

# Medicines

## Optimisation news headlines

November 2016

### NOACS become DOACs

There have been various iterations of NOAC acronym over the last few years, but this group of drugs is now generally referred to as DOACs (Direct Oral Anticoagulants). Tamara Everington, Consultant Haematologist, HHFT has been attending the Medicines Optimisation Groups to provide an update on DOACs and answer some of the questions that have arisen recently. The following re-iterates some of the important points that have originated from these meetings, or gives a taster for those who have yet to receive the talk.

- One important point that has come out of the discussions is that a **'one size fits all' approach is definitely not suitable**. There are **differences** between the DOACs in terms of efficacy and adverse effects and these must be considered in conjunction with an individual patient's renal function and risk of bleeding.
- High dose (150mg BD) **dabigatran** is associated with greatest efficacy in stroke prevention of AF. However, it is not suitable for patients with reduced renal function.
- **Rivaroxaban** and **edoxaban** can cause mucosal bleeding so should be avoided in patients where this is a risk.
- **Apixaban** carries the lowest risk for incidence of a gastrointestinal bleed.
- We are all aware of the possible consequences that might ensue from an overdose of anticoagulant and may tend to err towards lower doses.
- However, there is a significant risk that use of low doses will not be sufficient to provide adequate prophylaxis against a thromboembolic event.
- Therefore, it is important to assess the patient fully to ensure that they receive an **appropriate dose** of whichever DOAC is preferred.
- The evidence for efficacy is based on higher doses and lower doses should only be used where there is a definite reason to reduce the amount prescribed.
- Although creatinine clearance may be comparable to eGFR for a proportion of the population, there can be a significant difference for those who are frail or who are at the extremes of age or weight. **Failure to calculate creatinine clearance can result in excessive under- or overdosing for these patients.**
- Interactions with warfarin are at the forefront of our minds, as any change to a medication regimen can affect the INR and consequently flag up a possible problem. There is no such safety measure in place with the DOACs so it is even more important to consider **interactions** when changes are made to a treatment regimen (either adding a DOAC or adding to a DOAC).
- The main culprits are **anticonvulsants, antifungals and verapamil** (for dabigatran), but prescribers should bear in mind that many other drugs including 'Over The Counter' medicines have the potential to interact too.
- A check should be made for interactions before any changes are instigated.
- If all else is equal, then price could be a deciding factor. The current cost for 28 days treatment with a DOAC is:

○ Apixaban	£53.20
○ Dabigatran	£47.60
○ Edoxaban	£51.80
○ Rivaroxaban	£50.40



## Smoking cessation: Quit4Life

Following the award of the Hampshire Stop Smoking service contract by Hampshire County Council to Southern Health, Quit4Life have become responsible for managing the whole smoking cessation pharmacotherapy budget, including FP10 prescribing spend, from 1<sup>st</sup> October 2016. Supported prescribing of smoking cessation medications achieves better clinical outcomes and Quit4Life provides a means of accomplishing this. Engagement with the service is also increased by direct referral rather than signposting and to support this Quit4Life is accepting direct referrals for specific groups of patients:

- Those with a long term condition
- Prior to a hospital consultation or admission
- Those who are pregnant
- Those who are suffering from mental health conditions

A referred patient must be a smoker who is motivated to stop and has given permission for their details to be given to Quit4Life, Hampshire NHS Stop smoking service. Patients will be contacted within 2 working days to be booked into the service.

Referrals can be made via the following routes:

1. Send electronic template to [Quit4Life@nhs.net](mailto:Quit4Life@nhs.net)
2. Or Use Direct Quit Manager Referral line: 0845 602 4663
3. Or Fax template to 01252 335123

The referral form has also been loaded on to DXS.

A briefing paper and referral pathway containing some key messages has been prepared by the Quit4Life team and can be accessed in full with this edition of Business Week as well as through DXS.

### Take care with the strength!

**Prednisolone:** There are now a number of new brands and various strengths of prednisolone available. The standard 1mg and 5mg tablets should be prescribed wherever possible to avoid confusion.

**Methotrexate prefilled pens:** There is a huge range of prefilled devices containing methotrexate in various concentrations. The preferred brand locally is Metoject Pen, which provides a high concentration of methotrexate (50mg per millilitre) and therefore a low injection volume. It is available in the following strengths:

7.5mg in 0.15ml	10mg in 0.2ml	12.5mg in 0.25ml	15mg in 0.3ml
17.5mg in 0.35ml	20mg in 0.4ml	22.5mg in 0.45ml	25mg in 0.5ml
27.5mg in 0.55ml	30mg in 0.6ml		

### [MHRA Safety Update November 2016](#)

Some patients receiving treatment with brimonidine gel (Mirvaso<sup>®</sup>) may have exacerbation or rebound symptoms of rosacea. It is important to initiate treatment with a small amount of gel and increase the dose gradually, based on tolerability and treatment response.

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