

MEDICINES COMMISSIONING NEWS

APRIL 2018

Area Prescribing Committee: Position Statements

The following new position statements have been added to the APC website:

- [Fentanyl immediate release](#)
- [Glucosamine](#)
- [Omega-3 preparations](#)
- [Tadalafil once daily](#)

The following position statement has been updated in line with NHSE guidance for items which should not routinely be prescribed in primary care.

- [Liothyronine](#)

Area Prescribing Committee: Guidance

DVT/PE anticoagulant pathways have been revised to highlight the varying enoxaparin licensed dosing regimens, the Worcestershire Acute Hospitals Trust MDT preference for edoxaban in cancer associated thrombosis and an overview of patients likely to benefit most from warfarin or a DOAC (Direct-acting Oral AntiCoagulant.)

[DVT pathway](#)

[PE pathway](#)

Area Prescribing Committee: New Drug Applications

The following new drugs applications have been considered by the Worcestershire Area Prescribing Committee:

Fexofenadine has been approved for addition to the Worcestershire formulary for use ONLY when alternative more readily available OTC antihistamines have failed.

COPD triple therapy (Trelegy®, Trimbrow®).

The Area Prescribing Committee have approved the use of triple therapy (ICS+LABA+LAMA) in line with the GOLD guideline and local guidelines for patients who have failed to achieve or maintain an adequate response to an appropriate course of dual therapy.

The Worcestershire COPD guidance will be updated to include a step down protocol and the position of triple therapy. Until this updated guidance has been approved these inhalers should only be initiated on the advice of a respiratory consultant.

MHRA: Mycophenolate Mofetil, Mycophenolic Acid: Updated Contraception Advice For Male Patients

The Medicines and Healthcare products Regulatory Agency (MHRA) has reviewed the available clinical evidence for mycophenolate mofetil and the risk of malformations or miscarriage in pregnancies where the father was taking mycophenolate medicines. They have concluded that although the available clinical evidence does not indicate an increased risk, there is insufficient evidence to rule out any risk. Therefore as a precautionary measure for male patients, they are recommending that either the patient or their female partner use reliable contraception during treatment with mycophenolate medicines and for at least 90 days after stopping. Female patients of childbearing potential receiving mycophenolate should always use contraception.

[MHRA guidance: mycophenolate mofetil](#)

Supply Issues Update

- **Lacri-lube eye ointment:** Allergan are out of stock with no resupply date due to a manufacturing issue. Lacri-lube is not included in the Worcestershire formulary and clinicians should use this as an opportunity to switch patients to more cost effective formulary choices:
 - Vita-POS® eye ointment. This has 6 month post opening sterility, NOT suitable with contact lenses; 300 applications per tube.
 - Xailin® Night ointment. Remove contact lenses and wait 30 minutes before reinserting.

Advice included in the local guidance is that a nightly application of ocular lubricant ointment can be of great benefit to dry eye patients and used regularly may reduce the need for daytime administration of ocular lubricants.

- **Menadiol tablets:** Alliance, the sole supplier is out of stock from mid-January until approximately October 2018. They are now supplying an unlicensed special which is the same formulation as the licensed product. Other specialist importers are also able to source unlicensed supplies. UKMI have drafted a shortages memo, which will provide advice on alternatives, this is available on the SPS website: <https://www.sps.nhs.uk/articles/shortage-of-menadiol-diphosphate-tablets-10mg/>
- **Trimovate® Cream (clobetasone, nystatin and oxytetracycline):** This product has recently divested from GSK to Ennogen, but Ennogen have imported Trimovate® cream as an unlicensed product which they are now distributing. Trimovate is NOT included in the local formulary and it should not be prescribed.
 - In line with the Worcestershire Guidelines for Primary Care Antimicrobial Prescribing if a bacterial skin infection is suspected: Topical fusidic acid qds for 5 days for small areas or oral flucloxacillin 500mg qds x 7 days for extensive areas.
 - If fungal infection is suspected, imidazole creams, terbinafine 1% or undecanoic acid should be used.
 - If a topical corticosteroid is required this should be prescribed separately in line with the local guidance: [topical corticosteroid guidance](#).