Milton Keynes Clinical Commissioning Group

PRESCRIBING NEWS

September 2012

Please meet the new CCG Pharmacy Team:

- Natalie Murray (*Neighbourhood Pharmacist North*)
- Samina Hassanali (*Neighbourhood Pharmacist East*)
- Jas Janjuha (*Care Homes Pharmacist*)
- Sonal Mehta (*Neighbourhood Pharmacist South*)
- Emma Hooton (*Neighbourhood Pharmacist West*)
- Sharon Wilmore (*Pharmacy Team Organiser*)
- Nikki Woodhall (*Senior Pharmacy Technician*)

I am delighted that Natalie, Sonal and Samina have joined the Pharmacy Team as Neighbourhood Pharmacists and Sharon as Team Organiser. Along with Emma, Jas and Nikki who are already well known to practices, they will support you with medicines optimisation so that our patients receive clinically sound, cost-effective medication.

Janet Corbett
Head of Prescribing

CCG Pharmacy Team

Natalie Samina Jas Sonal Emma Sharon Nikki

Update on Dabigatran

It was agreed at Medicines and Therapeutics Committee that, in the interim and pending expected guidance from the Cardiac and Stroke Network, dabigatran may be used in the patients aged 75 years and above (or above 65 years with one of the following risk factors - Diabetes mellitus, Coronary artery disease or Hypertension) **and** with a CHADS2VASC of 3 or more who are either warfarin intolerant or achieve only a low time in therapeutic range on warfarin (<65%)

If you are asked to prescribe for patients outside these criteria, please refer the request back to the Consultant. Please see BNF or SMC for cautions and contra-indications.

Safe storage of prescriptions

There have recently been some reports of stolen prescriptions (FP10 pads). The PCT Auditors have provided advice on the safe storage of prescriptions.

Unused Forms

- Unused forms should be kept in a **locked cabinet** and access kept to a minimum number of nominated person(s).
- Forms should be stored in chronological order of delivery.
- Forms taken for use by a practitioner or at the repeat prescription terminal should be recorded as detailed below.
- It is good practice for only one working pad per GP/practitioner to be kept at any one time.

Forms in Use

When a new pad of prescriptions is taken for use an entry should be made on the appropriate page of the prescription pad register to include: –

- Date taken for use
- Serial numbers of the prescriptions taken for use
- Person who removed them from the store
- Practitioner who will be using them (or repeat prescription terminal).

Prescriptions should be locked in a drawer when a practitioner leaves the room regardless of the reason or length of absence.

Forms should not be left unattended at any time in the practice or in a car.

Association between longer therapy with thiazolidinediones and risk of bladder cancer: cohort study

Reference: Journal of the National Cancer Institute
Date published online: 13/08/2012

Recent reports have suggested that pioglitazone may increase the risk of bladder cancer in patients with type 2 diabetes. In this study, researchers analysed the risk of bladder cancer over time between new users of thiazolidinediones (TZD) and sulfonylurea (SUs), and in a secondary analysis between pioglitazone and rosiglitazone.

The retrospective cohort study used data from the UK Health Improvement Network database on patients who initiated treatment with a TZD (n = 18,459 patients) or a sulfonylurea (SU) (n= 41,396 patients) between July 1, 2000, and August 31, 2010. Incident cancers were identified for 196,708 person-years of follow-up.

The following findings were reported:

• There were 60 incident bladder cancers in the TZD cohort and 137 cancers in the SU cohort.

• No difference in bladder cancer risk was found between the two cohorts (TZD vs. SU, hazard ratio [HR] = 0.93, 95% CI = 0.68 to 1.29) in analyses that did not account for duration of exposure.

• When duration of exposure was taken into account, the risk of bladder cancer was increased among patients with the longest duration of TZD vs. SU therapy (≥5 years of use, HR = 3.25, 95% CI = 1.08 to 9.71) and among those with the longest time since initiation of therapy (≥5 years since first use, HR = 2.53, 95% CI = 1.12 to 5.77).

• Risk of bladder cancer also increased with increasing time since initiation of pioglitazone

• Comparison of pioglitazone to rosiglitazone use did not demonstrate difference in cancer risk (p= 0.49).

The researchers conclude from this large cohort of patients with type 2 diabetes mellitus, that higher incidence rates of bladder cancer were associated with ≥5 years of exposure to TZDs but not among those with shorter duration of exposure to TZDs. In addition, there was a similar incidence of bladder cancer among patients treated with pioglitazone or rosiglitazone regardless of the duration of exposure, suggesting this risk may be common to all TZDs.

Action

Please review patients who have been on pioglitazone for longer than 5 years to determine the balance of risks and benefits from continued therapy.

Availability of Oilatum products

We understand that GSK are moving their manufacturing site where Oilatum products are made. This has caused huge disruption but the products are not discontinued.

- Oilatum Plus is behind by about 4 months, so ready January 2013.
- Oilatum Emolient 500ml is now available
- Oilatum Emolient 250ml will be available by 10th September

Taking controlled drugs abroad

Patients intending to travel abroad for more than 3 months carrying any amount of drugs listed in Schedules 2, 3, or 4 Part I (CD Benz) will require a personal export/import license. Further details can be obtained at www.homeoffice.gov.uk/drugs/licensing/personal or from the Home Office by contacting licensing_enquiry.aadu@homeoffice.gsi.gov.uk (in cases of emergency, telephone (020) 7035 0484).

Applications must be supported by a covering letter from the prescriber and should give details of:

- the patient's name and address;
- the quantities of drugs to be carried;
- the strength and form in which the drugs will be dispensed;
- the country or countries of destination;
- the dates of travel to and from the United Kingdom.

Applications for licences should be sent to the Home Office, Drugs Licensing, Peel Building, 2 Marsham Street, London, SW1P 4DF. Alternatively, completed application forms can be emailed to licensing_enquiry.aadu@homeoffice.gsi.gov.uk with a scanned copy of the covering letter from the prescriber. A minimum of two weeks should be allowed for processing the application.

Patients travelling for less than 3 months do not require a personal export/import license for carrying Controlled Drugs, but are advised to carry a letter from the prescribing doctor. Those travelling for more than 3 months are advised to make arrangements to have their medication prescribed by a practitioner in the country they are visiting.

Doctors who want to take Controlled Drugs abroad while accompanying patients may similarly be issued with licences. Licences are not normally issued to doctors who want to take Controlled Drugs abroad solely in case a family emergency should arise.

Personal export/import licences do not have any legal status outside the UK and are issued only to comply with the Misuse of Drugs Act and to facilitate passage through UK Customs and Excise control. For clearance in the country to be visited it is necessary to approach that country's consulate in the UK.

Pharmacotherapy for mild hypertension

A Cochrane review **(**Diao D, Wright JM, Cundiff DK, Gueyffier F. Pharmacotherapy for mild hypertension. Cochrane Database of Systematic Reviews 2012, Issue 8) has examined the benefits and harms of treating mild hypertension in a primary prevention population.

The authors concluded that antihypertensive drugs used in the treatment of adults (for primary prevention) with mild hypertension (systolic BP 140-159 mmHg and/or diastolic BP 90-99 mmHg) did not reduce mortality or morbidity in RCTs. Treatment caused 9% of patients to discontinue treatment due to adverse effects. They noted that more RCTs are needed in this prevalent population to know whether the benefits of treatment exceed the harms. It challenges some of our current practice around the management of mild hypertension.

Reminder

At this time of great financial pressure it may be useful to remind healthcare professionals of this guidance, to ensure that finite NHS resources are spent appropriately.

Vitamins and food supplements
Unless there is a clear clinical indication (along with good evidence of benefit), vitamins, minerals and food supplements are not recommended to be prescribed at NHS expense. This includes for example, vitamins for age-related macular degeneration, co-enzyme Q10, selenium, vitamin E and others.

Zostavax Shingles Vaccine
We have received a number of enquiries about Zostavax Shingles Vaccine. Whilst this vaccine is licenced for the prevention of shingles, it has not yet been added to the list of vaccines recommended for NHS provision by the Joint Vaccination and Immunisation Committee and therefore we do not support its use until the guidance on which patient groups would benefit is available.

Simvastatin: updated advice on drug interactions

The MHRA has recently updated its advice on drug interactions with simvastatin. The changes include contraindications to concomitant use with certain medicines and maximum dose recommendations when simvastatin is taken with a number of other medicines, as these interactions may increase plasma concentrations of simvastatin which is associated with an increased risk of myopathy and/or rhabdomyolysis.

Key points to note are that:

- Simvastatin is now contraindicated with ciclosporine, danazol and gemfibrozil
- The maximum recommended dose for simvastatin in conjunction with amlodipine or diltiazem is now 20 mg/day

A full updated listing of all the interactions is provided in the table below:

Drug interactions associated with increased risk of myopathy/rhabdomyolysis	
Interacting agents	**Prescribing recommendations**
Itraconazole Ketoconazole Posaconazole Erythromycin Clarithromycin Telithromycin HIV protease inhibitors (eg, nelfinavir) Nefazodone Ciclosporin Danazol Gemfibrozil	Contraindicated with simvastatin
Other fibrates (except fenofibrate)	Do not exceed 10 mg simvastatin daily
Amiodarone Amlodipine Verapamil Diltiazem	Do not exceed 20 mg simvastatin daily
Fusidic acid	Patients should be closely monitored. Temporary suspension of simvastatin treatment may be considered.
Grapefruit juice	Avoid grapefruit juice when taking simvastatin

Pharmaceutical Advisers can be contacted on 01908 278713 / 278744