NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

SEPTEMBER 2013

1. Prescribing requests for Abiraterone

NICE guidance (June 2012) recommends abiraterone for castration-resistant metastatic prostate cancer previously treated with a docetaxel-containing regimen. It is classified as a **red drug** by the district prescribing committee and has only been recommended by NICE as part of a 'patient access scheme'. GPs should not therefore take on prescribing responsibility for abiraterone and prescribing should remain with the specialist.

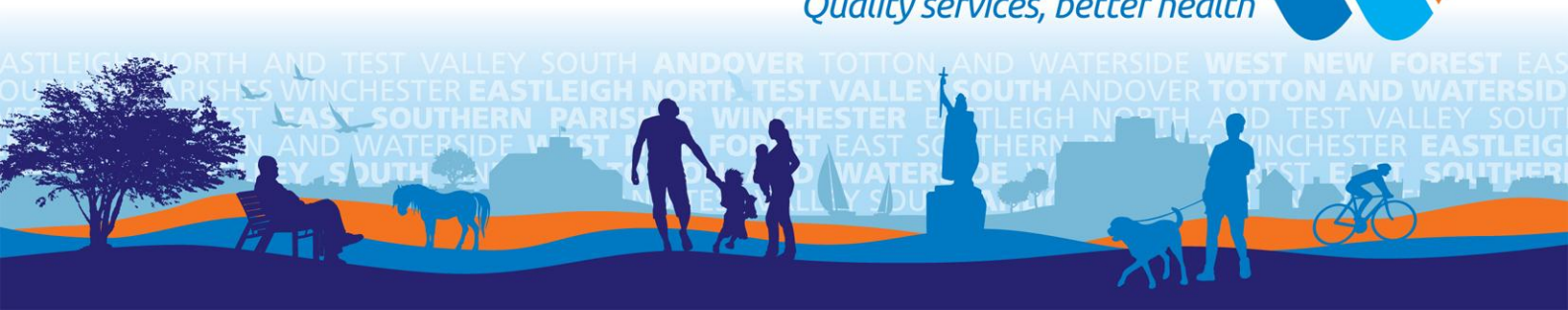
2. Safety messages from DPC Medicines Safety Subgroup

Updates for Strontium and Denosumab Prescribing

Strontium

Recent changes in the license for strontium ranelate have meant that it will now be contra-indicated in many patients. This update contains specialist advice on how to manage those affected. (See summary below of license changes).

- ***Indication –*** restricted to treatment of **severe** osteoporosis
  (defined as T score at least -2.5, plus fragility fracture)
- ***Cardiovascular Risks Factors -***
  Contra-indicated in patients with a current or past history of ischaemic heart disease, peripheral arterial disease, cerebrovascular disease or uncontrolled hypertension. Assess individual patient's risk before and during treatment. Patients with significant risk factors for cardiovascular events (e.g. hypertension, hyperlipidaemia, diabetes mellitus and smoking) should only be treated after careful consideration.
- ***Thrombo-embolism risks –***
  Contra-indicated in patients with current / previous thromboembolic events including deep vein thrombosis and pulmonary embolism, and in patients who are temporarily or permanently immobile.



How to manage patients currently prescribed Strontium but now have contra-indications to therapy.

1) Consult local osteoporosis management algorithm and prescribe alendronate or risedronate if there are no contra-indications.
2) If patient is unable to take a bisphosphonate, GPs may initiate denosumab therapy without referral, if confident to do so, or following telephone advice from a specialist.
   (N.B. denosumab is currently an amber drug, however local osteoporosis management guidance states a GP can initiate therapy if confident to do so, in line with local guidance including the shared care guideline).

Refer patient to rheumatology outpatients if denosumab cannot be initiated by the GP. There may be a delay of at least 3 – 4 months due to an expected increase in referrals to this service.

Denosumab

Current local osteoporosis management guidance recommends that the duration of denosumab therapy should be up to three years in the first instance. The following specialist advice has been provided for the on-going care of these patients after three years therapy.

How to manage patients after three years denosumab therapy

After three years treatment, therapy must be reviewed by the GP. This may include DXA, FRAX® assessment, frailty / falls assessment, etc.
If fracture risk is high, consider prescribing for another year then review again. Be aware of the potential for atypical sub trochanteric fragility fractures as with other long term bisphosphonate anti-resorptive therapy.

If no recent fractures or vertebral fractures, and risk assessment is low, then consider a 'drug holiday' but ensure patient is calcium and vitamin D replete

(Strontium and Denosumab guidance written by Kathleen Hayes, Pharmacist, Medicines Management Team, Solent NHS Trust, and Dr Gill Pearson, Associate Specialist in Rheumatology, University Hospital Southampton NHS Foundation Trust.
Approved by Basingstoke, Winchester and Southampton District Prescribing Committee August 2013)

3. Fentanyl and SSRI warning

A warning letter to health professionals from Janssen about the possibility of potentially life-threatening serotonin syndrome when fentanyl-containing products are administered with SSRI's, SNRI's or MAOI's
Link

4. Risperidone and agranulocytosis

Section 4.4 of the SPC has been updated. Agranulocytosis has been reported very rarely. Patients with a clinically low white blood cell count should be monitored for the first few months of therapy. Therapy should be stopped at the first sign of a decline in WBC in the absence of other causes.

5. Costs of Temazepam and Senna tablets

Recent significant rises in the costs of senna and temazepam tablets mean savings can be made by considering alternative therapies for new patients. For temazepam this would be zopiclone. An alternative stimulant laxative to senna would be bisacodyl.

Drug	Cost*
Temazepam tabs 10mg x 28	£27.08
Temazepam tabs 20mg x 28	£26.33
Zopiclone tabs 3.75mg x 28	£1.48
Zopiclone tabs 7.5mg x 28	£1.42
Senna tabs x60	£12.01
Bisacodyl tabs 5mg x100	£3.43

6. Amendments to the Wound Formulary Handbook February 2013

Cumulative amendments to the Basingstoke, Southampton and Winchester District Prescribing Committee and Portsmouth and South East Hampshire Area Prescribing Committee Wound Formulary are available.
Products added include Medihoney Antibacterial Wound Gel and Medihoney antibacterial honey apinate dressing.
Cavilon durable Barrier Cream is replaced by Cavilon Barrier Film and all Profore multilayer compression products in the formulary are latex free.

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