

the T@blet

News from Medicines Management at Doncaster Clinical Commissioning Group

[SGLT2 inhibitors: updated advice on increased risk of lower-limb amputation \(mainly toes\)](#)

Canagliflozin may increase the risk of lower-limb amputation (mainly toes) in patients with type 2 diabetes. Evidence does not show an increased risk for dapagliflozin and empagliflozin, but the risk may be a class effect.

Advice for healthcare professionals:

- carefully monitor patients receiving [canagliflozin](#) who have risk factors for amputation, such as poor control of diabetes and problems with the heart and blood vessels
- consider stopping canagliflozin if patients develop foot complications such as infection, skin ulcers, osteomyelitis, or gangrene
- advise patients receiving any sodium-glucose co-transporter 2 (SGLT2) inhibitor about the importance of routine preventive foot care and adequate hydration
- continue to follow [standard treatment guidelines](#) for routine preventive foot care for people with diabetes
- report any suspected side effect with SGLT2 inhibitors or any other medicine on a [Yellow Card](#)

ACTION:

Ensure all healthcare professionals involved in the management of diabetic patients are aware of this guidance.

Below is a reminder of the Traffic Light Status definitions. All information on the traffic lights can be found on the Medicines management website, click here to access [TLS](#)

Red Drugs

Definition: Initiation and ongoing prescribing should not be undertaken in primary care (unless as part of a specialist GPwSI service).

Amber Drugs

Definition: Initiation and continued prescribing should only be undertaken under auspices of an agreed shared care protocol

Amber with Guidance (Amber-G)

Definition: Drug must be initiated and where relevant titrated to stable dosage by specialist before GPs take over prescribing responsibility. There may be a requirement for monitoring to be undertaken by the GP as defined in relevant Amber G Guidance. These are displayed on the medicines management website

Green with Guidance (Green-G)

Definition: Drugs for which GPs may take full responsibility for initiating and on-going prescribing however, prescribing guidelines apply. These are displayed on the medicines management website

Grey

Definition: These medicines are not recommended for initiation or prescribing on an NHS prescription in the Doncaster & Bassetlaw Health Care Communities

- Evidence available supports that use in this area is inappropriate
- Insufficient evidence available to support its use in therapy
- Item withdrawn from market/discontinued
- Drug to be discussed at Doncaster Formulary Liaison Group/Medicines Management Committee or other groups before a category is agreed (this is therefore a temporary status)

Action:

Bring to the attention of relevant Practice Staff the Traffic Light System (TLS).

If asked to prescribe an unfamiliar drug please check the TLS for it's status and any recommendations

[MHRA launch pilot reporting scheme for harms associated with illicit drugs, particularly new psychoactive substances](#)

New psychoactive substances (previously known as 'legal highs') pose potentially serious risks to public health.

Use of these substances is commonly accompanied by use of licensed medicines. This [project](#) will enable the [MHRA](#) to collaborate more closely with [PHE](#) on safety issues that affect licensed medicines and illicit drugs.

Reporting:

The [Report Illicit Drug Reaction](#) form will be available until 21 March 2018 for healthcare professionals who come into contact with patients experiencing harm associated with use of illicit drugs, particularly new psychoactive substances. Suspected interactions between licensed medicines and illicit drugs should also be reported via [Yellow Card](#).

[FSRH Guidance: Emergency Contraception](#) update:

Key points:

- Advise women that the Copper Intrauterine device (Cu-IUD) is the most effective method of emergency contraception.
- Providers who cannot offer all emergency contraceptive methods should give women information regarding the other methods and signpost them to services that can provide them.

In Doncaster, the following rapid referral pathway for emergency IUD is in place:

(Ref: Doncaster LMC Update January 2017)

Patients age 18 or under

- GP calls [Project 3](#) on 01302 – 640032 and requests an urgent appointment for emergency IUD. The receptionist will check that the availability in clinic is within the timescale for fitting.
- Patient is referred to Project 3 based at East Laith Gate House.
- (GPs should not send patients without calling the clinic first as an appointment may not be available on the day and it would be a wasted journey for the patient.)

Patients age 19 or over

- GP calls [TriHealth CASH](#) on 01302 - 640040 and requests an urgent appointment for emergency IUD. The receptionist will check that the availability in clinic is within the timescale for fitting.
- Patient is referred to TriHealth CASH, based at East Laith Gate House (former Family Planning Clinic).
- (GPs should not send patients without calling the clinic first as an appointment may not be available on the day and it would be a wasted journey for the patient.)

- If a woman is referred on for a Cu-IUD, oral emergency contraceptive should be given at the time of referral in case the Cu-IUD cannot be inserted or the woman changes her mind.
- Women should be informed that it is possible that higher weight or BMI (>70 kg or with a BMI >26 kg/m²) could reduce the effectiveness of oral emergency contraception, particularly levonorgestrel.
- If a copper intrauterine device is not indicated or not acceptable, ulipristal can be offered. If ulipristal is not suitable, a double dose (3 mg) of levonorgestrel can be used.
- It is not known whether ulipristal or double dose levonorgestrel is more effective. Double dosing of ulipristal is not currently recommended.

ACTION:

Ensure all healthcare professional are aware of this guidance