquid paraffin 50% (preservative-free)	Hydromol [®] ointment Emulsifying ointment BP (preservative-free)
Cream base	Oilatum [®] cream	Aveeno [®] cream Diprobase [®] cream

NICE guidance

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

	Drug	Condition	Resume
TA274	Ranibizumab	Diabetic macular oedema	Recommended as an option for treating visual impairment due to diabetic macular oedema only if the eye has a central retinal thickness of 400 micrometres or more at the start of treatment. RED
TA275	Apixaban	Stroke or systemic embolism prevention with atrial fibrillation	<p>Recommended as an option for preventing stroke and systemic embolism in people with nonvalvular atrial fibrillation with 1 or more risk factors such as:</p> <ul style="list-style-type: none"> • prior stroke or transient ischaemic attack • age 75 years or older • hypertension • diabetes mellitus • symptomatic heart failure. <p>The decision about whether to start treatment with apixaban should be made after an informed discussion between the clinician and the person about the risks and benefits of apixaban compared with warfarin, dabigatran and rivaroxaban. For people who are taking warfarin, the potential risks and benefits of switching to apixaban should be considered in light of their level of international normalised ratio (INR) control. GREEN</p>
TA276	Tobramycin	Pseudomonas lung infection in cystic fibrosis	Nebulised colistimethate is recommended as the initial treatment, but colistimethate dry powder is available if the nebuliser is not cannot be tolerated. Tobramycin nebuliser is the next option, followed by tobramycin dry powder inhaler. RED
TA277	Methylnaltrexone	Opioid-induced bowel dysfunction in people with advanced illness receiving palliative care	No submission made to NICE. BLACK

CG156	Fertility	The implementation of this guidance is under discussion at present.
CG157	Hyperphosphataemia in chronic renal disease	<p>A specialist renal dietician, supported by healthcare professionals with the necessary skills and competencies, should carry out a dietary assessment and give individualised information and advice on dietary phosphate management.</p> <p>For recommendations on the selection of the available phosphate binders, please consult the guidance</p>
CG158	Conduct disorders in children and young people	<p>Most of the guidance relates to the services available.</p> <p>Do not offer pharmacological interventions for the routine management of behavioural problems in children and young people with oppositional defiant disorder or conduct disorder.</p> <p>Offer methylphenidate or atomoxetine, within their licensed indications, for the management of ADHD in children and young people with oppositional defiant disorder or conduct disorder, in line with ADHD.</p> <p>Consider risperidone for the short-term management of severely aggressive behaviour in young people with a conduct disorder who have problems with explosive anger and severe emotional dysregulation and who have not responded to psychosocial interventions. Risperidone should be started by an appropriately qualified healthcare professional with expertise in conduct disorders and should be based on a comprehensive assessment and diagnosis. RED</p>

This is available at the PCT Medicines Management website at:

<http://www.cumbria.nhs.uk/ProfessionalZone/MedicinesManagement/PrescriptionPad/Home.aspx>