Important New Evidence Service

In Partnership with The Centre for Medicines Optimisation at Keele University

ScriptSwitch Monthly Summary November 2017

Monthly News Update

Welcome to the KINES Monthly News Update for November 2017.

Other recent KINES Updates have discussed:

- The study that informed the recent change in Public Health England's antibiotic guidance to include the option of a shorter, 5-day course of phenoxymethylpenicillin (penicillin V) for sore throats (*where antibiotic treatment is indicated*). (*Link to the KINES Update here – login or register to access*)
- A pilot project by a Staffordshire CCG investigating the clinical benefits of medicines optimisation by geriatricians in primary care. (*Link to KINES Update here*)
- Long-term mortality findings from the Women's Health Initiative trials, which suggest that hormone replacement therapy taken for 5 to 7 years is not associated with an increased risk of death. (*Link to KINES Update here*)

Update from NICE:

- New NICE guidance on asthma has been published, covering the diagnosis, monitoring and management of chronic asthma in adults and children. NICE has recognised that implementing the guidance, in particular the approach to diagnosis that involves the use of objective tests that are not currently widely available, will require a big change in practice. Healthcare professionals will also need to become familiar with new recommendations on pharmacological treatment that differ from the established BTS/SIGN stepwise treatment pathways. Perhaps the most notable change is the use of leukotriene receptor antagonists, ahead of the introduction of long-acting beta agonists.

  *Keele comment: NICE is recommending that people whose asthma is well-controlled on their current treatment **should not have their treatment changed** purely to follow the guideline. This new guidance will be discussed in greater detail in a future KINES Update.*

- There has been an update to the NICE guideline on familial hypercholesterolaemia (FH). Recommendations for case-finding clarify that a cardiovascular event in an individual or a first-degree relative **before the age of 60** should prompt suspicion of FH and the offer of cholesterol testing. (Total cholesterol > 7.5 mmol/l should also prompt suspicion of FH.) A frequently undiagnosed condition, NICE is also recommending that primary care records should also be searched to help identify people at the highest risk of FH, specifically:
  - people below age 30 with total cholesterol > 7.5 mmol/l, and
  - people 30 or over with total cholesterol > 9.0 mmol/l.

  The Simon Broome or Dutch Lipid Clinic Network (DLCN) criteria should be used to diagnose FH in primary care by a healthcare professional competent in using these criteria. If a person meets Simon Broome criteria for 'possible' or 'definite' FH, or has a DLCN score >5, they should be referred to a specialist FH service for DNA testing. Children aged 0–10 years with a parent affected by FH should be offered a DNA test as early as possible, and the offer repeated if testing has not been undertaken by the age of 10. Other updates include the removal of nicotinic acid from recommendations.

- New guidance has been issued on the diagnosis and management of glaucoma. The threshold for inner eye pressure to prompt referral has been raised from ≥ 21 to ≥ 24 mm/Hg, which should result in fewer people requiring specialist investigation. The tests that primary eye care professionals should carry out to determine if a referral is needed are clarified, along with the standard of equipment to be used to measure inner eye pressure.

- New guidance has been published antimicrobial prescribing for acute sinusitis. In brief:
  - ***For symptoms of 10 days or less:*** **Do not offer an antibiotic**
  - ***For symptoms with no improvement for more than 10 days:*** Consider ***no antibiotic*** or '***back-up antibiotic prescription'***, depending on likelihood of bacterial cause. Consider high-dose nasal corticosteroid for 14 days for adults and children aged 12+ (off-label)
  - At any time if the person is systemically very unwell, has symptoms/signs of a more serious illness/condition or is at high risk of complications: Offer immediate antibiotic or investigate and manage in line with the guidance on respiratory tract infections (self-limiting).

Regulatory agency safety update:

- The MHRA has updated advice on switching between different manufacturers' antiepileptic drugs. The 2013 recommendations, which put antiepileptics into 3 categories depending on their suitability for switching, remain. However, for category 2 or 3 drugs, the advice states that other patient factors should be considered, such as the patient's perception about differences in a product's presentation, or issues, such as co-morbid autism, mental health issues or learning disabilities. See the article for details, including the drug categories for switching.

- An MHRA update also discusses clozapine and the risk of intestinal peristalsis impairment, which can range from constipation to, very rarely, potentially fatal intestinal obstruction, faecal impaction, and paralytic ileus. Care should be taken when prescribing to patients ≥ 60 years, patients using other drugs known to cause constipation (especially drugs with anticholinergic properties), or those with a history of colonic disease or lower abdominal surgery. Clozapine is contraindicated in patients with paralytic ileus. Patients should be advised to report constipation immediately, and any constipation that occurs should be treated.

- There is a warning about the risk of severe respiratory depression with gabapentin, even without concomitant use of opioids. Healthcare professionals should consider if a dose adjustment may be necessary in patients at higher risk of respiratory depression. Groups include elderly people, patients with compromised respiratory function or respiratory disease, neurological disease or renal impairment, and those taking other CNS depressants. The MHRA is also advising there have been reports of erectile dysfunction and decreased libido with oral isotretinoin. The exact incidence is unknown, but this is likely to be a rare event.

- The MHRA is also reminding healthcare professionals that all oral tacrolimus products should be prescribed and dispensed **by brand name only**, and that caution should be used when prescribing quinine (*prescribed for the treatment of nocturnal leg cramps*) to patients who are predisposed to QT prolongation (e.g. cardiac disease; electrolyte disturbance; using other medicines that could prolong QT interval; atrioventricular block). Patients should be monitored closely if it is necessary to use quinine concomitantly with phenobarbital or carbamazepine, as serum levels of the anticonvulsants may be raised.

NHS England/Department of Health/Public Health England:

- The latest 'Prescribing Costs in Hospitals and the Community, England' has been published. Medicine costs have increased by 3.5% to £17.4 billion in 2016/17, with £8.3 billion spent on hospital medicines, £9.0 billion on primary care medicines and £140.2 million on hospital medicines dispensed in the community. The greatest spend was on adalimumab (£462 million). (***Keele's comment:*** *We note several adalimumab biosimilars have received EU approval, and launch is expected following Humira's patent expiry in October 2018.*) Within primary care, rivaroxaban and apixaban accounted for the highest spend, followed by insulin glargine and buprenorphine.

- Public Health England (PHE) is urging women to take up the offer of smear tests, following a fall in attendance by young women. Practices and CCGs can compare their current screening coverage via an online tool.

- Recent resources from PHE for healthcare professionals include an antibiotic awareness toolkit and a 'Health matters' resource on the prevention of infections and reducing antimicrobial resistance.

- **STOP PRESS:** NHS England has just published the guidance for CCGs on '**Items which should not be routinely published in primary care'**. The guidance and related documents, included frequently asked questions are available here.

Other news:

- The Regional Medicines Optimisation Committee (RMOC) position statement on the glucose monitoring device FreeStyle Libre has been published. It recommended that the device should only be used in certain patients with Type 1 diabetes. See RMOC publication for full details.

Drug update:

Patent expires

- The patent for the erectile dysfunction drug tadalafil (Cialis) expired earlier this month, and generic versions are now available. Prescriptions should therefore be written using the non-proprietary/generic name.

License extensions

- The indications for rivaroxaban (Xarelto) 10 mg now include use for extended prevention of recurrent venous thromboembolism (VTE), following at least 6 months previous therapy. For patients considered at high risk of recurrent VTE, a higher (20 mg) dose should be considered. See SPC for details.

On the Horizon:

A positive opinion has been issued for Intrarosa**,** a pessary for the treatment of vulvar and vaginal atrophy in postmenopausal women. The active ingredient in Intrarosa is dehydroepiandrosterone, a precursor steroid which is converted into oestrogens and androgens. A positive opinion has also been issued for benralizumab (Fasenra) an anti-eosinophil monoclonal antibody for the treatment of severe eosinophilic asthma.