February 2015

South Staffordshire Area Prescribing Group (APG) Update

A resource for South Staffordshire Clinical Commissioning Group Members

Welcome

This is the first Update for CCG members this year and as always there is a lot going on.

This edition will provide GPs with an update of the discussions and decisions relating to medicines management and optimisation within the local health economy.

I'm delighted to be able to report that East Staffordshire CCG membership Board and South East and Seisdon Locality Boards have both agreed to provide a GP led service for patients requiring Denosumab, and the details will be finalised locally in due course. Cannock Chase CCG are reviewing the options at their next meeting.

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.

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

Formulary Working Group (FWG) Decisions

APG ratified the following recommendations from the FWG:-

- To add Anoro Ellipta to formulary. This is a once daily dry powder inhaler device containing a LAMA (Uneclidium bromide) and a LABA (Vilanterol), it is the first such combination available in the UK, and is indicated as a maintenance bronchodilator for patients suffering from COPD. The combination product offers some cost advantages compared to prescribing LAMA and LABA drugs as separate devices.
- To add A.S Saliva Orthana to the Formulary. This is a saliva substitute recommended for use in dentate patients by NICE. This product is also lower cost than Glandosane, which remains on the formulary.
- The Infant feeding guidelines were approved and will be uploaded to NetFormulary.
- It was agreed to establish a small "task& finish" group to undertake some work on NetFormulary and to ensure consistency with the EMIS formulary and Scriptswitch. Work will commence on 2nd March.

NICE Technology Appraisals.

NICE have approved the use of dabigatran (TA327) for the secondary prevention of DVT/or pulmonary embolism. This was in accordance with horizon-scanning expectations and the cost impact has been reflected in recommendations made for GP prescribing budgets for 2015/16. This is the first of the NOACS to be evaluated in this indication, the others are however also expected to be approved in due course.

Blueteq®

The four South Staffordshire CCGs have agreed to fund the implementation of Blueteq software and incorporate use of this into provider contracts.

This web-based solution will be used for prior approval /registration for use of PBR– excluded drugs ensuring that they are being used in accordance with commissioning policy. The intelligence generated from the single system in use across all providers will allow better financial planning for these drugs too.

A separate module of Blueteq is being commissioned for support IFR processes , making the system paperless, and funding requests will be traceable for both commissioners and providers.

A variation of the IFR module will also be used for all services that will be subject to prior approval. This will include all procedures of limited clinical value, the system may be automated to only approve those treatments that meet CCG eligibility criteria.

Pregabalin and Gabapentin Concerns!

Public Health England have published a report advising on the risk of misuse of these drugs. This report has been uploaded onto NetFormulary to facilitate ease of access.

The APG asked all providers to raise this issue at there respective drugs and therapeutics committees or equivalent as it was reported that pregabalin is extensively misused in prisons.

This guidance will be relevant to all GPs, and makes reference to less harmful alternative being used first-line. The report also recognises the relatively widespread use of these drugs for non– neuropathic pain syndromes despite little evidence to support this practice.

GPs may not be aware that morphine can increase the bioavailability of gabapentin and caution is needed if co-prescribed. Similarly Pregabalin appears to be additive in the impairment of cognitive and gross motor function caused by oxycodone.

It is recommended that all GPs take time to read this report and guidance.

The New Drug Driving Regulations come into effect on 2nd March !

GPs may be faced with patient queries relating to this. The communications team in each CCG have been asked to circulate links to resources and information but for now information is available here :-

https://www.gov.uk/government/collections/drug-driving

Healthy Start Vitamins.

From April, these vitamins will be available for pharmacies to order through the wholesale supply chain. Previously they had to be ordered centrally, which has made access difficult. Patients will now therefore have the choice of buying this low-cost option

Mastitis Pathway

SSOTP presented a mastitis pathway which has been approved for use across the Trust.

This was approved by APG and will be uploaded to NetFormulary for reference.

Safety Matters!

The following items have been raised through MHRA safety alerts and are considered relevant to GPs. The full guidance should be accessed as not fully reproduced here:-

1) Isotretinoin: possible risk of psychiatric disorders

Whilst initiated and prescribed in secondary care, it is possible that such problems will first present in primary care. The guidance issued advices dermatologist to advise patients of the risk and to monitor for signs of **depression** and anxiety and rarely suicidal ideology. Discontinuation of treatment may not be enough to alleviate symptoms and further psychiatric evaluation may be needed.

2) Ivabradine—risk of cardiac Side effects

- Only start ivabradine if resting heart beat is at least 70 bpm
- Do not co-prescribe other drugs that can cause bradycardia(verapamil, diltiazem etc.
- Monitor regularly for atrial fibrillation, and if this occurs consider whether benefits outweigh risks.
- Consider stopping is limited symptomatic improvement after 3 months

A RICAD will be developed to support these actions.

3) Mycophenolate—risk of hypogammaglobulinaemia and bronchiectasis

South Staffordshire PCT took the view that this drug should be specialist only—however there does appear to be significant prescribing in some areas. Further audit and investigation has been advised for meds optimisation teams to establish whether this is being prescribed for licensed conditions in accordance with an ESCA (which may now need to be modified) or for unlicensed conditions e.g. rheumatology.

Mycophenolate is also known to cause pulmonary fibrosis. Following an audit and assessment of safety and further actions will be considered, however GPs should be aware of these risks and their professional responsibility if used in an unlicensed setting.

4) Ustekinumab: risk of exfoliative dermatitis

This is a specialist NICE approve treatment for moderate-severe psoriasis, however the complication may present initially in primary care.

Patients should be advised to stop treatment if exfoliative dermatitis is suspected, and seek specialist advice. Many of the "yellow-card " reports occurred within the first weeks of treatment.

5) Valproate related medicines– risk of abnormal pregnancy

Children exposed in utero to valproate are at high risk of serious developmental disorders (30-40%of cases) and or congential malformations (~10% of cases)

Given the long-term nature of treatment , risks and benefits should be evaluated when prescribing for the first time, at routine reviews, when a female child reaches puberty and when a woman plans or actually becomes pregnant.

Women of child-bearing age treated with Valproate must use effective contraception.

APG recommended that Medicines Optimisation Teams undertake an audit of female patients prescribed valproate.

Safety Matters continued

6) Tiotropium

The Feb Drug safety reported on the TIOSPIR trial which found no significant difference in mortality for patients that used the Respimat device as opposed to the Handihaler. Previous studies have suggested that mortality was higher with the Respimat device.

The advice given is that prescribers should take into account the cardiovascular adverse effects when considering offering tiotropium to manage COPD.

APG Membership

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