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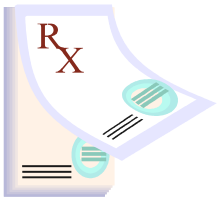
Prescribing Hints & Tips



Number 31 April 2014

Welcome to Prescribing Hints & Tips.

This newsletter is written by your Primary Care Prescribing Team. We aim to highlight news and issues from both public and professional media that may affect your prescribing.

The first page provides a summary of each article and describes action that you may want to take. For further information read the full article later in the newsletter.

Prescribing Hints & Tips will be published every 3 months. We would value your views on this newsletter. Please send all comments relating to this edition to Dawn.Gajree@nottinghamwestccg.nhs.uk.

The Nottinghamshire Joint Formulary has gone public! The website has moved to:

www.nottinghamshireformulary.nhs.uk

The Nottinghamshire Emollient formulary is available here.

Summary of Contents and Actions

BNF UPDATE Oral doses of amoxicillin and ampicillin for children

The recommended oral doses of amoxicillin and ampicillin for children have been updated to take account of changes made to the amoxicillin product information across Europe, and to address concerns that children may have been receiving inadequate doses. Local guidelines are currently being updated—see BNF for further details

Child	New AMOXICILLIN DOSE		New AMPICILLIN DOSE	
	Every 8 hours	Max every 8 hours	Every 6 hours	Max every 6 hours
1month- 1yr	125mg	30mg/kg	125mg	30mg/kg
1-5 years	250mg	30mg/kg	250mg	30mg/kg
5-12 years	500mg	30mg/kg (Max 1g)	500mg	30mg/kg (Max 1g)
12-18 years	500mg	1g	500mg	1g

MHRA Safety Warnings

New Advice on Strontium Ranelate : Cardiovascular risk—restricted indication and new monitoring requirements

The European Medicines Agency (EMA) has concluded its review of the risks and benefits of strontium ranelate (Protelos®). The EMA considered that strontium ranelate should only be used by people for whom there are no other treatments for osteoporosis. The cardiovascular risks identified with strontium ranelate may be sufficiently reduced in this population by restricting its use to people without cardiovascular contraindications (as advised in April 2013—see below) and by monitoring cardiovascular risk regularly.

Advice for healthcare professionals:

- Strontium ranelate is now restricted to the treatment of severe osteoporosis in postmenopausal women and adult men at high risk of fracture who cannot use other osteoporosis treatments due to, for example, contraindications or intolerance
- Treatment should only be started by a physician with experience in the treatment of osteoporosis
- The risk of developing cardiovascular disease should be assessed before starting treatment. Treatment should not be started in people who have or have had:
    - ischaemic heart disease
    - peripheral arterial disease
    - cerebrovascular disease
    - uncontrolled hypertension
- Cardiovascular risk should be monitored every 6–12 months
- Treatment should be stopped if the individual develops ischaemic heart disease, peripheral arterial disease, or cerebrovascular disease, or if hypertension is uncontrolled

Formulary status : Amber 2 (specialist recommendation) for osteoporosis if unsatisfactory response, intolerant, contra-indicated or physically unable to comply with oral bisphosphonates

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Combined Hormonal Contraceptives (CHC) and Venous Thromboembolism (VTE)

A review of the latest evidence on the risk of thromboembolism in association with combined hormonal contraceptives has concluded that:

- The risk of blood clots with all low-dose CHCs (ethinylestradiol <50 micrograms) is small
- There is good evidence that the risk may vary between products depending on the type of progestogen
- CHC's that contain levonorgestrel, norethisterone or norgestimate have the lowest risk
- The benefits of any CHC far outweigh the risk of serious side-effects
- Prescribers and women should be aware of the major risks for thromboembolism, and of the key signs and symptoms

A prescribing checklist (Annex 2) has been made available by the Department of Health for use during a CHC consultation.
It specifies

A) the conditions that contraindicate the use of a CHC
B) the factors that increase a woman's risk (such as older age, obesity, prolonged immobilisation, surgery, personal history of thromboembolism, smoking etc)
C) reminds prescribers that the presence of more than one risk factor may constitute a contra-indication

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Cost effective prescribing of Oral Contraceptive Pills (OCP's)

A number of "me too" OCP's have recently become available at lower costs than the original branded products. See Appendix 1 for table

Practices undertaking work in this area are asked to liaise with community pharmacists in advance. This will help pharmacies to deal with any patient queries and adjust their stock levels accordingly.

Intermittent Shortages of Valsartan Formulations

Several suppliers are experiencing intermittent supply issues with valsartan products.
This may last for several months and the situation may change from week-to-week.
In the event of valsartan formulations not being available, clinicians are advised to consider substitution with an appropriate alternative.

Management Options
Of the seven other Angiotensin-II Receptor Antagonist's (A2RA's) on the UK market, losartan and candesartan are the only ones licensed for the treatment of both hypertension and heart failure.

- The licensed dose for losartan ranges from 12.5mg to 100mg for hypertension and to 150mg for heart failure, given as a once daily dose.
- For candesartan, the licensed dose ranges from 4mg to 32mg given as a once daily dose.

Information on dose equivalence of A2RA's is not available, so when changing a patient from one A2RA to another, the dosing range within which the dose falls should be taken into account (ie bottom, middle or top of the dosing range).

A2RA	Approximate dose conversions*			
Valsartan	40mg DAILY §	80mg DAILY §	160mg DAILY §	320mg DAILY §
Candesartan	4mg OD	8mg OD	16mg OD	16mg OD to 32mg OD
Losartan	25mg OD	50mg OD	100mg OD	-----

§ Dose may be given as two divided doses depending on indication

***Dose equivalences are approximate and individual responses may vary so blood pressure should be monitored following the switch and dosing adjusted accordingly, if needed**[1]
Patients on a twice daily dosing regimen of valsartan will need to be advised of a change to a once daily regimen on switching to an alternative A2RA, to reduce the risk of a dosing error.

Formulary status of Valsartan : GREY (Non-Formulary) so presents opportunity for review

It should be noted that valsartan is the only A2RA licensed for use in the post MI setting and specialist advice should be sought if an alternative A2RA is required.

Ref : Therapeutic Research Center. Angiotensin Receptor Blocker (ARB) Antihypertensive Dose Comparison (Full update February 2012) Prescriber's Letter 2012; 28 (3) : 280322

Safety Needles Common Questions Answered —EU Council Directive 2010/32/EU[1]

Why — to reduce the risk of needlestick injuries
When — for patients on insulin that is being administered by a healthcare professional
What — see table below for examples of needles which incorporate automatic safety locks
How — see table below for tips for finding on clinical systems

Name	Cost / 100	Size / weight	Prescribable on SystmOne®	Prescribable on EMIS Web, LV	Compatible with
BD Autoshield Duo	£30.08	5mm / 30gauge	Yes - type in BD(space)A	Yes - prescribe as brand	All diabetic pens[2]
NovoFine Auto-cover	£22.28	8mm / 30gauge	Yes - prescribe as brand	Yes - prescribe as brand	All Novo Nordisk diabetes pens; all major insulin devices[3]
Mylife Clickfine AutoProtect	£19.00	8mm / 29gauge	Yes - prescribe as brand	Yes - prescribe as brand	See company website for de-tails

Ref:
1. http://www.hse.gov.uk/healthservies/needlesticks/eu-directive.htm
2. http://www.bd.com/uk/diabetes/page.aspx?cat=14153&id=63715 accessed 28th Jan, 2014
3. http://novonordisk.com/diabetes/public/needles/novofine_autocover/integration-compatibility/default.asp accessed 28th Jan, 2014
4. http://www.mylife-diabetescare.co.uk/mylife-clickfine-autoprotect-overview.html accessed 28th Jan, 2014

Asthma : Combination inhaler initiation and steroid dose

The British guideline on the management of asthma advocates a stepwise approach for the treatment of asthma.[1] If asthma is not adequately controlled with an inhaled corticosteroid (ICS) alone (at step 2), add-on therapy may be needed (step 3)

A retrospective database analysis of 685 people with asthma in 46 general practice surgeries in Scotland found initiating combination ICS plus long-acting beta-2 agonist (LABA) therapy resulted in widespread increases in ICS dose.[2]

Doses of ICS in both single-agent and combination inhalers were obtained from prescription records and standardised to beclometasone dipropionate (BDP) equivalents. Initiation of combination inhaler therapy resulted in an overall mean increase in ICS dose of 354 micrograms BDP equivalent per day (95% confidence interval 302-407 micrograms; p<0.001). This represented an increase from a mean of 677 micrograms per day to 1043 micrograms per day, an increase of about 50% in relative terms.

The widespread use of high-dose combination inhalers in this study raises a concern that people with asthma may be receiving a higher dose of ICS than is needed when these combination inhalers are initiated. There is also a concern that people could remain on these high doses long-term if they are not reviewed regularly and their treatment stepped down where possible, putting patients at an increased risk of local and systemic adverse effects with little gain in asthma control.

Local guidance – The Nottinghamshire Adult Asthma Treatment Summary[3] now recommends Fostair® and Flutiform 50/5® as 1st and 2nd choice combination MDI's respectively at step 3 of the summary, with Symbicort 200/6® as the dry powder option.

Fostair's beclometasone component is considered twice as potent as Clenil®

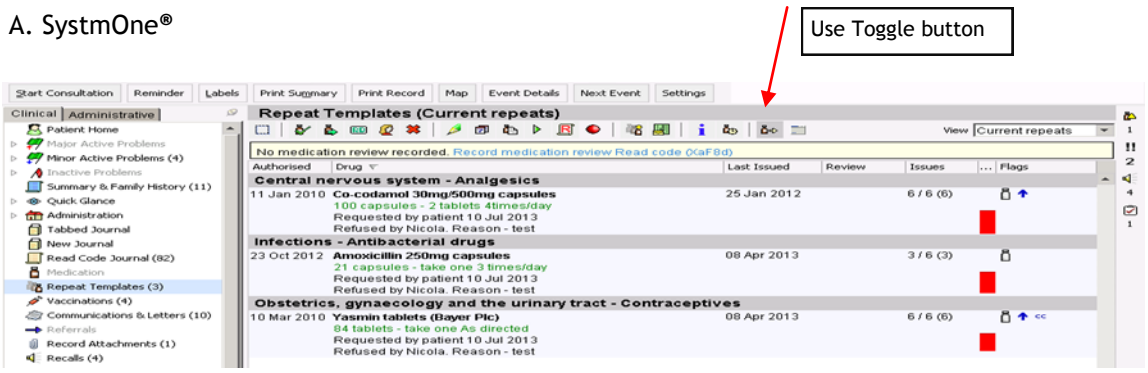
so when stepping up from Clenil® 100 2 puffs twice daily (step 2) to Fostair® 100/6 **1 puff twice daily** should be prescribed.

Ref:
1 British Thoracic Society and Scottish Intercollegiate Guidelines Network (2012) British guideline on the management of asthma. SIGN guideline 101 NICE accredited
2 Covvey JR, Johnston BF, Woof F et al (2014) Changes to inhaled corticosteroid dose when initiating combination inhaler therapy in long-acting Beta agonist-naïve patients with asthma : a retrospective database analysis. Thorax doi:10.1136/thoraxjnl-2013-204944
3 The Nottinghamshire Adult Asthma Treatment Summary [accessed online 07/04/14] via http://www.nottsapc.nhs.uk/attachments/article/3/Notts%20APC%20Asthma%20guideline%202013.pdf

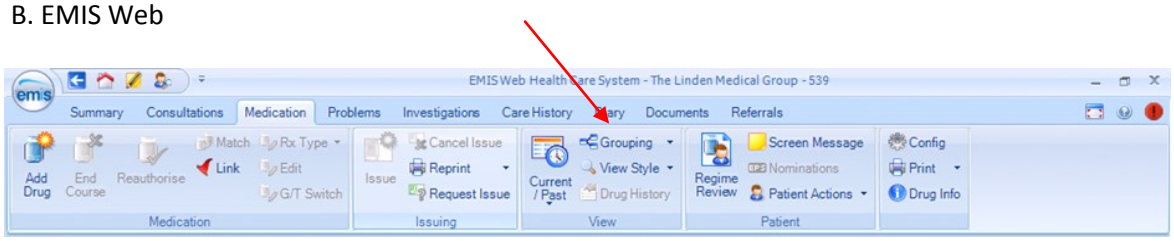
Drug Grouping on EMIS Web and SystmOne®

See below for how to group medicines into BNF chapters eg list all cardiovascular meds together. May find useful for medication reviews

A. SystmOne®



B. EMIS Web



APPENDIX 1

Cost Effective Prescribing of Oral Contraceptive Pills (OCPs)
A number of 'me too' OCPs have become available recently at lower cost than the original branded product. Although the saving on a single prescription is small, volume is high and therefore prescribers have the opportunity to manage prescribing costs and still provide patients with the consistency of a branded product.
The table below shows some of the alternatives available but it is not exhaustive.
The costs shown are for 3 cycles, products in bold italics are listed on the Nottinghamshire Joint Formulary available at www.nottinghamshireformulary.nhs.uk

Generic	Drug Tariff Cost	Original Brand	Cost	Alternative Brands	Cost
Ethinylestradiol 20 micrograms/ Desogestrel 150 micrograms	n/a	***Mercilon®***	£7.67	***Gedarel® 20/150***	£5.98
Ethinylestradiol 20 micrograms/ Gestodene 75 micrograms	n/a	***Femodette®***	£8.85	***Millinette® 20/75***	£6.37
				Sunya 20/75®	£6.62
Ethinylestradiol 30 micrograms/ Desogestrel 150 micrograms	n/a	***Marvelon®***	£6.45	***Gedarel® 30/150***	£4.93
Ethinylestradiol 30 micrograms/ Gestodene 75 micrograms	n/a	***Femodene®***	£6.73	***Millinette® 30/75***	£4.85
				Katya 30/75®	£5.03
Ethinylestradiol 30 micrograms/ Levonorgestrel 150 micrograms	£2.82	***Microgynon 30®***	£2.82	Levest®	£1.80
				Rigevidon®	£1.89
				Ovranette®	£2.20
Ethinylestradiol 30/40/30 micrograms Levonorgestrel 50/75/125micrograms	n/a	***Logynon®***	£3.82	***TriRegol®***	£2.87
Ethinylestradiol 35 mcg / norgestimate 250 mcg		***Cilest®***	£7.16	Lizzina®	£5.37
Desogestrel 75 micrograms	£3.91	***Cerazette®***	£8.68	***Cerelle®***	£4.30
				Zelleta®	£3.51