

Important New Evidence Service In Partnership with The Centre for Medicines Optimisation at Keele University

ScriptSwitch Monthly Summary – January/February 2018

Monthly News Update: Scotland Edition

Welcome to the KINES Monthly News Update: Scotland Edition. 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 implementation 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. The top five PIMs for England were: proton pump inhibitors; senna glycosides; doxazosin; zopiclone; diazepam. In contrast to other European countries, risperidone did not appear in the list, possibly due to recent work to help reduce inappropriate prescribing. Within NHS Scotland, Polypharmacy Guidance will direct actions in this area.

Scotland Update:

- The Scottish Medicines Consortium (SMC) has accepted fluticasone furoate / umeclidinium / vilanterol (Trelegy Ellipta) for restricted use in adult patients. Full information can be found [here](#).
- In January, the BMA agreed to proceed with implementation of the new GMS contract, following a poll of members which indicated that 71.5% were in favour. Scottish Government will be engaging directly with Boards around delivery of the pharmacotherapy section, which is likely to represent a significant change in delivery of care.
- NHS Education for Scotland has [launched](#) a competency framework for Pharmacy Technicians working in GP Practices. Believed to be the first of its kind in the UK, this reflects the diversity of work undertaken by technicians, recognising their key role in delivering the pharmacotherapy service within the new GMS contract.
- Consultation is underway on the Scottish Government's Polypharmacy Guidance, 2018. This update includes significant developments around indicators, both for identification of case load and tracking of improvement, as well as placing the views of the patient and shared decision making at the centre of the review process. The new guidance document is being circulated via Directors of Pharmacy and the Scottish Prescribing Advisors Association (SPAA). The consultation period closes on 23rd February.
- Work on [resources to guide the management of suspected infection in chronic wounds](#) has been delivered, in collaboration between NHS Boards and the Scottish Government. This supports implementation of the 2015 Health Technology Assessment. The resources include the Scottish Ropper Ladder, best practice guidance and patient information. They aim to standardise the approach to care while reducing unwarranted variation and inappropriate use of antimicrobial wound dressings.

Other Updates:

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.

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:

- **Fever** (during previous 24 hours)
- **Purulence** (pus on tonsils)
- **Attend rapidly** (within 3 days after onset of symptoms)
- **Severely Inflamed tonsils**
- **No cough or coryza** (inflammation of mucus membranes in nose)

FeverPAIN also available as an [online calculator](#)

Please refer to the [guideline](#) for all of the recommendations and advice, including recommendations on antibiotic regimens and self-care. A 2-page [visual summary](#) is also available.

- 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 (as noted in the new NICE guideline) compared with licensed anti-VEGFs. Several CCGs were recently threatened with [judicial review](#) over local prescribing policies. The General Medical Council (GMC) has recently 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 Agencies 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 **mercaptapurine**; **risperidone** and **ropinirole**; **zuclopenthixol decanoate** and **zuclopenthixol acetate**.
- The European Medicines Agency 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](#) 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.

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.

Medicines Updates:

Launched

- **Skudexa**, a combination oral analgesic containing **75 mg tramadol/25 mg dextketoprofen**, 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 dextketoprofen. 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 ([MIMS](#), Feb-18).
- 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](#), Feb-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.