

Optimisation news headlines

May 2016

Alogliptin
This is the most recent addition to the DPP-4 class of drugs used in the treatment of type 2 diabetes mellitus and it has been adopted locally as the first line gliptin for initiation of treatment in combination with other oral antidiabetic agents or insulin.
The table below shows the differences between the gliptins as of May 2016.

Drug	Usual Dose	28 day cost	Licensed indications								Renal impairment	Hepatic impairment
			Monotherapy	Dual Therapy				Triple therapy				
				metformin	sulphonylurea	pioglitazone	insulin	metformin & sulphonylurea	metformin & pioglitazone	metformin & insulin		
Alogliptin	25mg OD	£26.60	No	Yes	Yes	Yes	Yes	No	Yes	Yes	Moderate - 12.5mg OD Severe & ESRD – 6.25mg OD	Severe – do not use
Linagliptin	5mg OD	£33.26	Yes	Yes	No	No	Yes	Yes	No	Yes	No adjustment	No reduction (but limited experience)
Sitagliptin	100mg OD	£33.26	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Yes	Moderate – 50mg OD Severe & ESRD – 25mg OD	Severe - caution
Saxagliptin	5mg OD	£31.60	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Moderate & severe – 2.5mg OD ESRD – do not use	Moderate – caution Severe – do not use
Vildagliptin	50mg BD	£33.35	Yes	Yes	Yes	Yes	Yes	Yes	No	Yes	Moderate & severe – 50mg OD ESRD – 50mg OD but with caution	Do not use



Although alogliptin can be used at reduced doses for patients with impaired renal function, linagliptin is the preferred agent in these circumstances as it does not require any alteration in dose and has not been shown to carry a risk of heart failure in this group of patients.

NICE recommends that the lowest-acquisition-cost gliptin should be chosen based on the appropriate licensed indications. With an annual spend of around £1.1million on this class of drugs within West Hampshire, there would be significant savings in using alogliptin first line wherever possible when initiating treatment, avoiding use as either monotherapy or triple therapy with metformin and a sulphonylurea.

Miconazole and Warfarin interaction

Following a number of incidents that have been reported in the local area, prescribers are reminded that oral miconazole gel can significantly enhance the effect of warfarin and produce an increase in INR.

Wherever possible, nystatin oral suspension should be prescribed as first line treatment of candidiasis for patients who are already taking oral anticoagulants. Nystatin is not systemically absorbed so does not cause this interaction.

For patients who are stabilised on warfarin and need to be treated with miconazole oral gel, the INR should be closely monitored and dosage of warfarin adjusted accordingly.

Caution should also be exercised with vaginal use of miconazole as this route of administration has also been implicated with an enhanced anticoagulant effect.

To prescribe or not to prescribe an antibiotic? – A leaflet to aid the consultation now available for use in EMIS Web

The Public Health England TARGET (Treat Antibiotics Responsibly, Guidance, Education, Tools) project provides resources to help GPs reduce prescribing of antibiotics, including the leaflet “Treating your infection”. This leaflet can be given to patients to take away from the consultation as an aid to understanding and self-care on occasions where there isn’t a clear, immediate need for antibiotics. It has now been made available in the EMIS library as a protocol and when printed for the patient will automatically merge with their personal information, filling in the patient details. A copy will be saved to the clinical record and two Read codes will be added automatically when the protocol is run:

8OAM *Provision of Treating Your Infection self-care leaflet.* (This will be added when the leaflet is saved to the patient record).

8OAN *Provision of Treating Your Infection self-care patient leaflet back-up antibiotic prescription issued.* (If the clinician selects **No**, the Read code 8OAN will not be added).

The protocol is located in: Templates & Protocols> EMIS Library> EMIS Protocols> Public Health England.

It needs to be added to the protocol launcher for each prescriber and is then ready to be used by pressing F12 and clicking on the “Launch PHE treating your infection leaflet”. A sample of the leaflet is attached to this newsletter and more details are available on the EMIS news feed.

Quality services, better health



Treating your infection



Patient Name: Title Given Name Surname Date of Birth NHS Number Long date letter merged

Your doctor or nurse recommends that you self-care

Your infection	Usually lasts	How to treat yourself better for these infections, now and next time	When should you get help: Contact your GP practice or contact NHS 111 (England), NHS 24 (Scotland dial 111), or NHS Direct (Wales dial 0845 4647)
<input type="checkbox"/> Middle-ear infection	4 days	<ul style="list-style-type: none"> Have plenty of rest. Drink enough fluids to avoid feeling thirsty. Ask your local pharmacist to recommend medicines to help your symptoms or pain (or both). Fever is a sign the body is fighting the infection and usually gets better by itself in most cases. You can use paracetamol (or ibuprofen) if you or your child are uncomfortable as a result of a fever. Use a tissue and wash your hands well to help prevent spread of your infection to your family, friends and others you meet. Other things you can do suggested by GP or nurse: 	<p>1. to 8. Are possible signs of serious illness and should be assessed urgently. Phone for advice if you are not sure how urgent the symptoms are.</p> <ol style="list-style-type: none"> If you develop a severe headache and are sick. If your skin is very cold or has a strange colour, or you develop an unusual rash. If you feel confused or have slurred speech or are very drowsy. If you have difficulty breathing. Signs that suggest breathing problems can include: <ul style="list-style-type: none"> breathing quickly turning blue around the lips and the skin below the mouth skin between or above the ribs getting sucked or pulled in with every breath. If you develop chest pain. If you have difficulty swallowing or are drooling. If you cough up blood. If you are feeling a lot worse. <p>Less serious signs that can usually wait until the next available GP appointment:</p> <ol style="list-style-type: none"> If you are not improving by the time given in the 'Usually lasts' column. In children with middle-ear infection: if fluid is coming out of their ears or if they have new deafness. Other
<input type="checkbox"/> Sore throat	7 days		
<input type="checkbox"/> Common cold	10 days		
<input type="checkbox"/> Sinusitis	18 days		
<input type="checkbox"/> Cough or bronchitis	3 weeks		
<input type="checkbox"/> Other infection: days		

Back-up antibiotic prescription to be used after days ONLY if you do not feel better or if you feel worse.

Prescription has been: printed or sent electronically to your pharmacy or Prescription should be collected from: GP reception GP or nurse Pharmacy

- Colds, most coughs, sinusitis, ear infections, sore throats, and other infections often get better without antibiotics, as your body can usually fight these infections on its own.
- If you take antibiotics when you don't need them, it allows bacteria to build up resistance. This means, they're less likely to work in the future, when you really might need them.
- Antibiotics can cause side effects such as rashes, thrush, stomach pains, diarrhoea, reactions to sunlight, other symptoms, or being sick if you drink alcohol with metronidazole.

Never share antibiotics and always return any unused antibiotics to a pharmacy for safe disposal



Leaflet developed in collaboration with these professional societies.

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

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

Quality services, better health

