NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

NOVEMBER 2013

1. **Top Ten Tips for general practice when managing patients with multiple health concerns**
   From Profs Bruce Guthrie and Stuart Mercer Link

2. **Testosterone gel**
   Over 50% of prescriptions for testosterone in primary care are for topical agents. Use of these agents reduces the burden on general practice nurses administering injectable formulations. The DPC has agreed that testosterone preparations should be classified as 'amber' and a reminder issued to prescribers that they should only be prescribed in patients with proven hypogonadism with proven testosterone deficiency.

3. **Tiotropium Respimat Inhaler and the risk of death in COPD**
   Random Controlled Study in New England Journal of Medicine (n=17,135) found that tiotropium Respimat was non-inferior to tiotropium HandiHaler for risk of death (hazard ratio 0.96 [95% CI 0.84 to 1.09] for 5mcg and 1.00 [0.87 to 1.14] for 2.5mcg) and not superior to HandiHaler for risk of first COPD exacerbation.
   Link

4. **Dapoxetine**
   Dapoxetine (brand name Priligy) is an SSRI that has recently been licensed for the treatment of premature ejaculation.

   There are a number of criteria that patients need to meet in order to be eligible for treatment. In addition there are some significant contraindications and drug interactions that must be considered.

   Dapoxetine is due to be fully evaluated by the Basingstoke, Southampton & Winchester DPC in December when a recommendation will be made to guide local prescribing. Prescribers are advised to await this evaluation before commencing any patients on treatment.

5. Risk of serious haemorrhage with all three new oral anticoagulants (dabigatran, apixaban and rivaroxaban)
MHRA Drug Safety Update October 2013 Link

6. Anticoagulants in surgery and dental treatment
Clinical Knowledge Summaries website giving useful advice for management of surgery and dental treatment in patients prescribed oral anticoagulants. Link

7. Change in prescribing guidance for drugs for the treatment of erectile dysfunction from October 1st 2013
The Department of Health has issued amended regulations for the prescribing of drugs normally indicated for the treatment of erectile dysfunction, The new regulations remove reference to brand names and now cover all presentations of the active ingredient, regardless of whether a branded or generic prescription is being dispensed. This also covers all formulations of a drug.

Secondly, clarification is given that any of the drugs listed for the treatment of erectile dysfunction may also be prescribed for the treatment of other medical conditions, if it is considered an appropriate treatment for that condition. If a medicine is prescribed for the treatment of conditions other than erectile dysfunction, they must still be endorsed SLS, and they will then be paid by NHS Prescription Services. **However** the local joint formulary may not include use of these drugs for other medical conditions. For example **Tadalafil** does not currently appear on the formulary for the treatment of benign prostatic hyperplasia (BPH) Link

8. Prescribing for patients in care homes
A number of practices have been asked by care home managers to amend patients' medicines regimens from variable dosage (e.g. one or two tablets) to a fixed dosage and change 'as required' instructions to a regular administration. Clearly the prescriber is responsible for deciding the appropriate regimen for the patient and should prescribe accordingly (including the use of variable dosage and 'as required' as clinically appropriate). It is for the care home to administer (or support the patient to self-administer) in line with the prescriber's instructions and to accurately record what was administered. There is no requirement under CQC for their patients to have fixed dosages when this is not in the patient's best interest.

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