NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

June 2016

Sacubitril valsartan (Entresto®)

The DPC has supported the availability of this recently launched agent in line with NICE TA388. It is an angiotensin receptor neprilysin inhibitor and is recommended as a treatment option for patients with symptomatic heart failure NYHA class II to IV, with left ventricular ejection fraction of 35% or less and who are already taking a stable dose of angiotensin-converting enzyme inhibitor (ACEI) or angiotensin II receptor-blocker (ARB).

Sacubitril valsartan replaces the ACEI or ARB on which the patient has previously been stabilised. Additional ACEI or ARB should not be co-administered and any ACEI treatment should be discontinued at least 36 hours before commencing sacubitril valsartan. Generic prescribing is recommended at all times to highlight the ARB component.

Treatment should only be started by a heart failure specialist with access to a multidisciplinary heart failure team. However it has been classified locally as an amber drug and prescribing may be transferred to primary care once titration to a stable maintenance dose has been achieved.

On initiation of treatment, patients will also be provided with a credit card sized standard information document that should be carried with them at all times.

Help us identify 2000 patients with Atrial Fibrillation (AF)

- Atrial Fibrillation (AF) is a common condition affecting 1% of the UK population.
- AF becomes more common with increasing age and is associated with a 5-fold increase in stroke
- AF-related strokes result in a significantly worse clinical outcome in terms of increased disability & mortality than stroke not associated with AF
- We have been working in partnership with others to increase detection and optimise the use of anticoagulation in AF to reduce the incidence of and mortality from AF strokes.
- Since the outset of our initiative we have saved around 50 actual strokes in the last year and prevented 36 expected strokes per year in high-risk patients.
- But there's more work to be done!

How can you help?

- Every practice in West Hampshire has been given WatchBP machines which monitor blood pressure and detect an irregular pulse
- Use your WatchBP machine on patients over 65years who have a long term condition or at an NHS Health check.
- If AF is confirmed using WatchBP, confirm the diagnosis by ECG.
- Read-code each patient who has had their blood pressure recorded using the Watch BP machine.
- The appropriate Read codes are found on the WatchBP machines and can be embedded into the long term condition templates used within your practice.

  Please encourage the use of these machines in your practice to help us identify these patients and potentially save lives.

Warfarin at UHS
Southampton hospital has changed the timing of warfarin administration for in-patients to 2pm to enable improved efficiency with INR monitoring and any required dose changes. On discharge patients should revert to the standard 6pm dosing.

Drug Safety update June 2016:
Canagliflozin – The CANVAS trial (an ongoing long-term cardiovascular outcomes study) has signalled the possibility of increased amputation of the toe in people taking canagliflozin. Current MHRA advice is to carefully monitor patients who are prescribed canagliflozin and consider stopping treatment if a patient develops significant lower limb complications. As the incidence in the study was based on small numbers of patients and did not increase with higher doses of canagliflozin, the recommendation from local specialists is to await the outcome of additional investigation before taking any further action.

Nexplanon - There have been rare reports of Nexplanon implants having reached the lung via the pulmonary artery. An implant that cannot be palpated at its insertion site in the arm should be located as soon as possible and removed at the earliest opportunity. If an implant cannot be located within the arm, chest imaging should be performed.

Further information on both of these topics can be found in the full MHRA Drug Safety Update.

Sunscreens on FP10
Now that summer is here and we are all hoping for some prolonged periods of sun, there may be requests coming through for sunscreen preparations on prescription. This is just a reminder that sunscreens are classed as borderline substances and there are specific criteria governing their availability on FP10, as follows:
Protection from UV radiation in abnormal cutaneous photosensitivity resulting from genetic disorders or photodermatoses, including vitiligo, and those resulting from radiotherapy; chronic or recurrent herpes simplex labialis.

The preferred CCG choices are:

LA Roche-Posay Anthelios XL SPF 50+ Cream, Sunsense Ultra (Ego) SPF 50+, Uvistat Lipscreen SPF 50 and Uvistat Sunscreen SPF 30 or SPF50.

Climaval and Climagest discontinued
A reminder that Climaval® (estradiol) 1mg and 2mg tablets and Climagest® (estradiol + norethisterone) tablets are being discontinued. There is still a small amount of prescribing for these products across all areas of the CCG and if continued treatment is required patients will need to be changed to an alternative. Locally the current first line recommendations are for Elleste Solo® (estradiol) 1mg and 2mg tablets or Elleste Duet (estradiol 1mg or 2mg + norethisterone 1mg).

Catherine McLean
Interface Pharmacist, Medicines Management
catherine.mclean2@nhs.net
023 8062 7466

Dr Emma Harris
Clinical Director, Medicines Management
emma.harris25@nhs.net