June 2018

# Nostrum

*A newsletter from the Prescribing Support Team, NHS Dumfries and Galloway*

**In this edition**:



## LES 2018/19 Summary

This will be a rolling programme designed to support clinical review across a number of therapeutic areas. Each practice will choose 3 areas to review with at least one of the areas reflecting national quality prescribing strategies and national therapeutic indicators which cover respiratory, diabetes, chronic pain and antibiotic prescribing.

**Respiratory**

- Review patients aged 12 or under prescribed high dose inhaled corticosteroids
- Review COPD patients on LAMA, LABA and ICS therapy (triple therapy)
- Review asthma patients who are ordering 12 or more salbutamol inhalers in 12 months

**Diabetes**

- Review patients over 75 years on sulphonylureas
- Review patients who are treated with DPP-4 inhibitor and have failed to reach their HbA1c target
- Review patients who have a HbA1c <48mmol/mol, with a view to step down treatment

**Chronic Pain**

- Review patients on a combination of Step 2 and Step 3 opiates
- Review patients on >120mg morphine equivalent daily dose
- Review patients that have been on an opiate for >2 years

**Antibiotic Prescribing**

- Undertake the Scottish Reduction in Antimicrobial Prescribing Programme
- Undertake the SAPG retrospective UTI audit
- Review patients receiving prophylactic antibiotic treatment for recurrent UTI & patients receiving "just in case" antibiotics for the treatment of COPD exacerbations

**Review anticholinergic drugs**

**Review HRT prescribing**

**Review patients prescribed DMARD's and bisphosphonates for> 5 years**

For more information, please see your Prescribing Support Pharmacist.

## Vitamin D Prescribing

As part of our on-going primary & secondary care cost effective prescribing programme, the Prescribing Support Team were asked by the ADTC, to investigate an increased spend on Vitamin D.

Patients not being treated for bone health related outcomes i.e. not covered by our existing Vitamin D guidance should be encouraged to self fund taking a supplement of 400ius during the winter months if they are felt to be at risk of deficiency, Guidance for GPs and patients will be launched over the summer on who should consider self funding vitamin D supplementation. Dietary vitamin D will only account for 10-15% of the requirement therefore the guidance includes advice on safe sun exposure.

**Groups eligible for Vitamin D**

- **Patients with osteoporosis**
- **Incident of low trauma fracture**
- **eGFR<30 if calcium is low of PTH high**
- **confirmed hypocalcaemia**
- **patients on drug treatments that increase risk of deficiency or where deficiency requires treatment prior to initiation of drug**
- **severe movement disorders***
- **malabsorption syndromes***
- **anorexia nervosa***

* under specialist services

## Gabapentin - prescribing reminder

Ensure that gabapentin is being prescribed at an appropriate place in therapy for neuropathic pain. Gabapentin (and pregabalin) have the potential to be abused by individuals with a history of substance abuse (particularly when prescribed with opiates) and prescribing should be reviewed in light of this. Patients' beliefs and perceptions of the pain and its cause, coping strategies, mood changes, disturbed sleep, and anxiety also may need to be addressed. For all indications a titration scheme for the initiation of gabapentin should be used.

- Day 1 : 300mg once a day
- Day 2: 300mg 2x daily
- Day 3: 300mg 3x daily

Gabapentin can then be further increased in 300 mg/day increments every 2-3 days up to a maximum dose of 3600 mg/day. Slower titration of gabapentin dosage may be appropriate for individual patients. The minimum time to reach a dose of 1800 mg/day is one week, to reach 2400 mg/day is a total of 2 weeks, and to reach 3600 mg/day is a total of 3 weeks. Once the dose is titrated it may take up to 2 months for the full effect to be realised. Review treatment eight weeks after initiation and discontinue if ineffective (withdrawal from treatment should be gradual).

Gabapentin may be discontinued gradually over a minimum of 1 week

For more information see: https://www.medicines.org.uk

## Specific drug issues

### Testogel® – out of stock

Testogel® 50mg/5ml is currentlyout of stock, please replace with Tostran® gel. Tostran® gel delivers 10mg/dose via pump.

### Spiolto® Respimat

Please ensure that all COPD patients prescribed a Spiolto® Respimat have the correct dose prescribed;
**2 puffs once daily**.
Spiolto® Respimat is a combined LAMA/LABA (tiotopium/olodaterol) and is licensed for the maintenance treatment of COPD where there is persistent breathlessness or exacerbations.
For more information see prescribing matters website
http://www.dgprescribingmatters.co.uk/document-categories.asp?doccategoryID=6&subcategory=Respiratory

### Sukkarto SR 500mg tablets

Sukkarto SR 500mg tablets are the current brand of metformin SR that is being prescribed in primary care.

### Similar names – quinine and quinidine sulphate 200mg tablets

When prescribing quinine sulphate 200mg for night cramps, be careful not to choose the similarly named quinidine also 200mg sulphate but a class I anti-arrhythmic agent.

## Summary of the latest Scottish Medicines Consortium decisions; for full advice see: www.scottishmedicines.org.uk

**Accepted and available from a specialist center**

**avelumab 20mg/mL concentrate for solution for infusion** (Bavencio®) SMC No 1315/18 Merck Serono Europe Limited/Pfizer: As monotherapy for the treatment of adult patients with metastatic Merkel cell carcinoma (mMCC)

**nusinersen 12mg solution for injection (Spinraza®)** SMC No 1318/18 Biogen Idec Ltd; for the treatment of 5q spinal muscular atrophy (SMA). SMC restriction: patients with symptomatic type 1 SMA (infantile onset)). ACCEPTED RESTRICTED WITH PAS

**regorafenib 40mg film-coated tablets (Stivarga®) SMC No 1316/18 Bayer plc;** as monotherapy for the treatment of adult patients with hepatocellular carcinoma who have been previously treated with sorafenib. ACCEPTED WITH PAS

**selexipag, 200 microgram, 400microgram, 600 microgram, 800microgram, 1,000 microgram, 1,200microgram, 1,400 microgram, 1,600 microgram film-coated tablets (Uptravi®)** SMC No. 1235/17; For the long-term treatment of pulmonary arterial hypertension (PAH) in adult patients with WHO functional class (FC) II to III, either as combination therapy in patients insufficiently controlled with an endothelin receptor antagonist (ERA) and/or a phosphodiesterase type 5 (PDE-5) inhibitor, or as monotherapy in patients who are not candidates for these therapies 3 26th April 2018 Actelion Pharmaceuticals Ltd SMC restriction: combination therapy in a sub-population of patients with PAH specifically those in WHO FC III who are insufficiently controlled with an ERA and a PDE-5 inhibitor and who would be considered for treatment with inhaled iloprost. ACCEPTED RESTRICTED WITH PAS

**icatibant acetate, 30mg, solution for injection in pre-filled syringe (Firazyr®)** SMC No 1332/18 Shire Human Genetic Therapies; symptomatic treatment of acute attacks of hereditary angioedema (HAE) in adolescents and children aged 2 years and older, with C1-esterase-inhibitor deficiency ACCEPTED WITH PAS

**Not routinely available as local implementation plans are being developed or the ADTC is waiting for further advice from local clinical experts**

**brodalumab 210mg solution for injection in pre-filled syringe (Kyntheum®) SMC No 1283/17 Leo Laboratories Ltd**: for the treatment of moderate to severe plaque psoriasis in adult patients who are candidates for systemic therapy. SMC restriction: for patients who have failed to respond to standard systemic therapies (including ciclosporin, methotrexate and phototherapy), are intolerant to, or have a contra-indication to these treatments. ACCEPTED RESTRICTED WITH PAS

**Not recommended**

**brentuximab vedotin 50mg powder for concentrate for solution for infusion (Adcetris ®) SMC2085 Takeda UK Ltd SMC2085 Takeda UK Ltd**; Treatment of adult patients with CD30+ Hodgkin lymphoma at increased risk of relapse or progression following autologous stem cell transplant

**naltrexone hydrochloride / bupropion hydrochloride 8mg / 90mg prolonged-release tablets (Mysimba®) SMC2086 Orexigen Therapeutics Ireland Limited * SMC2086 Orexigen Therapeutics Ireland Limited**; As an adjunct to a reduced-calorie diet and increased physical activity, for the management of weight in adult patients (≥18 years) with an initial Body Mass Index (BMI) of * ≥ 30 kg/m² (obese), or * ≥ 27 kg/m² to < 30 kg/m² (overweight) in the presence of one or more weight-related co-morbidities (e.g., type 2 diabetes, dyslipidaemia, or controlled hypertension).


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