

South Staffordshire Area Prescribing Group (APG) Update

Welcome

Dear all,

Welcome to the latest APG update. There have been significant updates recently to the formulary, which we will highlight in the newsletter below.

Also please note there are several significant drug safety updates which may require a change in practice. In particular a new class of drugs for diabetes, the SGLT-2 inhibitors, seem to be increasingly causing concern if not appropriately monitored. The MHRA also continues to provide useful resources for the prescribing of sodium Valproate in Pregnancy, there are some useful links included.

Don't forget to use NetFormulary for all your preferred prescribing information

www.southstaffordshirejointformulary.nhs.uk On the Dashboard there are all sorts of various resources including all the latest APG Guidance, APG Newsletters, the latest Patient Group Directions and Formulary's from other Trusts.

Mahesh Mistry
APG Chair

Management of recurrent UTI's in Women

Hiprex was approved in February 2016 and is AMBER1 on NetFormulary. The Flowchart for Management of recurrent UTI's in Women can be found [here](#).

Formulary Working Group News

- * **Lacosamide** to be AMBER1 on NetFormulary and not RED—Agreed once a patient is stabilised they would not need monitoring
- * **RiCAD for Denosumab (PROLIA®)** for treatment of osteoporosis in post menopausal women . This can be viewed [here](#)
- * **Tapentadol** this currently RED Status on the Birmingham Formulary ([Link](#)), which means Initiation and maintenance of prescribing by Specialists only. Locally it remains non-formulary.
- * **The Patient Safety Toolkit for General Practice** Patient safety is the prevention of errors and adverse effects for patients associated with health care. While health care has become more effective it has also become more complex, requiring greater use of new technologies, medicines and treatments. Health services are more frequently treating older and sicker patients presenting with significant co-morbidities that demand increasingly difficult decision making with regards to health care priorities.

[The Patient Safety Toolkit](#) for general practice plays an important role in preventing patients from being harmed. This Toolkit consists of a number of tools that allow your practice to look at different aspects of patient safety with a view to making improvements. It covers the following areas of general practice: safe systems, safety culture, communication, patient reported problems, diagnostic safety, prescribing safety.

NICE Update:

APG discussed eighteen Technology Appraisals published by NICE between the periods December 2015 to March 2016 of which ten related to NHS England and Cancer services, but the following will be of interest to CCGs and GPs.

TA369— Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears—[This is quite expensive and will be Specialist initiation only. A pathway is being developed](#)

TA372— Apremilast for treating active psoriatic arthritis—[Not approved by NICE although there appears to be some local prescribing so may have been via IFR Approval.](#)

TA373— Abatacept, adalimumab, etanercept and tocilizumab for treating juvenile idiopathic arthritis

TA375— Adalimumab, etanercept, infliximab, certolizumab pegol, golimumab, tocilizumab and abatacept for rheumatoid arthritis not previously treated with DMARDs or after conventional DMARDs only have failed

TA379— Nintedanib for treating idiopathic pulmonary fibrosis—[It is thought that this has a PAS in place but unsure of cost implications](#)

TA382— Eltrombopag for treating severe aplastic anaemia refractory to immunosuppressive therapy (terminated appraisal)

TA383— TNF-Alpha inhibitors for ankylosing spondylitis and non-radiographic axial spondyloarthritis

TA385— Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia— [No resource impact is anticipated because the recommendation have not significantly changed from the previous NICE guidelines.](#)

A RiCAD for Glargine 300units/ml (Toujeo Solostar®) has been added to NetFormulary

The RiCAD can be found [here](#)

All Noac's on NetFormulary are now GREEN status in line with NICE Guidance, and can be found on the following link : [NOAC Products](#)

Drug Safety Updates



December 2015

- * **Thalidomide** : reduced starting dose in patients older than age 75 years. Use a lower starting dose of thalidomide in patients with untreated multiple myeloma who are older than 75 years. Suspected adverse reactions to thalidomide should be reported to us on a [Yellow Card](#)

January 2016

- * **Nicorandil (Ikorel)** : now second-line treatment for angina; risk of ulcer complications Note updated advice on use of nicorandil as second-line treatment for stable angina; some ulcers may progress with complications unless treatment is stopped.
- * **Levonorgestrel-releasing intrauterine systems** : Prescribe by brand name because products have different indications, durations of use and introducers. **Products containing 52mg levonorgestrel** - A levonorgestrel-releasing intrauterine system (IUS) has been available as the brand Mirena for a number of years. Recently, a second product called Levosert was licenses for use in the UK.
- * Product containing 13.5mg levonorgestrel - A smaller IUS that contains 13.5mg levonorgestrel (called Jaydess) has been marketed since 2014 and is licensed for 3 years' use for contraception only. More information can be found on the following links: [Mirena](#) [Levosert](#) and [Jaydess](#)



Drug Safety Updates Continued...

February 2016

- * **Valproate and risk of abnormal pregnancy outcomes : new communication materials** - In January 2015 the MHRA informed us that children exposed to valproate in utero are at high risk of development disorders and congenital malformations. To improve awareness of the risks in pregnancy they would like you to start using the new communication materials below. Hard copies should have been received by Healthcare Professionals by now.

Resources to use (see below for more information):

[Booklet for Healthcare Professionals](#) [Consultation Checklist](#) [Guide to give Patients](#) [Card to give Patients](#)

Later in 2016, the outer packaging for medicines containing valproate will include a warning for women on the risk of adverse pregnancy outcomes.

- * **Spironolactone and renin-angiotensin system drugs in heart failure** - risk of potentially fatal hyperkalaemia. Monitoring of blood electrolytes is essential in patients co-prescribed a potassium sparing diuretic and an angiotensin converting enzyme inhibitor (ACEi) or an angiotensin receptor blocker (ARB) for heart failure.

March 2016

- * **Trametinib (Mekinist)** - risk of gastrointestinal perforation and colitis. Use trametinib, authorised either as monotherapy or combined with dabrafenib, with caution in patients with risk factors for gastrointestinal perforation.

April 2016

- * **SGLT2 inhibitors - updated advice on the risk of diabetic ketoacidosis.** Test for raised ketones in patients with ketoacidosis symptoms, even if plasma glucose levels are near-normal. When treating patients who are taking a sodium -glucose co-transporter 2 (SGLT2) inhibitor (canagliflozin, dapagliflozin, or empagliflozin):
 - ◆ inform them of the signs and symptoms of diabetic ketoacidosis (DKA) and advise them to seek immediate medical advice if they develop any of these.
 - ◆ discuss the risk factors for DKA with patients.
 - ◆ discontinue treatment with the SGLT2 inhibitor immediately if DKA is suspected or diagnosed.
 - ◆ do not restart treatment with any SGLT2 inhibitor in patients who experienced DKA during use, unless another cause for DKA was identified and resolved.
 - ◆ interrupt treatment with the SGLT2 inhibitor in patients who are hospitalised for major surgery or acute serious illnesses; treatment may be restarted once the patient's condition has stabilised.
 - ◆ report suspected side effects to SGLT2 inhibitors or any other medicines on a [Yellow Card](#).

Brand Name	Active Substances
Forxiga	Dapagliflozin tablets (5 mg and 10 mg)
Xigduo	Dapagliflozin/metformin tablets (5 mg/850 mg and 5 mg/1000 mg)
Invokana	Canagliflozin tablets (100 mg and 300 mg)
Vokanamet	Canagliflozin/metformin tablets (50 mg/850 mg, 50 mg/1000 mg, 150mg/850mg, 150mg/1000mg)
Jardiance	Empagliflozin tablets (10 mg and 25 mg)
Synjardy	Empagliflozin/metformin tablets (5/850mg, 5/1000mg, 12.5/850mg, 12.5/1000mg)

Drug Safety Update Cont...

- * **Apomorphine with domperidone:** minimising risk of cardiac side effects. Patients receiving apomorphine and domperidone require an assessment of cardiac risk factors and ECG monitoring to reduce the risk of serious arrhythmia related to QT-prolongation. Apomorphine (brand names: APO-go, Dacepton) is a dopamine agonist used to treat refractory motor fluctuations in people with Parkinson's disease. Domperidone (brand names: Motilium, Dismotil) is usually started at least two days before apomorphine to control the expected side effects of nausea and vomiting. Apomorphine can increase the risk of QT-prolongation at high doses. A review by EU medicines regulators of the safety of concomitant apomorphine and domperidone use has recently finished. Further information can be found at: [\[LINK\]](#)



Reporting of missing/lost or stolen NHS Prescription Forms for Controlled Drugs needs to be initially reported to NSH England. It was also discussed as to whether GP rooms should have lockable printer draws when they have FPIO blank forms inside them!

OPIOIDS

Opioids Aware — Opioid five-a-day

A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain ([Link](#))

Acute Trust News

A new initiative encouraging patients to keep their medicines in distinctive green bags is set to improve medicines management and enhance patient safety at Heart of England NHS Foundation Trust. Following a successful pilot, the green bags have been introduced at the Trust's Heartlands, Solihull and Good Hope Hospital sites so that patients can bring their current medication with them to hospital and keep them together in one place. They can be used if they are admitted to a ward and taken with them if they move wards, as well as when they are discharged from hospital.



Green bags will be given out at the Trust's emergency departments, outpatients and admissions departments and by West Midlands Ambulance Service which will use them to collect medicines if patients need to go to hospital in an emergency.

Next Area Prescribing Group Meeting: 30th June 2016

South Staffordshire Joint Formulary and prescribing guidance can be found at:

<http://www.southstaffordshirejointformulary.nhs.uk/>

Mahesh Mistry.

tel: 01827-306206

Email :- mahesh.mistry@northstaffs.nhs.uk

South Staffordshire APG

Merlin House

Etchell Road

Tamworth

APG Membership

Mahesh Mistry (SES & SP CCG) [Chair]
 Samantha Buckingham (S&S CCG)
 Sharuna Reddy (CCCCG)
 Susan Bamford (ESCCG)
 Dr M Stone (S&S CCG)
 Dr C Pilkington (SES & SP CCG)
 Dr J Crosse (ES CCG)
 Dr A Onabolu (CCCCG)
 Tracey Hall/Teresa Froggatt/Paul Fieldhouse (SSOTP)
 Julie Lomas (RWHIT)
 Tania Carruthers (HEFT)
 Gill Hall (SSLPC)
 Lisa Nock (BHT)

Admin. Lesley Arnold