

South Staffordshire Area Prescribing Group (APG) Update

December 2014



A resource for South Staffordshire Clinical Commissioning Group Members

NetFormulary Plans

Following the announcement in the October edition that *NetFormulary* had gone live, the medicines optimisation teams and supporting clinicians are now pulling together plans to make this resource even more useful.

In the transfer from the old to the new formats a number of issues have been identified, which we will be aiming to address over the coming months.

The RAG rating has been updated to include Amber 1 and Amber 2, these designate drugs that should be initiated by a specialist and are then suitable for continuation in primary care (Amber 1), Amber 2 drugs are the same but for which a shared care agreement (ESCA) or RiCad is recommended.

This has resulted in us identifying that many of these documents need updating and this work is now being scheduled.

The front page of *NetFormulary* now boasts even more useful information for prescribers. We do however recognise that some of this does need tidying up as we recognise that the more information we have, the better organised it needs to be.

Recognising the complexity of the South Staffordshire geography, we have now included links to the formulary documents of Wolverhampton, North Staffs and Derbyshire for reference.

In addition a link to *Vaccine Update* published by Public Health England has also been added, this may be of particular interest to practice nursing teams as it provides the latest information on vaccine supply etc.

Finally, but by no means least, the link entitled Area Prescribing Group guidelines contains a wealth of useful information and guidance that has been approved by the APG. These include guidance around enteral feed prescribing and the resources supporting “making every mouth matter”, gluten-free prescribing guidelines and much more.

These resources are updated regularly, so it's worth checking back. If you haven't looked yet, then please do. Feedback is always welcomed including any gaps that clinicians think could be addressed.

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

Formulary Working Group(FWG) Decisions

APG ratified the following recommendations from the FWG:-

- To add DuoResp Spiromax (Budesonide/Formoterol) to the joint formulary within its licensed indications. This is a dry powder inhaler that has been demonstrated to be equivalent to Symbicort®, but is significantly lower priced. There is currently no proposal to switch inhalers, but patients that may benefit from this combination might reasonably be offered the new product.
- The Continence product formulary was approved and uploaded to *NetFormulary*.
- A formulary application for Alprostadil cream (3mg/g) for the management of Erectile dysfunction was not approved, but a decision taken to review the pathway for ED management.

FWG– decisions Cont.....

- A formulary request from a consultant ophthalmologist for a range of products under the brand name Xailin® were considered. Whilst recognising the cost benefit of some of these products, especially in the acute sector, it was also felt that the product naming was confusing. It was confirmed that these products should be prescribed generically. The request was therefore refused.
- A RiCad for Lubiprostone was approved and uploaded to NetFormulary– GP members agreed that they would be asked to prescribe this, and that the RiCad ensures that patients meet the NICE criteria for prescribing.

NICE TA—Update.

NICE have published the following technology appraisals in the last two months:-

TA323– Erythropoiesis-stimulating agents for anaemia in people with cancer having chemotherapy.

TA324– Dual-chamber pacemakers for bradycardia due to sick-sinus syndrome without AV block.

TA326– Imatinib in the adjuvant treatment of gastro-intestinal stoma tumours.

All of the above are the commissioning responsibility of NHS England and will not therefore impact on CCGs.

TA325– Nalmefene for reducing alcohol consumption in people with alcohol dependence.

NICE have approved nalmefene in conjunction with continuous psychosocial support to reduce alcohol consumption in heavy drinkers. The commissioning responsibility for alcohol services rests with the local authority and not with CCGs. Staffordshire County Council have commissioned the use of nalmefene with the psychosocial support for eligible patients from One– Recovery and GPs are advised to refer patients to this service.

GPs are therefore advised not to prescribe nalmefene as this will result in the cost being picked up by CCGs who do not hold a budget for it

MHRA Safety updates.

The complete suite of MHRA safety updates are available online, the link is also on NetFormulary:-

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

Digest & Highlights:-

⇒ **October 14 edition**

Interferon beta: risk of thrombotic microangiopathy and risk of nephrotic syndrome.

Whilst NHS England are responsible for commissioning this treatment it is important that GPs are aware of the potential risk and refer any patients back to the specialist and seek urgent advice.

Clinical symptoms of thrombotic microangiopathy include:-

- New onset hypertension
- Thrombocytopenia
- Fever
- Impaired renal function
- CNS symptoms (confusion or paresis)

Other News!

MHRA Safety updates.– cont

⇒ **Dexamethasone 4mg/ml injection has changed!**

Whilst not prescribed often, GPs do occasionally prescribe this product. From October onwards the formulation is changing to harmonise with products across the EU.

The new product will contain 3.8mg/ml dexamethasone in 1 ml (equivalent to 5mg/ml dexamethasone sodium phosphate). The new product also requires refrigeration (store between 2 and 8 Celsius), which its predecessor didn't.

⇒ **November edition**

- **Agomelatine– risk of liver toxicity**

Liver function requires regular monitoring, it is suggested that this drug now requires an ESCA but this has yet to be developed /approved. There is currently some GP prescribing of this product. GPs are advised to contact their local medicines optimisation team if further advice is required.

- **Colobreathe (colistimethate dry powder for inhalation– risk of capsule breakage.**

Due to the frequency of reports, the manufacturers have updated their guidance on usage of the inhaler device to reduce the risk of capsule breakage. It is likely that these issues will be addressed in cystic fibrosis services, but GPs are advised to be aware of this problem.

- **Dessicants in blister packs risk of ingestion**

The MHRA has again drawn attention to the risk of ingestion of dessicants incorporated into blister packs. In both recent reports the dessicant incorporated into the packaging of nicorandil had been removed and swallowed. GPs and pharmacists may wish to remind patients that take nicorandil that the large dessicant blister should not be opened.

& Finally.....

The APG reports directly to the Joint Quality Committee of each CCG. At a recent meeting the Chair of the East and South East & Seisdon Quality Committee asked that GPs be reminded to raise any concerns they may have regarding medicines and pharmacy services through their soft-intelligence reporting systems so that these could be included in the primary care quality improvement work stream.

APG Membership

Mark Seaton(Chair)
 Mahesh Mistry(SES & SP CCG)
 Samantha Buckingham (S&S CCG)
 Sharuna Reddy(CCCCG)
 Susan Bamford (ESCCG)
 Dr Mark Stone (S&S CCG)
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 Cathy Riley (SSSHFI)
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