

South Staffordshire Area Prescribing Group (APG) Update

April 2015



A resource for South Staffordshire Clinical Commissioning Group Members

Welcome

Dear all,

We have just been advised that the Area Team website for Shropshire and Staffordshire has been taken down since the NHS England Area teams merged earlier in the year. This has resulted in practices being unable to access the PGDs for which NHS England has responsibility. We have therefore uploaded the relevant documents to NetFormulary to facilitate access, but practices are advised that the CCG has no responsibility for these documents and any queries should still be addressed to the Area Team.

Thanks also to Gill Boast and Dr Claire Pilkington for supporting the multidisciplinary review of the CCG PGDs which have recently been distributed. The plan is that these will also be accessible on NetFormulary.

NetFormulary— remains the repository of a wealth of prescribing information and resources and this will only increase over time— so we would recommend all prescribers keep an eye on this resource.

Formulary Working Group (FWG) Decisions

APG noted that the March FWG meeting focussed on a review of the inhaler devices; the meeting was well attended by GP's, respiratory consultants, respiratory nurses and pharmacists and resulted in some robust discussion.

The format of the meeting was to go through the steps in the BTS asthma guidance and the GOLD guidelines for COPD and identify the evidence based, cost-effective options at each point on the treatment algorithm. The discussions also recognised the value in allowing consistent availability of devices in improving concordance and outcomes.

The recommendations are being drafted into a suitable format before being shared with colleagues and being uploaded to NetFormulary.

There are however a few highlights:-

- Tiotropium for asthma indications will be Amber on the formulary and a RICAD produced to support the use of this drug in this indication.
- Seretide products have been removed from the formulary completely for both asthma and COPD indications.

NICE Update:-

APG discussed 10 Technology appraisals published by NICE since the last meeting. Many related to NHS-England and cancer services, but the following will be of interest to CCGs and GPs.

- TA 329 Infliximab, adalimumab and golimumab for treating moderate to severe Ulcerative colitis. NICE previously only supported induction therapy to induce remission, but the new guidance allows for maintenance therapy for those patients that need it to avoid surgery. The predicted costs from NICE are in-line with horizon scanning predictions.
- TA335-Rivaroxaban for preventing adverse outcomes following ACS. This to was predicted and provision made in GP prescribing budgets.
- TA336 Empagliflozin in combination therapy for type 2 diabetes– approval in-line with similar agents.
- Rifaximin for preventing episodes of overt hepatic encephalopathy. This drug is likely to be initiated in specialist care, and GPs may be requested to continue prescribing.

All NICE approved drugs will be added to the NetFormulary in accordance with statutory obligations.

More Pregabalin and Gabapentin Concerns!

In the last edition we advised GPs on recent guidance published by Public Health England (available on NetFormulary).

This matter is getting more attention , and recent reviews undertaken by substance misuse services have identified that in 2013/14 there were 41 pregabalin/ gabapentin deaths nationally and whilst data isn't yet available this is likely to be exceeded in 2014/15. One Substance misuse provider in Staffordshire reported that 20% of new clients reported regular pregabalin use,

Service users also reported knowing the "script" to describe neuropathic pain to support requests for these drugs.

In Shropshire, fraudulent letters from prisons stating that a released prisoner had been prescribed pregabalin have been presented to GP practices.

Practices are reminded to be vigilant regarding requests for these drugs.

Fosfomycin

Burton Drugs and Therapeutics committee have approved the Trust using Fosfomycin for complex UTI's under microbiological advice.

APG agreed to add this to the formulary as RED (Specialist use only)

APG recognised that this drug is unlicensed in the UK, and therefore likely to be costly in primary care.

APG recognised the need to balance the provide effective treatments to patients whilst protecting this drug from inappropriate use and exposure to resistance. The formulary position will be reviewed in 6 months

Dexamethasone for Croup

Recently published guidance recommends that dexamethasone oral solution as a treatment option for patients suffering from croup..

Concern had been raised by paediatric nurses that this product was not generally available, and that poor availability might result in increased hospital attendance.

APG discussed the option of requesting some pharmacies to stock this product and underwrite any losses caused by date expiry.

APG ultimately agreed that more severe cases would be admitted to hospital where the treatment was readily available. APG was also advised that MIU's also stock this product. For the few milder cases, Prednisolone soluble tablets could be used as an alternative and as these are more widely available, no further action required at this time.

Discontinuation of Lumigan (Bimatoprost) Eye drop 0.3%

APG discussed the above and considered what advice should be given to prescribers.

Based on advice from the manufacturers that Bimatoprost 0.1% eye drops had shown similar efficacy to 0.3% at reducing intra-ocular pressures, it was agreed that this would be the most pragmatic option. A number of areas across the country have taken this approach. South Derbyshire however have advised that they will be switching to latanoprost as the least expensive drug option.

All advice seems to suggest that switching patients that are receiving the multidose bottles to the preservative free unit-dose vials is not an appropriate option due to the additional cost.

All patients who have received a change in treatment should have their intra-ocular pressures checked following the switch

Safety Matters

The March, Drug Safety Update draws attention to the risks of potentially fatal PML (progressive multifocal leukoencephalopathy) in patients treated with Dimethyl Fumarate for MS.

Whilst recognising that this drug will only be prescribed for patients with MS by their specialist, it is likely that any adverse symptoms may present initially in primary care.

Patients receiving this treatment should have full blood counts taken every 6-12 months.

This can be potentially difficult to pick up as the PML can present as neurological dysfunction and mimic the effects of the MS.

& Finally,

APG were notified of the impending retirement of Lesley Brown, Principal pharmacist at Burton Hospital, who has supported APG, and FWG for many years. APG wish to thank Lesley for her contribution and wish her a long and happy retirement

APG Membership

Mark Seaton(Chair)
Mahesh Mistry(S&S CCG)
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 (CCCG)
Cathy Riley (SSSHFT)
Erika Young (SSSHFT)
Tracey Hall/Teresa Froggatt/Paul Fieldhouse(SSOTP)
Julie Lomas(RWHT)
Tania Carruthers(HEFT)
Lesley Brown (BHFT)
Gill Hall (SSLPC)
Gary Fletcher (Burton Hospital Trust)

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