NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

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Specials for the treatment of dermatological conditions

An increasing number of specials are being requested from practices within West Hampshire and a significant proportion is for dermatological preparations. The evidence for efficacy with many of these products is lacking and in some cases there is even evidence of harm. For example, chronic use of low dose topical anti-infectives has been associated with sensitisation and development of resistance that can compromise future treatment with antibiotics. Such formulations also tend to have a shortened shelf-life as mixing products can affect stability of the individual ingredients. The General Medical Council Good Practice Guidance is very clear about the use of unlicensed and 'special' products. It recognises that there are situations in which a special might be required but emphasises the need to ensure that there is evidence for the product's efficacy and safety in the absence of a suitable alternative.

The British Association of Dermatologists (BAD) has addressed this problem and compiled a list of preferred unlicensed specials that may be appropriate in exceptional circumstances. The list has been discussed by the DPC and the products classified within local formularies as green, amber or red.

The following action should be taken if requests are received to prescribe unlicensed special dermatological preparations.

- Consult the BAD list for products that have been approved for prescribing in the local community.
- If the preparation is listed, prescribe in accordance with local formulary recommendations.
- For products that are listed as suitable for use within primary care, prescribe as an acute and ensure regular review.
- If any requests are received to initiate patients on products that are not on the BAD list, use the secondary care feedback form asking the requester to complete an Individual Funding Request (IFR) form for consideration of funding by the CCG.

Prolia (Denosumab) injection and latex allergy

The manufacturers of Prolia state that: "The needle cover of the pre-filled syringe contains dry natural rubber (a derivative of latex) which may cause allergic reactions". There is considerable variation in guidelines published by other NHS organisations as to whether Prolia should be administered to people who suffer from such an allergy, but in the absence of any case reports to guide a recommendation, local specialists advise against administration.

Although latex allergy can manifest as a simple reaction, it can also be life-threatening and these risks should be fully discussed with the patient when contemplating treatment with Prolia. Alternative treatment options for osteoporosis are available for the majority of patients and the specialists believe that the potential benefit from denosumab is not generally worth the risk.

FreeStyle Libre

A high profile is being given to this new glucose monitoring system. It works through a sensor attached to the arm that measures glucose levels from the interstitial fluid under the skin. Data is collected by scanning the sensor with a phone.

The Hampshire and Isle of Wight Priorities Committee will be considering this product at their meeting on 7 December 2017, and their recommendations will then be reviewed by each CCG governing body. An update will be published once this has occurred.

The District Prescribing committee has issued the following statement:

> "Prescribers in primary and secondary care should not prescribe Freestyle Libre® sensors on an NHS prescription until the Freestyle Libre® device has been evaluated and approved for use through local governance processes."

Enoxaparin – prescribe by brand

A biosimilar version of enoxaparin (Inhixa) is now available. Biosimilar products are not generally interchangeable with alternative brands, so to ensure that patients remain on the same product enoxaparin should now be prescribed by brand name. Your Medicines Optimisation Pharmacists and Technicians will be contacting you to discuss a switch to brand prescribing.

Unfortunately we have been informed that that Clexane is highly likely to be in short supply in the near future. If Clexane is unavailable patients will have to be switched to Inhixa with full counselling about use of the new device. They should then remain on Inhixa for the remainder of their treatment.

Glipizide

There are ongoing problems with supplies of glipizide due to some of the manufacturers discontinuing production of their generics. Local secondary care teams have provided us with the following information for anyone who is running out of tablets and needs alternative treatment.

1. Consider age and HbA1c

    a. This may identify any over treated elderly patients (>75years and HbA1c<53mmol/mol) who might benefit from de-prescribing or a switch to a more appropriate class of medicine.
    b. Those under treated on dual or triple therapy (HbA1c is well beyond personalised target), who require a step up to SGLT2, GLP-1 or insulin and cessation of the sulfonylurea.

2. If appropriate to continue a sulphonylurea consider switching to gliclazide (an approximate conversion is 5mg glipizide to 80mg of gliclazide). As always with converting, if you are concerned about hypoglycaemia then reduce the converted dose temporarily and titrate up as needed.

Dabigatran

A number of pharmacies have encountered problems obtaining dabigatran.

It is only available through Phoenix and pharmacies may need to ring through to the wholesaler to request the supply, rather than adding it to their usual stock requests. If there are still difficulties, there is a facility for pharmacies to order directly from the manufacturers, Boehringer, using the details on the PSNC website. There shouldn't be any need to alter prescriptions.

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