September 2014

South Staffordshire Area Prescribing Group (APG)Update

A resource for South Staffordshire Clinical Commissioning Group Members

There has been a lot going on!

The revised APG structure reported in the last issue of APG Update is now bedding in well and there is a whole raft of resources in development to support GP practices in making evidence based prescribing decisions.

Some of these resources are complete and others are going through the final stages of approval.

In this issue we report on all of the on-going work as well as discussing a number of interface issues that have been raised at APG.

The introduction of NetFormulary is going well and this is expected to be launched after the Formulary Working Group meeting on 12th September 2014.

Formulary Working Group (FWG) Decisions

APG ratified the following recommendations from the FWG:-

- We reported a decision to include Relvar in the formulary for specialist use only in the last issue. This related to the asthma indication. A further submission was considered separately for the COPD indication. Whilst the same safety concerns were noted, it was also noted that only the lower strength inhaler (92/22) is licensed in this indication. It was agreed that Relvar 92/22 would be approved for formulary use as RED (specialist only). It was further agreed to review which position was more experience of the product had been gained. Until this time GPs are advised not to prescribe.
- Adoption of the UKMI recommendations for primary care drug monitoring– this document will be linked to NetFormulary, but will be useful to GPs in having clarity on the recommendations for monitoring of drugs. This document will also be used as a basis for Shared Care Agreement development.
- Adoption of UKMI guidance relating to prescribing considerations following bariatric surgery due to altered physiology.
- Adoption of Staffordshire wide Continence product Formulary (bags, catheters etc) this has been published on SES & SP website and will be linked to NetFormulary. http://www.sesandspccg.nhs.uk/media/file-browser/Continence%20Prescribing%20Formulary.pdf
- APG also approved the use of Blood Glucose Monitoring guidance produced by SSOTP in th form of a patient leaflet– the contents are similar to current guidance.

NICE TA—Update.

A number of NICE technology appraisals have been published since the last *Update*

Canagliflozin (TA315)- is supported as an option for dual therapy with metformin in patients with type II diabetes, for whom a sulphonylurea is not tolerated or contra-indicated **or** for patients who are at significant risk of hypoglycaemia or its consequences.

It is also considered as an option in triple therapy in combination with metformin and sulphonylurea or metformin and thiazolidinedione.

It is also an option for use in combination with insulin , with or without other anti-diabetic drugs in the management of type II diabetes.

It use should be in accordance with NICE recommendations and with due regard to other NICE approved options available.

Prasugrel- (TA 317 review) In this review, Prasugrel is recommended in combination with aspirin to prevent atherthrombotic events in patients with ACS undergoing a PCI.

Lubiprostone (TA318)- Lubiprostone is recommended as an option to treat adult patients with Chronic Idiopathic constipation, who have failed to benefit from maximal doses of two different types of laxatives for a six month period. It should only be prescribed by clinicians experienced in managing Chronic idiopathic Constipation and is therefore not expected to be initiated by GPs.

GP members of the APG however felt that they would expect to continue to prescribe for suitable patients. A RICAD (Rationale for Initiation, continuation and discontinuation) document will be developed to support this.

All NICE approved drugs will be added to the Formulary in accordance with National Guidance.

MHRA Safety updates.

The complete suite of MHRA safety updates are available online:-

http://www.mhra.gov.uk/Publications/safetyguidance/Drugsafetyupdate/index.htm

Digest & Highlights:-

June 14

⇒ Combination of different classes of drug that block the **renin-angiotensin system**. Increased risk of Hypotension, hyperkalaemia and impaired renal function– New warnings issued.

⇒ Combination of 2 RAS drugs is not recommended, especially in patients with diabetic nephropathy.

⇒ Combinations of Aliskirin (non formulary!) with either an ACE or AIIRA is contraindicated in patients with renal failure or diabetes.

⇒ Some patients with heart failure will have a need for dual therapy with an ACE and an AIIRA. Candesartan and Valsartan (both formulary) are licensed as add on if this option is needed.

⇒ Patients on combinations of RAS drugs should be reviewed and if deemed necessary, patients should be closely monitored, especially in respect of potassium.

⇒ **Ivabradine–** emerging evidence of increase cardiovascular risk– monitor for bradycardia.

⇒ The European medicines agency are reviewing the latest evidence to asses whether benefits continue to outweigh risks.

MHRA safety updates cont.

July 2014

- The DVLA has announced that from 2nd March 2015, there will be a new offence of driving with drugs levels above a specified maximum for certain drugs.. There is however a medical defense for people taking the drugs for medical reasons. A comprehensive briefing will be prepared. Further information available here:- https://www.gov.uk/government/collections/drug-driving
- MHRA issued a reminder of the potential life-threatening harm that might result from accidental exposure to fentanyl patches. Clinical incidents reported across Staffordshire and Shropshire reflect significant problems of patches detaching and re-attaching, and then new patches being applied by carers resulting in overdose. The MHRA also reports of three yellow card incidents involving children.

& Finally!

- MHRA have updated some of their opioid training modules and are available here :- *www.mhra.gov.uk/ConferencesLearningCentre/LearningCentre/Medicineslearningmodules/Opioids-learning-module/index.htm*
- Burton hospital have approved the use of Ingenol Mebutate to treat actinic keratosis. This is a single application to be given in hospital– GPs are advised not to prescribe or continue this.
- Following recent safety issues, Burton hospital have been requested to state the duration of treatment for any patients discharged with domperidone.
- Concerns have been raised around the significant use and cost of prednisolone soluble. (£42.78/30 vs £1.33/28 for standard tabs)

APG Membership

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