Important New Evidence Service

In Partnership with The Centre for Medicines Optimisation at Keele University

ScriptSwitch Monthly Summary January 2018

Monthly News Update

Welcome to the KINES Monthly News Update for January 2018.
Other recent KINES Updates have discussed:

- The new NICE asthma guideline. This extended KINES Update (*login or register to access*) discusses notable new recommendations and differences from the existing BTS/SIGN asthma guidance, some changes that will be needed to support the implantation of the new guidance and reasons why these have been recommended.
- A meta-analysis reporting that people with chronic kidney disease treated with more intensive blood pressure lowering therapy had a lower risk of all-cause mortality.
- An analysis of potentially inappropriate medicine (PIM) use in people with dementia in eight European countries. For England, the top five PIMs identified were: proton pump inhibitors; senna glycosides; doxazosin; zopiclone and diazepam. In contrast to other European countries, risperidone did not appear in the list for England, possibly due to recent work to help reduce inappropriate prescribing.

Update from NICE:

- NICE has published new guidance on antimicrobial prescribing strategies for acute sore throat. The use of FeverPAIN or Centor criteria (*see box on right*) is advocated to guide antibiotic prescribing.
  In brief:
  - **FeverPAIN 0 or 1; Centor 0, 1 or 2:** Do not offer antibiotics
  - **FeverPAIN 2 or 3:** consider no antibiotic or back-up prescription (for use if no improvement in 3-5 days
  - **FeverPAIN 4 or 5; Centor 3 or 4:** consider immediate antibiotics, or a back-up prescription

  People, who are systemically very unwell, have symptoms of a more serious condition, or who are at high-risk of complications, should be offered immediate antibiotics. The first choice antibiotic is phenoxymethylpenicillin; alternatives where there is penicillin allergy or intolerance are erythromycin or clarithromycin. Under 5s should be treated in line with the NICE guideline on fever in this age group.
  Please refer to the guideline for full advice, including recommendations on antibiotic regimens and self-care. A 2-page visual summary is also available.

Centor criteria - score 1 point for each:
- Tonsillar exudate
- Tender anterior cervical lymphadenopathy or lymphadenitis
- History of fever (over 38°C)
- Absence of cough

FeverPAIN – score 1 point for each:
- **F**ever (during previous 24 hours)
- **P**urulence (pus on tonsils)
- **A**ttend rapidly (within 3 days after onset of symptoms)
- Severely **I**nflamed tonsils
- **N**o cough or coryza (inflammation of mucus membranes in nose)

FeverPAIN also available as an online calculator

- NICE has published a new guideline on age-related macular degeneration (AMD). The guideline promotes faster access to drug treatment for people with late AMD (wet active), who should be offered anti-vascular endothelial growth factor (anti-VEGF) drugs within 14 days of referral.
  Comment: There has been a long-standing issue over the use of **bevacizumab** (Avastin) in AMD, which is not licensed for this indication but has a substantially lower acquisition cost and is similarly effective compared with licensed anti-VEGFs. Several CCGs were recently threatened with judicial review over local prescribing policies.

  The NICE guideline advises there are "no clinically significant differences in effectiveness and safety between the different anti-VEGF treatments that have been seen in the trials considered by the guideline committee." An accompanying footnote states that bevacizumab is currently unlicensed for this indication and that a prescriber should follow relevant professional guidance, taking full responsibility for the prescribing decision. Informed consent would need to be obtained and documented for bevacizumab. NICE comment that the guideline "may inform any decision on the use of bevacizumab outside its UK marketing authorisation but does not amount to an approval of or a recommendation for such use."

  The Royal College of Ophthalmologists (RCOphth) and NHS Clinical Commissioners have welcomed the NICE guideline and noted NICE's recognition of the similar safety and effectiveness of anti-VEGFs. That ophthalmologists should have discretion to prescribe the most appropriate anti-VEGF treatment, provided there is patient consent, is the view of RCOphth (ref: RCOphth press statement [31/10/17]). The General Medical Council

(GMC) has also issued a response to the NICE guideline, in which the GMC's Chief Executive provides reassurance that a decision to prescribe Avastin "alone would not raise fitness to practice concerns". See GMC response for further details.

Regulatory agency safety update:

- Tablet strength should be clearly indicated when prescribing **co-dydramol (dihydrocodeine/paracetamol)** to help minimise medication errors. This new MHRA advice is as a result of two new strengths of co-dydramol coming to the market (20 mg/500 mg and 30 mg/500 mg tablets); previously only 10 mg/500 mg tablets were available.
- More drugs that have been associated with harms due to drug-name confusion have been identified by the MHRA. They are: **clobazam** and **clonazepam**; **atenolol** and **amlodipine**; **propranolol** and **prednisolone**; **risperidone** and **ropinirole**; **sulfadiazine** and **sulfasalazine**; **amlodipine** and **nimodipine**. Drugs identified in a previous MHRA update also included: **mercaptamine** and **mercaptopurine**; **risperidone** and **ropinirole**; **zuclopenthixol decanoate** and **zuclopenthixol acetate**.
- The EMA has relaxed advice on contraception for men taking **mycophenolate**, now recommending that **either** the male patient **or** his female partner should use reliable contraception during treatment and for at least 90 days after stopping treatment. The previous recommendation, that a male patient should use condoms, in addition to the female partner using reliable contraception, has been dropped following a review of safety reports.
- The MHRA is encouraging use of the Yellow Card Scheme to report suspected side effects for **herbal medicines.** When reporting, additional details (brand name, ingredients, manufacturer, emailed copy of the package labelling) will be useful to the MHRA to help identify a particular herbal product.
- Product information for all **recombinant human erythropoietins** is being updated about an association with very rare cases of life-threatening severe cutaneous adverse reactions. Treatment should be permanently discontinued should these reactions occur. Patients should be advised to stop treatment and seek immediate medical attention if they develop widespread rash and blistering, with rashes often occurring following fever or flu-like symptoms.
- The MHRA has reiterated previous safety advice that parents/carers should inspect **Buccolam (midazolam**) pre-filled oral syringes before administering the medicine to a child. Occasionally a translucent (white) tip-cap can remain attached to the syringe after the red cap has been taken off, which is a choking hazard. The manufacturer is working to resolve this issue.

NHS England/Public Health England:

- A new '**safeguarding adults protocol**' is available providing a framework for health and care organisations on responding to pressure ulcers, in particular to help decide when a safeguarding enquiry may be also be needed.

Other news:

- The Royal Pharmaceutical Society has created a new online hub to support consultant pharmacists, including guidance for pharmacists interested in this role and for commissioners looking to create these posts.
- The Royal College of Gynaecologists has published a new patient leaflet to provide to pregnant women about minimising the risk of Group B Streptococcus (GBS) in their baby. As per the updated 'Green-top' guideline on GBS, it is now recommended practice to provide all pregnant women with an information leaflet about GBS.

Drug update:

Launched

- **Skudexa**, a combination oral analgesic containing **75 mg tramadol/25 mg dexketoprofen**, has been launched. It is indicated for the short term treatment of moderate to severe acute pain in adult patients whose pain is considered to require a combination of tramadol and dexketoprofen. Treatment must be strictly limited to the symptomatic period, **with a maximum treatment period of 5 days**. The maximum dose for adults is 3 tablets in 24 hours; for elderly patients the maximum is 2 tablets in 24 hours, increasing to 3 tablets in 24 hours once good tolerance is ascertained. Use in under 18s is not recommended. Costs are: 10 tablets, £3.68; 20 tablets, £5.52.
- A new emollient, **ExCetra** cream, has been launched (link to SPC on manufacturer's website). It has the same lipid formulation as Cetraben cream (both contain white soft paraffin 13.2% and light liquid paraffin 10.5%). *Comment*: Some organisations have included cost-effective prescribing of emollients in their QIPP plans. ExCetra cream has a lower acquisition cost than Cetraben cream, as based on comparison of 500 g pack sizes (prices below from MIMS, Jan-18).
    - ExCetra cream: 100 g = £1.75; 500 g £2.95
    - Cetraben Cream: 50 g = £1.40; 150 g = £3.98; 500 g = £5.99; 1050 g = £11.62

On the Horizon:

- Following Ontruzant's approval late last year, a second **trastuzumab biosimilar (Herzuma**) has now received a positive opinion from the Committee for Medicinal Products for Human Use. ***Comment***: The European patent for trastuzumab expired in 2014. Launch of Ontruzant is expected this year (ref: SPS), and will be marketed by MSD.