General Practice Updates

NHS
Stockport
Clinical Commissioning Group

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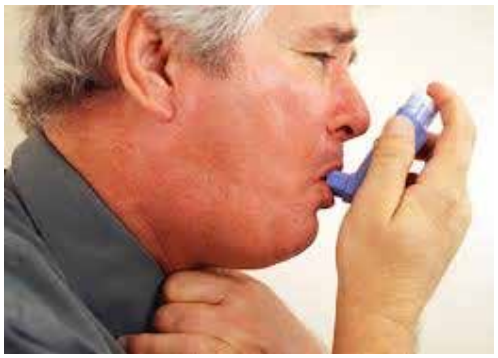
Prescribing Edition



Dapagliflozin triple therapy

NICE has published final guidance recommending dapagliflozin as ***an option*** for treating type 2 diabetes in 'triple therapy'. Dapagliflozin joins empagliflozin and canagliflozin, as NICE-recommended options for triple therapy, but ***only in combination with metformin and an sulphonylurea***. Dapagliflozin should not be used by patients also taking pioglitazone, due to an increased risk of bladder cancer. All three sodium–glucose cotransporter 2 (SGLT 2) inhibitors are licensed as monotherapy if a patient can't use metformin, or in combination with metformin as dual therapy. For more information, see the NICE TA390 and NG28.

Prescribers are reminded of the safety alerts that apply to these medications - click here for details.



Asthma SIGN/BTS guideline – September 2016 Revision

The latest edition of the SIGN/BTS guideline includes a complete revision of the section on diagnosis, a major update to the section on pharmacological management of asthma, and updates to the sections on supported self-management, non-pharmacological management of asthma, acute asthma, difficult asthma, occupational asthma, and organisation and delivery of care. This revision supersedes the October 2014 edition. The full guideline, quick reference guide and supporting material are available from both the BTS and SIGN websites.

Treatment stages for chronic management are no longer referred to as numbered steps. A table shows recommended doses of inhaled steroids for each inhaler by brand. Doses are expressed as very low (generally paediatric dose), low (generally starting dose for adults), medium and high.

NEW Levothyroxine 12.5mcg and 75mcg strengths available

Please be aware that Teva UK have introduced these two new strengths of levothyroxine. These strengths may allow more accurate titration of dose, however please note the 12.5mcg strength costs £15.00 (pack of 28) compared to the 25microgram, 50microgram, 75microgram and 100microgram strengths which range in price per pack between £1.65-£4.00.

The need to prescribe the 12.5microgram strength should be carefully considered and only used where other dosing options are inappropriate.

MHRA clarifies advice on hyperkalaemia risks with spironolactone and renin-angiotensin system drugs in heart failure

In February 2016, the MHRA published a Drug Safety Update on spironolactone and renin-angiotensin system drugs, in response to a coroner's report on a case of fatal hyperkalaemia in a patient with heart failure, diabetes, and chronic renal failure who was being treated with several medicines including spironolactone and a low-dose ACEi.

The MHRA received several queries from health professionals regarding the recommendations in the Update, which has been interpreted as being inconsistent with current clinical guidelines. Amongst them, the British Society of Heart Failure felt the Update's statement that "Concomitant use of spironolactone with ACEi or ARB is not routinely recommended" was incorrect in relation to the treatment of heart failure and reduced left ventricular ejection fraction (HF-REF). They were concerned that the Update could confuse physicians and nurse practitioners, but may also lead to patients being denied life-saving treatment. In light of feedback, the MHRA published a clarification in December regarding their guidance on concomitant use of these medicines in heart failure. After consulting the Commission on Human Medicine's Pharmacovigilance Expert Advisory Group, it acknowledged that a number of readers had interpreted the recommendation in the article to mean that spironolactone should not be used with an angiotensin converting enzyme inhibitor (ACEi) or an angiotensin receptor blocker (ARB), and that the message could be clarified to avoid any confusion.

The guidance now clarifies that concomitant use of spironolactone with ACEi or ARB increases the risk of severe hyperkalaemia, particularly in patients with marked renal impairment, and should be used with caution. The same advice applies for concomitant use of the aldosterone antagonist eplerenone with ACEi or ARB in heart failure.

NICE Bites

December's NICE Bites included a summary of all the NICE guidance that had been covered in NICE bites across the year and also the results of the 2016 user survey. Click here to access this edition

PBMC Corner

Starting in 2017 the PBMC training sessions will become bi-monthly. Confirmed dates so far:
Thu 19th Jan PM & Tue 24th Jan AM
Thu 23rd Mar PM & Tue 28th Mar AM.

Dates for subsequent sessions will be made available on the PBMC webpage when finalised.

Two SOPs will continue to be delivered at each training session and it is important that you attend. The CCG will be writing to practices who still have PBMCs to update on the PBMC provision and the requirements for attendance at training now that there will only be 6 sessions per year.

The New Year would be an ideal time to catch up on any outstanding SOPs, run the antibiotic audit searches and have a good go at the new Overarching Policy Compliance SOP which is now on the website. All the individual schedule 2 Black and Grey list SOPs have been removed from the CCG Practice Hub now they have been incorporated into the overarching SOP which can be found at the top of the list of core procedures.

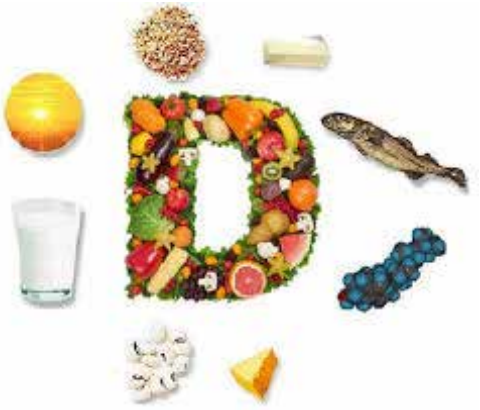
GMMMG publish Statement on Prescribing of Vitamin D following SACN report

In 2010, the Scientific Advisory Committee on Nutrition (SACN) were commissioned by the DoH to review whether the dietary reference values for vitamin D set in 1991 were still appropriate in the context of current lifestyles. In July 2016, they published their final vitamin D and health report:

Since it is difficult to achieve the RNI (Reference Nutrient Intake) /Safe Intake for vitamin D RNI/ Safe Intake from natural food sources alone, it is recommended that the Government gives consideration to strategies for the UK population to achieve the RNI of 10 µg/d (400 IU/d) for those aged 4y and above and for infants and younger children to achieve a Safe Intake in the range 8.5-10 µg/d (340-400 IU/d) at ages 0 to < 1y and 10 µg/d (400 IU/d) at ages 1 to < 4y.

In light of this, GMMMG published a statement on prescribing of Vitamin D which recommends the prescription of Vitamin D at NHS expense only in the following circumstances:

- Proven deficiency but not insufficiency nor provision of maintenances doses after treatment of deficiency.
- Prescribing of calcium and Vitamin D supplements to patients with and at risk of osteoporosis and in conjunction with bisphosphonates.



GMMMG further recommends:

- GMMMG recommends that persons seeking to achieve a daily intake (RNI) of 400units (10mcg) daily are recommended to purchase a dietary supplement containing this amount of Vitamin D. These products are inexpensive and widely available
- The elderly and people who are not exposed to much sun (e.g. those who cover their skin for cultural reasons, who are housebound or who are confined indoors for long periods) should follow NHS Choices advice on getting Vitamin D from sunlight and dietary sources. These patients may also wish to buy supplements if they are unable to act on the advice NHS choices provides.
- GMMMG recommends that all pregnant and breast feeding mothers and the very young access Healthy Start vitamins.

Prednisolone 5mg/5ml oral solution unit dose vials (UDVs)

A reminder that a better value alternative to prednisolone soluble tablets is available. It is licensed for use in children and adults (for doses up to 30mg per day) and has a honey and vanilla/ cream flavour to aid taste compliance. Stock is currently available through wholesalers for community pharmacies to order.

Cost to treat 20kg child with 20mg OD x 3 days
soluble tab 5mg £21.39
oral soln UDV 5mg/5ml £13.69
plain tab 5mg £0.37

Optimise Rx also suggests the product as an alternative and it is listed on EMIS. Please be aware when selecting from the drop down menu on EMIS that a higher strength preparation is listed before the 5mg/5ml UDVs several lines below.

The SPC lists the product by its registered name: Prednisolone Dompé 1.0 mg/ml oral solution on the electronic Medicines Compendium (eMC).

If you are having difficulty obtaining the licensed product, plain prednisolone tablets will dissolve in water if required.