

# Medicines Optimisation news headlines

## JUNE 2014

### 1. Just in case you missed it:

**NICE Clinical Guideline 180 for Atrial Fibrillation** was published on the 18 June, replacing Atrial Fibrillation CG36. The main points of the interventions to prevent stroke from a prescribing perspective are:

- Use the CHA2DS2-VASc stroke risk score to assess stroke risk
- Use the HAS-BLED score to assess the risk of bleeding in people who are starting or have started anticoagulation (i.e. not as a means of deciding whether or not to anticoagulate). Offer modification and monitoring of modifiable risk factors for bleeding (uncontrolled hypertension, labile INR's, concurrent medication with aspirin or a NSAID, harmful alcohol consumption)
- Do not offer stroke prevention therapy to people aged 65 years with atrial fibrillation and no risk factors other than their sex (equating to a CHA2DS2-VASc score of 0 for men or 1 for women) i.e. nothing is preferred to aspirin in these patients who may have been previously given antiplatelet therapy).
- Offer anticoagulation to people with a CHA2DS2-VASc score of 2 or above and consider anticoagulation for men with a CHA2DS2-VASc score of 1, taking bleeding risk into account.
- Do not withhold anticoagulation solely because the person is at risk of having a fall.
- Anticoagulation may be with a vitamin K antagonist such as warfarin or with apixaban, dabigatran or rivaroxaban. Discuss the options for anticoagulation with the person and base the choice on their clinical features and preferences. See the local anticoagulant decision aid:  
[http://www.westhampshireccg.nhs.uk/documents/doc\\_view/678-anticoagulantdecisionaidupdated-oct-2013](http://www.westhampshireccg.nhs.uk/documents/doc_view/678-anticoagulantdecisionaidupdated-oct-2013)
- Review anticoagulation at least annually.
- When prescribing a vitamin K antagonist calculate the time in therapeutic range (TTR) over a maintenance period of at least six months. Reassess anticoagulation if TTR is less than 65%.
- Do not offer aspirin monotherapy solely for stroke prevention to people with AF.
- For people who are not taking an anticoagulant, review stroke and bleeding risks annually and ensure that all reviews and decisions are documented.
- If anticoagulation is contra-indicated or not tolerated, consider left atrial appendage occlusion.

The full guidance can be found by visiting:

<http://www.nice.org.uk/nicemedia/live/14573/68045/68045.pdf>

## 2. NOACs and DVT services

We have received a number of enquiries recently regarding the relative benefits of rivaroxaban and enoxaparin for the treatment of suspected DVT, especially within the Winchester area. CCG commissioned services for DVT are currently being reviewed, including discussion of the preferred method of anticoagulation. Further information on this is expected in July.

## 3. Dermasilk® and Skinnies®

A number of requests for silk or stockinette garments appear to have been sent to practices recently. We would like to remind prescribers of the current recommendations.

Comfast® and CliniFast® are the preferred stockinette brands and are available in a wide range of garments, enabling the needs of most individuals to be catered for. Skinnies® stockinette is much more expensive and a case for use in the local community has not been presented.

The DPC made the following recommendation regarding Dermasilk® in February 2012:

“Dermasilk® is not supported for routine use locally. There should be no new patients initiated on these garments in primary care, and specialists should no longer ask GPs to prescribe for new patients. It was proposed that prescribing via secondary care for new patients will need to be considered through the IFR route. These arrangements will continue until a niche role is agreed locally, and adhered to.”

At the time Dermasilk® was the only brand available but the same principle applies to the newer brands of DreamSkin® and Skinnies® and we would not expect to see any new prescriptions for these in primary care.

## 4. Consilient contraceptives

Lucette is the latest product to be added to the range of oral contraceptives as an alternative to Yasmin. Although this combination pill is only a third line option there are still significant savings to be made by switching to the Consilient brand. Comparative prices are:

Lucette	£9.35 for 3 x 21
Yasmin	£14.70 for 3 x 21

## 5. Something to look out for:

The updated NICE Clinical Guideline on Lipid Modification is due to be published in July 2014.

Neil Hardy  
Associate Director – Medicines Management and Innovation  
[neil.hardy2@nhs.net](mailto:neil.hardy2@nhs.net)  
023 8062 7864