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Medicine Matters

A medicines optimisation newsletter for
Merton and Wandsworth Clinical Commissioning Groups

NHS Merton Clinical Commissioning Group

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FreeStyle Libre - Flash Glucose Monitoring System

From the 1st of July 2018, residents of Merton and Wandsworth with **Type 1 diabetes**, aged 4 years and over, are eligible to receive FreeStyle Libre on NHS prescription following assessment by their local diabetes specialist team. Patients must understand the principles of insulin dose adjustment, know how to appropriately manage their glucose levels and fulfil **at least one of the following criteria**:

1. Patients with Multiple Daily Injections (MDI) or insulin pump therapy who test frequently (intention to reduce by at least 8 strips per day; 7 strips in children aged 4 to 19 years);
2. Those with HbA1c > 8.5% (69.4 mmol/mol) or disabling hypoglycaemia who would be eligible for insulin pump therapy as per NICE TA 151;
3. Patients on MDI or insulin pump therapy where conventional monitoring is not possible with Self-Monitoring of Blood Glucose (SMBG).

The patient's local diabetes specialist team will decide on their eligibility at their next routine appointment.

People with Type 1 diabetes, not currently under the care of a local diabetes specialist team, can discuss with their GP whether they should be referred for an eligibility assessment at a specialist centre.

Further information about the guidance can be found here & the summary 'Prescribing Flowchart' here.

Sodium Valproate - Enrolment in Pregnancy Prevention Programme

The MHRA has changed its regulatory position on medicines containing sodium valproate. If a woman of childbearing age is to be prescribed sodium valproate, she **MUST** be enrolled in a pregnancy prevention programme (PPP). This includes the completion of a signed risk acknowledgement form when her treatment is reviewed by a specialist annually. Prescribers are advised to do the following:

- Discuss known risks with all female patients;
- Exclude pregnancy before initiation;
- Arrange for highly effective contraception if necessary*;
- Ensure she sees a specialist at least once a year;
- Ensure the patient has a signed annual risk acknowledgement form with a specialist.

* Methods of contraception, which are considered 'highly effective' in this context include:

- The long-acting reversible contraceptives (LARCs) copper intrauterine device;
- Levonorgestrel intrauterine system;
- Progestogen-only implant;
- As well as male and female sterilisation.

Women using implants must not take any interacting drugs that could reduce contraceptive effectiveness.
View the Pregnancy Prevention Programme materials online here.

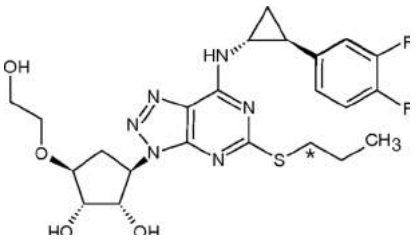
Diabetes and Driving - Recent changes to DVLA guidance

Statutory changes have come into place for group 1 (car and motorbike) drivers. These changes include:

- Defining notifiable episodes of severe hypoglycaemia as those whilst awake, and
- Reducing the suspension to 3 months (subject to medical enquires with the DVLA).

If more than one episode occurs within the preceding 12 months, the driver needs to notify the DVLA so that they can undertake medical enquiries into their fitness to drive. For further information, please see attached document.

Prescribing TICAGRELOR in Acute Coronary Syndromes (ACS)



Ticagrelor is restricted to specialist/cardiologist initiation for use in combination with low dose aspirin for the treatment of ACS in adults. There are careful dosing instructions with ticagrelor. All relevant information, including a stop date should be included in the hospital discharge summary. **It is recommended that the stop date of ticagrelor is entered into the practice computer system.** Consider adding the end date in the dosage box. The prescribing of ticagrelor in ACS is generally as follows:

Ticagrelor **90mg BD** with aspirin 75mg OD for 12 months (NICE TA 236, Oct. 2011) unless discontinuation is clinically indicated. Low-dose aspirin is then continued alone long-term.

Extended dual antiplatelet treatment is required for patients with a history of MI of at least one year and at high risk of an atherothrombotic event (NICE TA 420, Dec. 2016). Extended treatment is with a **reduced dose** of ticagrelor **60mg BD** in combination with aspirin 75mg OD. Ticagrelor is stopped when clinically indicated or after a maximum of 3 years and continue low-dose aspirin long-term. Review risks at annual check.

Further advice:

- Do not stop ticagrelor prematurely without discussion with a cardiologist. Premature discontinuation is associated with a high risk of cardiovascular events. If the patient is experiencing significant adverse effects, seek advice from the initiating team to discuss suitable alternatives e.g. clopidogrel or prasugrel.
- Check renal function one month after starting therapy. If there is greater than 20% increase in serum creatinine seek advice from the initiating team.
- When prescribing new drugs for patients on ticagrelor therapy, consider potential drug interaction (see BNF / SPC for full information). Concomitant use of NSAIDs and/or SSRIs will increase bleeding risk.
- Mild to moderate dyspnoea can occur, particularly in the first 7 days of treatment. Dyspnoea is usually transient, but if it is persistent or severe, seek advice from the initiating team. Patients with asthma or COPD are at increased risk of dyspnoea.
- Ticagrelor is a black triangle drug and therefore all adverse events should be reported to the MHRA using the yellow card system, even if the side effect is well documented.

Action for primary care prescribers:

Ensure stop date of ticagrelor is visibly documented on practice computer system according to the recommended dosage.

Educate the patients when they have started this medication and provide a card with written instructions.

Safe Disposal of Fentanyl Transdermal Patches

A baby girl has died from accidental exposure to a skin patch containing fentanyl (ARTICLE). This tragic event reinforces the need to ensure patients understand how to store, use and dispose of patches carefully. Please remind patients to:

- Keep all patches, used and unused, out of the sight and reach of children.
- Regularly check that the patch is still stuck to your skin. If the patch falls off, dispose of it safely and apply a new patch, making a note of the new day, date and time when you will need to change it.
- As soon as you take a patch off, fold it firmly in half so that the sticky side sticks to itself.
- Put it back in its original pouch and put the pouch in the bin with your household rubbish, out of the sight and reach of children.
- If your patches are out of date or you are told by your doctor that you no longer need to use them, take them to your pharmacy where they can be disposed of safely.

Discontinuation of Modecate® (fluphenazine decanoate) Injections

Bristol Myers Squibb is discontinuing Modecate® (fluphenazine decanoate) due to the unpredictability of supply of the active ingredient. Supplies of Modecate® are expected to remain available in the U.K. until the end of 2018.

Action for primary care prescribers

- No new patients should be started on Modecate® depot.
- Identify patients under your care who are prescribed Modecate®. Where antipsychotic treatment is still required an alternative agent should be prescribed. Please refer to the attached memo for further information.

Contact the SWL STG MH Trust Medicines Helpline for further advice. Call: 020 3513 6829; Email: medinfo@swlstg.nhs.uk