

# the T@blet

News from Medicines Management at Doncaster Clinical Commissioning Group  
The T@blet Issue 8 2016

Canagliflozin (Invokana, Vokanamet): signal of increased risk of lower extremity amputations observed in trial in high cardiovascular risk patients Drug Safety Update - GOV.UK

## Advice for healthcare professionals:

- As a precaution, consider stopping canagliflozin if a patient develops a significant lower limb complication (e.g. skin ulcer, osteomyelitis, or gangrene), at least until the condition has resolved, and continue to monitor the patient closely
- Carefully monitor patients receiving canagliflozin who have risk factors for amputation (e.g. previous amputations, existing peripheral vascular disease, or neuropathy)
- Monitor all patients for signs and symptoms of water or salt loss; ensure patients stay sufficiently hydrated to prevent volume depletion in line with recommendations in the [product information](#); note that diuretics can exacerbate dehydration
- Advise patients to:
  - stay well hydrated
  - carry out routine preventive foot care
  - seek medical advice promptly if they develop skin ulceration, discolouration, or new pain or tenderness
- Start treatment for foot problems (e.g. ulceration, infection, or new pain or tenderness) as early as possible
- Continue to follow [standard treatment guidelines](#) for routine preventive foot care for people with diabetes

Topical miconazole, including oral gel: reminder of potential for serious interactions with warfarin

Up to 13 April 2016, the [MHRA](#) received 146 [Yellow Cards](#) that report possible drug interactions between miconazole and warfarin: approximately half of these cases reported an INR increase above 10.

## Reminder for healthcare professionals:

- Miconazole, including the topical gel formulation, can enhance the anticoagulant effect of warfarin—if miconazole and warfarin are used concurrently, the anticoagulant effect should be carefully monitored and, if necessary, the dose of warfarin reduced
- Patients should be advised to tell their doctor, dentist or pharmacist if they are receiving warfarin before using products that contain miconazole and to seek medical advice if they notice signs of over-anticoagulation during treatment, such as sudden unexplained bruising, nose bleeds or blood in the urine

Nexplanon (etonogestrel) contraceptive implants: reports of device in vasculature and lung

## Updated advice for healthcare professionals (HCP):

- An implant should only be inserted subdermally and by a HCP who has been appropriately trained and accredited
- Do not insert over the sulcus (groove) between the biceps and triceps.
- Take care to avoid insertion close to any blood vessels or nerve bundles e.g. the ulnar nerve
- Immediately after insertion, verify the presence of the implant by palpation
- Show the woman how to locate the implant and advise her to do this frequently for the first few months; if she has any concerns she should return to the clinic for advice
- Locate an implant that cannot be palpated (e.g. using imaging of the arm) and remove it at the earliest opportunity
- If an implant cannot be located in the arm by palpation or imaging, perform chest imaging
- Surgical or endovascular procedures may be required to remove an implant from the chest
- Review the [updated instructions](#) on how to correctly insert the implant, including an amended diagram that illustrates:
  - the correct angle on the arm for insertion
  - how to view the needle to avoid deep insertion

## [Traffic Light System \(TLS\) update](#)

Sacubitril/valsartan ([Entresto](#)) indicated in chronic heart failure is categorised [Red 1, 2](#) on the TLS until January 2017. This is to allow time to establish the drug's on-going place in therapy and also determine the pathway for initiation and continuation of the treatment.

Degludec/liraglutide ([Xultophy](#)) indicated in Type 2 Diabetes is categorised as [Green-G](#) on the TLS. This combination product is **not** included in the [formulary](#).

## Prescribing Gainshare LES - opportunities

### Endocrine - bisphosphonates

Plain alendronic acid 70mg tablets are the first-line [formulary](#) option: neither oral solutions nor effervescent tablets are included.

Bisphosphonates should not be prescribed if there are any abnormalities of the oesophagus or other conditions which could delay oesophageal emptying (such as stricture or achalasia), or to people who are unable to stand or sit upright for at least 30 minutes.

[CKS Prescribing information - Bisphosphonates](#)

### Endocrine – insulin glargine biosimilar: type 2 diabetes (T2DM)

Initiating [Abasaglar 100 units/mL solution](#) first line in adults with T2DM, who are eligible for treatment with insulin glargine as per [NG28](#), would reduce prescribing costs by approximately 15 per cent.

The licensed indication, dosing regimen, pharmaceutical form and strength of [Abasaglar](#) are identical to those of Lantus. The EU regulatory process demanded an extensive comparability exercise, which showed that [Abasaglar](#) is non-inferior to Lantus.

#### Note:

**All** insulin glargine products **should** be prescribed by brand.

Routine switching of patients stabilised on Lantus is **not** advocated at this juncture.

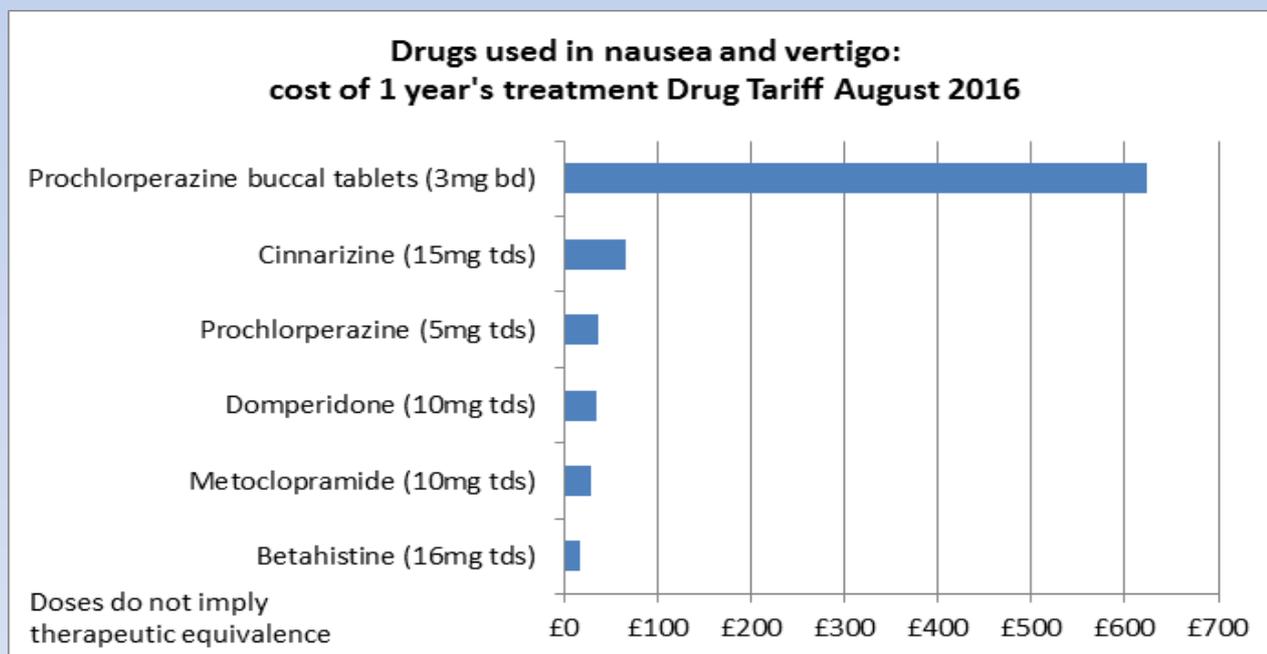
Pen devices may look and operate slightly differently.

[NHS NTAG - Abasaglar Treatment Appraisal: Decision Summary](#)

[MHRA - High strength, fixed combination and biosimilar insulin products: minimising the risk of medication error](#)

[Link to Lilly contact details](#)

### CNS – prochlorperazine



#### Actions:

- Reflect on whether prescribing is in line with [formulary](#) guidance
- Review patients with a current repeat prescription for prochlorperazine 3mg buccal tablets and consider whether:
  - Continued treatment is indicated
  - Changing to a more cost effective alternative is appropriate

#### Support:

A search will up loaded to the central server.