Medicines Management

NHS Doncaster Clinical Commissioning Group

Issue 8 2017

the T@blet

News from Medicines Management at Doncaster Clinical Commissioning Group

Performance to prescribing budget

Practices are thanked for their efforts to reduce variance in prescribing costs: DCCG overspend was smaller than forecasted.

Oral glucose tolerance test – Rapilose OGTT oral solution

The Medicines Management Group have agreed that Rapilose OGTT oral solution is a suitable alternative to Lucozade Energy Original, the glucose content of which has been reduced by 50 per cent, for the delivery of OGTTs: this is in line with the BNF OGTT treatment summary.

Action: Ensure healthcare professionals involved in the OGTT are aware of this change.

Treatment of recurrent *Clostridium difficile* infection (CDI) - fidaxomicin prescribing

Following a significant event, prescribers are reminded that fidaxomicin is classified Green-G and should **only** be prescribed under the direction of a consultant microbiologist.

When a consultant microbiologist has identified a clinical need for fidaxomicin, they will contact the patient's GP to request prescription on FP10: this **must** be dispensed at DRI main dispensary.

Action:

Please follow the locally agreed process for prescribing and dispensing fidaxomicin.

PHE guidance on the management and treatment of CDI

NICE QS149 - osteoporosis: long-term follow-up

The optimal duration of bisphosphonate therapy is unclear and there are possible adverse effects of long-term treatment: adults who have been taking alendronate, ibandronate or risedronate for 5 years should have a review of the need for continuing treatment.

Review of the need for continuing treatment

NICE NG56 recommendations:

Tell a person who has been taking bisphosphonate for osteoporosis for at least 3 years that there is no consistent evidence of:

- further benefit from continuing bisphosphonate for another 3 years
- harms from stopping bisphosphonate after 3 years of treatment.

Discuss stopping bisphosphonate after 3 years and include patient choice, fracture risk and life expectancy in the discussion.

Continuation of treatment is recommended for people with any of the following risk factors:

- age over 75 years
- previous hip or vertebral fracture
- one or more low trauma fractures during treatment (after poor adherence to treatment, for example less than 80% of treatment has been taken, and causes of secondary osteoporosis have been excluded)
- current treatment with oral glucocorticoids of 7.5 mg or more prednisolone/day or equivalent.

For people without risk factors, arrange a DEXA scan and consider:

- Continuing treatment if the T-score is less than -2.5, and reassessing fracture risk and bone mineral density (BMD) every 3 to 5 years.
- Stopping treatment if the T-score is greater than -2.5, and reassessing their fracture risk and BMD after 2 years.

Action:

Clinicians are advised to review the need for continuing treatment when oral bisphosphonates have been taken for 5 years.

Valproate and developmental disorders - patient review and risk minimisation measures

Babies born to mothers who take valproate medicines (Epilim▼, Depakote▼) during pregnancy have a 30–40% risk of developmental disability and a 10% risk of birth defects.

Advice for healthcare professionals:

- Do not prescribe valproate medicines for epilepsy or bipolar disorder in women and girls unless other treatments are ineffective or not tolerated; migraine is not a licensed indication
- Ensure women and girls taking valproate medicines understand the 30–40% risk of neurodevelopmental disorders and 10% risk of birth defects and are using effective contraception
- Valproate use in women and girls of childbearing potential must be initiated and supervised by specialists in the treatment of epilepsy or bipolar disorder

Evidence suggests as many as 1 in 5 women taking valproate are not aware of any of its risks in pregnancy. On 6 April 2017, a Patient Safety Alert was sent to GPs, which directed all organisations undertake systematic identification of women and girls taking valproate and use the MHRA resources to support them to make informed choices.

Action:

- The Medicines Management Team will identify all female patients 13-53 years taking valproate: prescribers to ensure they are supported to make informed decisions.

MHRA valproate toolkit

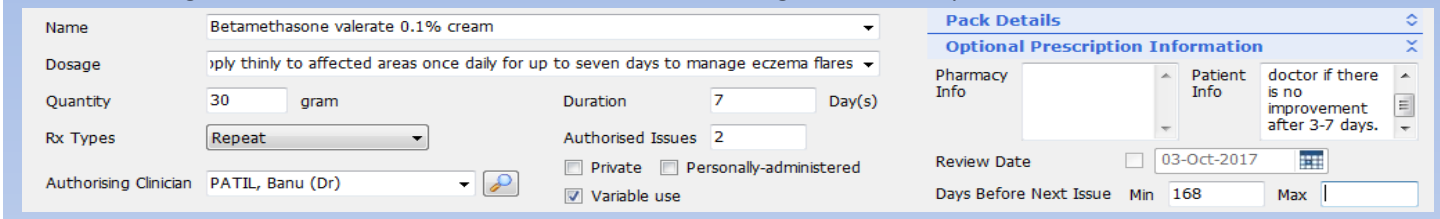
Topical steroids – supporting safe, effective use

A patient presented to a local pharmacy with sore, bleeding feet: she had been using a potent topical steroid (betamethasone valerate 0.1% cream) continuously for two years. The Pharmacist advised that she stop using the cream and see her GP; she was referred to Dermatology: her symptoms are much improved.

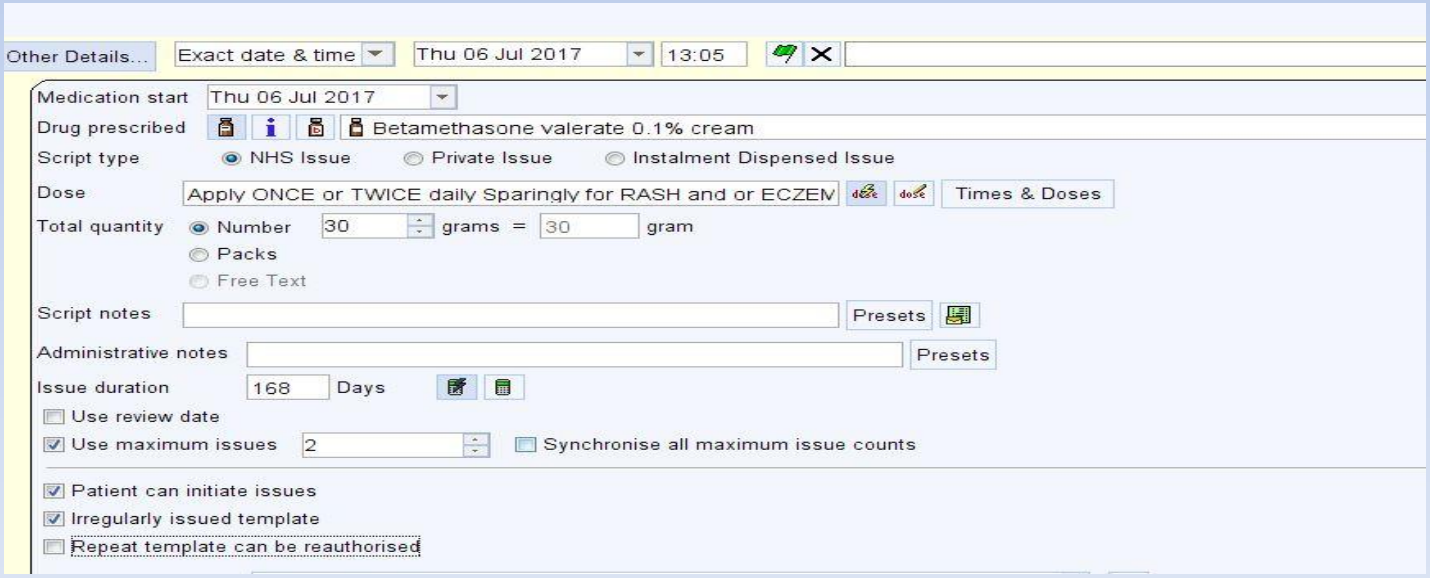
Action:

Ensure patients are aware when and how topical steroids are used.

Consider using the Variable use function on EMIS Web to manage access to repeats:



In TPP, repeat template box can be un-ticked to prevent reauthorisation without clinician review, and irregularly issued template boxed ticked so it flags up in the medication screen.



PiL - finger tip units for topical steroids

PiL - topical steroids for eczema