

# Medicines Optimisation news headlines

MAY 2013

**1. Updated wound formulary**

Hampshire tissue viability teams have organised wound formulary launch events for nurses throughout April and May in locations across the CCG. The Medicines Management Team will have further copies of the wound formulary available for those practices unable to attend.

**2. Strontium ranelate (Protelos)**

A review of available safety data for strontium has raised concerns about its cardiovascular safety beyond the already recognised risk of venous thromboembolism. There are now restricted indications, new contraindications, and warnings. The Basingstoke, Southampton and Winchester Osteoporosis Guidelines are being updated to reflect these changes.

[Link](#)

**3. Fatal arrhythmias - medicines and the QT interval**

The article below is a useful reminder for healthcare professionals of the potential for some medicines to affect the QT interval and cause serious cardiac arrhythmias, which could lead to sudden death.

[Link](#)

**4. Medicines Formulary**

West Hampshire CCG currently collaborates with University Hospital Southampton and Southampton City CCG to maintain a local joint formulary. This is available at:

[Link](#)

In addition a West Hampshire Primary Care Prescribing Formulary is currently in development.

**5. National MMR vaccination catch-up programme announced in response to an increase in measles cases**

[Link](#)

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## 6. **Metoclopramide**

The Summary of Product Characteristics for metoclopramide now recommends that metoclopramide should only be used in adults over the age of 20 years. Use in the paediatric population is no longer recommended.

[Link](#)

## 7. **Dymista – new combined nasal spray for hayfever**

This new product (containing azelastine and fluticasone) has just been launched. It is significantly more expensive than alternatives (including prescribing the active ingredients separately). The District Prescribing Committee has issued the following interim recommendation:

The DPC has not received a request to review Dymista. Given the alternatives already available and the lower acquisition costs of prescribing beclometasone nasal spray along with azelastine nasal spray, when indicated, advice from the DPC secretary and chair would be that a case for Dymista use would need to be considered by the DPC before supporting its use.

## 8. **Time to say goodbye to Minocycline?**

If an oral antibiotic is needed for treatment of acne

- There is no clear evidence that minocycline is more effective than other oral tetracyclines.
- Minocycline may be associated with a broader spectrum and higher incidence of adverse drug reactions. Serious specific reactions include single organ dysfunction, autoimmune disorders and hypersensitivity reactions.
- Minocycline is more expensive than other once-daily preparations.

In the SHIP Guidelines for Antibiotic Prescribing in the Community 2012, the treatment choices for acne are oxytetracycline or doxycycline.

9. The summary of the latest District Prescribing Committee recommendations is below. In addition the DPC has supported the use locally of ingenol (Picato) - a new agent for actinic keratosis.

Guidelines and Medicines Optimisation advice is available on Pages4PrimaryCare at [www.hampshire.nhs.uk/primary-care](http://www.hampshire.nhs.uk/primary-care)

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## **Basingstoke, Southampton and Winchester District Prescribing Committee (DPC)**

**Recommendations of the meeting of 16 April 2013**

### **Supported or limited support, e.g. specialist recommendation/initiation**

- **Linagliptin** – The Committee supported the availability locally of this ‘gliptin’. For patients with renal impairment no dose adjustment is required.
- **Lixisenatide** – The Committee supported the availability of this once daily injectable GLP-1 mimetic. It is less expensive than exenatide (twice daily and once weekly) and liraglutide (once daily). The Committee recommended that prescribers give consideration to using lixisenatide as first choice GLP-1 mimetic in new patients.
- **Insulin Degludec** – The Committee supported the use of this ultra long insulin analogue in patients with problematic type 1 diabetes. The insulin should be initiated and stabilised by a specialist and is therefore classified as ‘Amber’.
- **Mirabegron for the treatment of over active bladder** – The Committee supported the availability of this new agent in line with the draft NICE guidance; Mirabegron is recommended as an option for treating the symptoms of overactive bladder only for people in whom antimuscarinic drugs are contraindicated or clinically ineffective, or have unacceptable side effects. Until final guidance from NICE is available the Committee recommended that mirabegron should be specialist initiated or recommended (i.e. ‘Amber’) and the specialist should advise the patient and GP of the side effect profile of this new agent.
- **Apixaban** – NICE has supported this third newer oral anticoagulant as an option in the prevention of stroke in people with AF (alongside warfarin, dabigatran and rivaroxaban). The local decision aid is currently being updated so as to include apixaban.

### **Not Supported currently**

- **Dapagliflozin for the treatment of type 2 diabetes** – pending final NICE guidance the Committee does not support the routine use of this new agent; however the Committee acknowledged that it may have a place in a small number of patients. Such treatment should be initiated or recommended by a specialist and provide the patient and GP with details of possible side effects and cautions.
- **SportVis (sodium hyaluronate injection)** – The Committee did not support the use of this peri articular injection locally.

### **Information / Reminders / Updates/ Safety Messages / NICE**

- **Updated osteoporosis guidelines and denosumab shared care guidelines** were approved by the Committee. The Committee recommended that denosumab should remain as ‘Amber’.
- **Naltrexone oral tablets for maintaining alcohol abstinence shared care guidelines** were approved by the Committee.
- **Updated Wound Formulary** -The updated Wound Formulary is currently being distributed to practice nurses, community nurses and nursing homes.

**Summarised on behalf of the District Prescribing Committee  
Neil Hardy (West Hampshire CCG) 28.4.13**

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