Prescribing Points

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Oxfordshire Cinical Commissioning Group

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This newsletter is for all health professionals in Oxfordshire and is written by the Medicines Management Team, Oxfordshire CCG, Jubilee House, Oxford Business Park South, Oxford, OX4 2LH

Updated CCG Lipid Guidelines

Following the publication of the updated NICE 2014 lipid modification guidelines, a new CCG lipid guideline has been approved and is now available on the CCG intranet here . It is also available on DXS.
These reflect the Area Prescribing Committee's interpretation of best practice from the evidence available. The guidelines also contain a table with suggested blood test requirements.

Key Points:

- Atorvastatin is the first line statin, usually at 20 mg for primary prevention and 40-80 mg for secondary prevention.
- In primary prevention if CVD risk over 10 years is >20% offer atorvastatin 20mg. If CVD risk over 10 years is 10-20 % then discuss with patient the pros and cons of statin treatment at this risk level.
- There is no need to actively switch patients on simvastatin who are treated to target.
- QRISK2 is the tool to use to assess CVD risk (including type 2 diabetes).
- In primary prevention, encourage lifestyle modification and review and then reassess CVD risk before starting statins.
- In secondary prevention do not delay statin initiation whilst modifying modifiable risk factors.
- Nicotinic acid, bile acid sequestrants (colesevelam, colestyramine and colestipol), omega -3 fatty acids (Omacor, Prestylon, Maxepa), co-enzyme Q10 and vitamin D are not recommended for lipid modification

So What?
The updated guidance should now be used when making decisions about starting lipid modification treatment or making changes to existing treatment

Oral Diclofenac Reclassified as POM

The MHRA announced in January that oral diclofenac will no longer be available to purchase over the counter. Taking into account the new recommendations and the contraindications and warnings now in place to minimise the small risk of serious cardiovascular effects, and following a public consultation, the Commission on Human Medicines (CHM) concluded that diclofenac is no longer suitable for supply without prescription in the UK.

A recall has been issued for non-prescription diclofenac tablets. Topical formulations of diclofenac (e.g. gel and cream) remain available for sale over the counter.

So What?

Be aware when prescribing that patients can no longer purchase their own diclofenac, they must have a prescription, however first line NSAID formulary choices are ibuprofen and naproxen. Patients who have been using diclofenac may have questions about the safety.

Dalteparin in Pregnancy

It was agreed at the January APCO meeting, that dalteparin in pregnancy revert to **'Red'** for patients at intermediate risk of DVT (i.e. all prescribing of dalteparin for this indication should now be done by secondary care)
For high risk patients the status remains 'Yellow' allowing the GP to prescribe the initial doses until the patient has an obstetric appointment at which point secondary care takes over prescribing.
The full guidelines can be found here.

So What?
Only patients at high risk of DVT in pregnancy should receive an initial prescription for dalteparin in primary care

Patient Safety Alert: Harm from using low molecular weight heparins when contraindicated.

In the 26 months up to March 2014 the National Reporting and Learning System (NRLS) received 75 medication incidents where low molecular weight heparins (LMWH) were used despite known contraindications.
Of these, 16 incidents resulted in severe harm or death, 29 involved inappropriately co-prescribed medication, 16 where there was concomitant bleeding, 11 failures to discontinue LMWH and 19 describing a range of other contraindications.
It is vital to assess each patient individually as to whether the benefits outweigh the risks.
Circumstances when the use of LMWHs may be contraindicated include but are not limited to: active bleeding, acquired bleeding disorder (such as acute liver failure), concurrent use of anticoagulants known to increase risk of bleeding; concurrent use of anti-platelets and other interacting medicines; or lumbar puncture/epidural/spinal anaesthesia within the previous four hours, or expected within the next 12 hours.
Full details of the alert can be found here.

Switching from a Vitamin K antagonist to a Novel Oral Anticoagulant (NOAC) and vice versa

Following some queries about switching between anticoagulents, please note that information can be found about how to switch from a vitamin K antagonist to a NOAC and vice versa in the relevant NOAC summary of product characteristics.
https://www.medicines.org.uk/emc/

High dose vitamin D products

In addition to the licensed lower dose (800IU) vitamin D products, there are now a number of licensed high dose vitamin D products available and this list is likely to increase further over the next year.
A summary of the current list of products is shown below:

Product	Strength (IU)	Cost of high dose regime (300,000 IU over 6-10 weeks)
Fultium D3 caps	3,200	£39.75
Fultium D3 Caps	20,000	£17.04
Invita D3 oral solution 1ml ampoule	25,000	£17.80
Aviticol caps	20,000	£15.00

- Fultium D3, Invita D3 and Aviticol are halal.
- Fultium D3 is now manufactured with maize oil and not arachis oil (peanut oil). However as the product has a shelf-life of several years, it is prudent to issue advice to do a visual check of the pack prior to dispensing, in case of peanut allergy.

So What?
If prescribing high dose vitamin D is appropriate (see guidelines for pathway and restrictions) then please use a licensed and cost effective product .

Ticagrelor – Stop Date Reminder

Ticagrelor in combination with low-dose aspirin is recommended (as per NICE TAG 236) for **up to 12 months** as a treatment option in adults with acute coronary syndromes (ACS) that is, people:

- with a STEMI or
- with non-STEMI **or**
- unstable angina

Ticagrelor is only initiated in secondary care and should not be discontinued prematurely without cardiology advice.
One month's supply (56 tablets) currently costs £54.60.

So what?
Prescribe for 12 months and then stop.
Put in a stop date on prescribing instructions and ensure aspirin is life-long.
Check renal function one month after starting therapy. If there is greater than a 20% increase in serum creatinine seek advice from the initiating team.

Potassium permanganate : Patient Safety alert

A patient safety alert has been issued by NHS England to raise awareness of the risk of death or serious harm from accidental ingestion of potassium permanganate preparations that are for external use.
Potassium permanganate is used in topical preparations for the care of wounds and available as a solution for further dilution and as a tablet preparation, which is dissolved in water. It is for external use only and can be fatal if ingested orally.
Although packaging clearly states it should not be swallowed, it is very unusual for a topical preparation to come in a tablet form, and therefore some staff, patients and carers may accidentally treat it as an oral preparation. The risk of accidentally swallowing the solution also increases where containers were used such as plastic cups or jugs. When accidental ingestion has occurred, staff have not always appeared aware of the need to treat it as a medical emergency.

So what?
Ensure patients and carers are given clear instructions when potassium permanganate is used, highlighting that it must not be ingested.

Updated Shared Care Protocols

The Medicines Management team are in the process of updating the Shared Care Protocols (SCPs) for disease modifying anti rheumatic drugs (DMARDs). Instead of having separate SCPs for each indication, there will be one complete SCP for each drug. This will make information easier to find and prevent repetition of material. The Azathioprine SCP has been completed and approved by APCO. This is now available on the intranet here and replaces all the previous SCPs. The rest of the DMARD SCPs will be available on the intranet over the next couple of months.

So What?
Look out for the new SCPs on the intranet so you are following the most recent guidance.

Wound Care Products

As we are coming to year end, please can nurse teams check cupboards for stock levels of any ONPOS ordered wound care products. Please do not overstock ONPOS ordered items and ensure that any items on the ONPOS order do not include items already stocked. To help keep the wound care spend within budget it would also be a reasonable step to share stocked ONPOS ordered items with other teams. If you require any help with this please contact the Medicines Management team (Hannah.Copus@oxfordshireccg.nhs.uk)

Price Increases and Medicines Supply Issues

Drug	Current price	Previous price	Further information
Digoxin (all strengths)	£4.20 - 62.5mcg (28) £4.36 – 250mcg (28) £4.99 – 125mcg (28)	£1.44 – 62.5mcg (28) £1.01 - 250mcg (28) £1.07 – 125mcg (28)	A price concession has been granted for January and February (may continue for longer)
Trimethoprim (all strengths)	£3.10 – 200mg (6) £7.55 – 100mg (28)	£0.44 – 200mg (6) £0.92 – 100mg (28)	A price concession has been granted for January and February (may continue for longer) due to supply issues and therefore stock is being sourced at a higher price. A standard 3 day course of trimethoprim is still cheaper than using nitrofurantoin at these prices.
Update on Betnovate, Dermovate, Eumovate, and other GSK dermatology products	£3.22 (30g) £10.73 (100g) generic betamethasone cream	£1.43 (30g) £4.05 (100g) Betnovate cream	GSK have a supply issues website for their products where up to date information on product availability can be found http://hcp.gsk.co.uk/supply.html *Generic* betamethasone valerate cream/ointment, clobetasol propionate cream/ointment and clobetasone butyrate ointment are available.

Medication discontinued: Novartis is discontinuing **Tegretol 100mg and 200mg Chewtabs** due to closure of manufacturing site in the UK and not due to any safety concerns relating to the product.
200mg chewtabs are no longer available and supplies of the 100mg are expected to be exhausted by May 2015. Alternative options are Tegretol tablets (if can swallow tablets) or Tegretol liquid, however please note that conversion needs to be performed with caution as bioavailability may differ between formulations and therefore specialist advice should be sought for individual patients and careful monitoring of plasma levels before and after conversion is advised.

Updated Urinary Tract Infection (UTI) Guidance

The original guidelines for the treatment of UTIs in various different clinical scenarios were produced three years ago. These have recently been updated in line with current Public Health England advice, and OUHT microbiology and local GP input. They are now available on the CCG intranet here. The guidelines cover:

- Simple UTI's in Non-pregnant Adult Females
- Recurrent UTI's in Non-pregnant Adult Females
- Pregnancy
- Catheterised Adults
- Children (simple UTI and pyelonephritis)
- Men
- Older People
- Pyelonephritis in Adults

These are intended as reference documents and an 'at a glance' summary will be produced in due course as part of an update of the full CCG antimicrobial guideline booklet.

Key Changes

- Addition of the penicillin based antibiotic **pivmecillinam** as a 3rd line option for treatment if trimethoprim and nitrofurantoin are not suitable or if resistance is a problem. This is a narrow spectrum antibiotic and will now start to be included in sensitivity reports for urine cultures.

  Costs: Trimethoprim 200mg tabs bd £0.44 for 3 days, £1.03 for 7 days*
  Nitrofurantoin 100mg MR capsules bd £4.07 for 3 days, £9.50 for 7 days
  Pivmecillinam 400mg stat, then 200mg tds £4.50 for 3 days, £9.90 for 7 days

  *Drug Tariff Jan 14 – note temporary price concession information on previous page
- Addition of a summary of **risk factors for increased resistance** and corresponding advice for relevant indications. Risk factors for resistance include :care home resident, recurrent UTI, Hospitalisation >7 days in last 6 months, unresolving symptoms, recent travel to country with increased antimicrobial resistance (especially health related) and previous UTI resistant to trimethoprim, cephalosporins or quinolones
- Addition of guidance for UTIs in children and UTIs in pregnancy, previously not published
- Addition of trimethoprim as an option in pyelonephritis, in line with national recommendation, if test results show sensitivity.
- Updated advice regarding use of nitrofurantoin in line with MHRA guidance (eGFR should be over 45ml/min; eGFR 30-45:only use if resistance & no alternative)

So What?

Prescribers should be aware of the updated guidelines and changes made particularly with regard to the addition of a 3rd line choice of antibiotic (pivmecillinam), risk factors for resistance and the updated advice for nitrofurantoin use in renal impairment.