NHS Cumbria Clinical Commissioning Group

PRESCRIPTION PAD

The Newsletter of the Cumbria Area Prescribing Committee

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	Jext® Vitamin D guidelines Changes to Lothian Joint Formulary	Apixaban (Eliquis®) Perampanel (Fycompa®) Linagliptin (Trajenta®) Insulin degludec (Tresiba®) Deferasirox (Exjade®) Ingenol mebutate (Picato®)	Insulin degludec Cilostazol Recent drug-name confusion Strontium ranelate (Protelos®): risk of serious cardiac disorders	TA278 – Omalizumab, severe persistent asthma, in children over 6 years and adults TA280 – Abatacept – rheumatoid arthritis (2nd line) TA281 – Canakinumab, gout TA282 – Perfinidone, idiopathic pulmonary fibrosis TA283 – Ranibizumab, macular oedema (retinal vein occlusion) TA284 – Bevacizumab (+ paclitaxel & carboplatin), advanced ovarian cancer TA285 – Bevacizumab, ovarian, fallopian and and primary peritoneal cancer TA286 – Loxapine, schizophrenia or bipolar disorder

Clinical Policy and Formulary News

Changing adrenaline pens to Jext®

The Lothian Joint Formulary has recommended that the adrenaline pen of choice for treating allergic emergencies be changed from EpiPen® to Jext®.

Although Jext® is slightly more expensive than EpiPen® it has the advantage of having a longer shelf life. A significant number of pens are discarded due to the expiry date being reached. It has been calculated that overall, this is likely to be cost saving.

This change has been led by immunology services in both Newcastle and Manchester.

Training packs are available from the company, via the local representative, Michelle Lloyd.

If anyone requires one of these, please contact her direct, either by phone (07771 823928) or via e-mail, michelle.lloyd@alk-abello.com. She has said that she is willing to supply training material and to visit practices if necessary, to explain the similarities and differences between the preparations. Materials are also available on their company website at: www.jext.co.uk .

Vitamin D guidelines

Local guidelines on the diagnosis and treatment of vitamin D deficiency in adults have been published.

They give guidance on which patients should have their vitamin D levels measured and subsequent recommendations on further management. If the patient is deficient (25-OHD level <25nmol/L), an initial loading dose of vitamin D should be given, followed by long-term maintenance treatment. If the patients is classified as insufficient (25-OHD level, 25 to 50nmol/L), there is advice about diet, sun exposure and purchasing vitamin D supplements.

The guidance can be found at: http://www.cumbria.nhs.uk/ProfessionalZone/MedicinesManagement/Guidelines/Cumbria-Vitamin-D-Clinical-Guideline-final.pdf although this will be moved to the new CCG website when it is complete.

Changes to Lothian Joint Formulary

2.2.3. Potassium-sparing diuretics and aldosterone antagonists

Eplerenone has been added as a first-line agent for the treatment of NYHA class II heart failure. Spironolactone remains as the aldosterone antagonist of choice for NYHA III/IV heart failure.

2.8.2. Oral anticoagulants

Apixaban has been added as a second choice for the prophylaxis and prevention of systemic embolism in non-valvular atrial fibrillation. It is recommended over dabigatran and rivaroxaban for this indication.

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Recommendations on New Medicines

The following drugs have been recommended as suitable for use:	Apixaban (Eliquis®)	Prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation, with one or more risk factors, such as prior stroke or TIA; age ≥ 75 years; hypertension; diabetes mellitus; symptomatic heart failure (NYHA Class ≥ II).	Alternative to warfarin **GREEN**
	Perampanel (Fycompa®)	Adjunctive treatment of partial-onset seizures with or without secondarily generalised seizures in patients with epilepsy aged 12 years and older.	For specialist initiation only **AMBER**
The following drugs were approved by SMC, but not included in the LJF as suitable agents is already on formulary:	Linagliptin (Trajenta®)	Treatment of type 2 diabetes mellitus.	Sitagliptin already on formulary. Linagliptin considered to have no additional benefit **BLACK**
The following drugs were not approved by SMC and LJF, on the basis that a cost-effectiveness case was not shown by the manufacturer:	Insulin degludec (Tresiba®)	Treatment of diabetes mellitus in adults.	**BLACK**
The following drugs were not approved by SMC and LJF, on the basis that a cost-effectiveness case was not submitted by the manufacturer:	Deferasirox (Exjade®)	Treatment of chronic iron overload requiring chelation therapy when deferoxamine therapy is contraindicated or inadequate in patients with non-transfusion-dependent thalassaemia syndromes aged 10 years and older.	**BLACK** Note that deferasirox is classified as **RED** for treatment of chronic iron overload due to frequent blood transfusions
The following drugs were approved by SMC, but is not included in the LJF as no application was received from local specialists:	Ingenol mebutate (Picato®)	Cutaneous treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis in adults.	**BLACK**

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News from the MHRA

Insulin degludec	Insulin degludec (Tresiba® ▼) is available in prefilled pen devices (known as FlexTouch®) in two strengths: 100 units/mL; and 200 units/mL. The 100 units/mL strength is also available in cartridge form (called Penfill®). The 200 units/mL strength is higher than that of other existing basal insulin products in the UK. **Ensure the correct insulin product and strength is prescribed and dispensed.** The dose-counter window of the Tresiba FlexTouch pen device shows the number of units that will be injected, irrespective of strength. Therefore no dose conversion is needed when transferring a patient from one strength of Tresiba to a different strength. Insulin degludec is not included in the LJF (see previous page).
Cilostazol	Cilostazol (Pletal®) is restricted to second-line use in patients for whom life-style modifications and other appropriate interventions have failed to sufficiently improve their symptoms. Furthermore, cilostazol is now contraindicated in patients with any of the following: • unstable angina, recent myocardial infarction or coronary intervention (within 6 months) • a history of severe tachyarrhythmia • those receiving two or more other antiplatelet or anticoagulant treatments For patients starting cilostazol, prescribers should assess benefit after 3 months of treatment, and should stop treatment if patients have not made clinically relevant improvements in walking distance. All patients who are currently receiving long-term treatment should be reassessed at a routine appointment, in light of the new advice. NICE has previously recommended against the use of cilostazol for the treatment of intermittent claudication in people with peripheral arterial disease.
Recent drug-name confusion	Errors still result from patients being prescribed or supplied with the wrong medicine from the list below, due to confusion between similarly named products. Take particular care when prescribing or dispensing these medicines because their names could be confused with each other (i.e., they sound alike or look alike). Recent examples of medicine names that have been confused resulting in medication errors include: • Mercaptamine and mercaptopurine • Sulfadiazine and sulfasalazine • Risperidone and ropinirole • Zuclopenthixol decanoate and zuclopenthixol acetate

Strontium ranelate (Protelos®): risk of serious cardiac disorders	The use of strontium ranelate is now restricted to treatment of severe osteoporosis • in postmenopausal women at high risk of fracture • in men at increased risk of fracture Treatment should only be initiated by a physician with experience in the treatment of osteoporosis, and the decision to prescribe strontium ranelate should be based on an assessment of the individual patient's overall risks. Strontium ranelate should not be used in patients with: ischaemic heart disease, peripheral arterial disease; cerebrovascular disease; a history of these conditions or in patients with uncontrolled hypertension Prescribers are advised to assess the patient's risk of developing cardiovascular disease before starting treatment and thereafter at regular intervals. Patients with significant risk factors for cardiovascular events (e.g., hypertension, hyperlipidaemia, diabetes mellitus, smoking) should only be treated with strontium ranelate after careful consideration Treatment should be stopped if the patient develops ischaemic heart disease, peripheral arterial disease, cerebrovascular disease, or if hypertension is uncontrolled. Healthcare professionals should review patients at a routine appointment and consider whether or not to continue treatment NICE recommendations on the use of strontium ranelate in the primary and secondary treatment of osteoporosis have previously been published.

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NICE guidance

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

	Drug	Condition	Resume
TA278	Omalizumab	Severe persistent asthma, in children over 6 years and adults	**Recommended** as an option for treating severe persistent confirmed allergic IgE-mediated asthma as an add-on to optimised standard therapy in people aged 6 years and older who need continuous or frequent treatment with oral corticosteroids (defined as 4 or more courses in the previous year). Optimised standard therapy is defined as a full trial of and, if tolerated, documented compliance with inhaled high-dose corticosteroids, long-acting beta2 agonists, leukotriene receptor antagonists, theophyllines, oral corticosteroids, and smoking cessation if clinically appropriate. **RED**
TA280	Abatacept	Rheumatoid arthritis (2nd line)	**Recommended** as an option for treating rheumatoid arthritis in adults (in combination with methotrexate) whose disease has responded inadequately to 2 conventional DMARDs, including methotrexate, only if it is used in accordance with the recommendations for other biological DMARDs (TA130) **RED**
TA281	Canakinumab	Gout	**Terminated appraisal**. No evidence submission was received from the manufacturer. **BLACK**
TA282	Pirfenidone	Idiopathic pulmonary fibrosis	**Recommended** as an option for treating idiopathic pulmonary fibrosis only if the person has a forced vital capacity (FVC) between 50% and 80% predicted. Treatment should be discontinued if there is evidence of disease progression (a decline in per cent predicted FVC of 10% or more within any 12 month period). **RED**
TA283	Ranibizumab	Macular oedema (retinal vein occlusion)	**Recommended** as an option for treating visual impairment caused by macular oedema: • following central retinal vein occlusion or • following branch retinal vein occlusion only if treatment with laser photocoagulation has not been beneficial, or when laser photocoagulation is not suitable because of the extent of macular haemorrhage **RED**

	Drug	Condition	Resume
TA284	Bevacizumab (+ paclitaxel & carboplatin)	Advanced ovarian cancer (first-line treatment)	**Not recommended** for first-line treatment of advanced ovarian cancer (International Federation of Gynaecology and Obstetrics [FIGO] stages IIIB, IIIC and IV epithelial ovarian, fallopian tube or primary peritoneal cancer). **BLACK**
TA285	Bevacizumab	Ovarian, fallopian tube and primary peritoneal cancer (recurrent advanced, platinum-sensitive or partially platinum-sensitive)	**Not recommended** for treatment of adults with the first recurrence of platinum-sensitive advanced ovarian cancer (including fallopian tube or primary peritoneal cancer) that has not been previously treated with bevacizumab or other vascular endothelial growth factor inhibitors. **BLACK**
TA286	Loxapine (inhalation)	Schizophrenia or bipolar disorder	**Terminated appraisal**, no evidence submission was received from the manufacturer of the technology. **BLACK**

This is available at the PCT Medicines Management website at:
http://www.cumbria.nhs.uk/ProfessionalZone/MedicinesManagement/PrescriptionPad/Home.aspx

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