Produced by the NHS Rotherham CCG Medicines Management Team Tel (01709) 302639 if further information is required.

Bite Size Prescribing News April 2018

NHS Rotherham Clinical Commissioning Group

Further information on Valproate medicines in pregnancy including the Pregnancy Prevention Programme.

The Medicines and Healthcare products Regulatory Agency has updated its guidance on the use of Valproate. Valproate medicines must no longer be used in women or girls of childbearing potential unless a Pregnancy Prevention Programme is in place.

The Pregnancy Prevention Programme is a system of ensuring all female patients taking valproate medicines:

- have been told and understand the risks of use in pregnancy and have signed a Risk Acknowledgement Form
- are on highly effective contraception if necessary
- see their specialist at least every year

Hardcopies of the following will be sent to healthcare professionals by the Epilim licence holder shortly. (NB these are not available online yet)

- A Patient Guide,
- A Guide for Healthcare Professionals,
- A Risk Acknowledgement Form – for the specialist and patient to sign at initiation
- A Patient Card – to be given by community pharmacists
- Stickers with warning symbols – for community pharmacists

GPs must identify and recall all women and girls who may be of childbearing potential, provide the Patient Guide, check they have been reviewed by a specialist in the last year and are on highly effective contraception *(in this context, these include the long-acting reversible contraceptives (LARC): copper intrauterine device (Cu-IUD), levonorgestrel intrauterine system (LNG-IUS), and progestogen-only implant (IMP), and male and female sterilisation. If a user-independent form is not used, two complementary forms of contraception including a barrier method should be used and regular pregnancy testing considered).*

READ codes for documentation are:

System One - Advice on risk harm to foetus from maternal Sodium Valproate during pregnancy (Y1b25)

EMIS – Contraceptive advice for patients on valproate for epilepsy (EMISNQCO292)

EMIS – Pregnancy prevention programme form signed by patient (EMISNQPR472)

Finasteride lowers prostate-specific antigen (PSA) values.

Following a recent incident, it is pertinent to remind all healthcare providers that Finasteride causes a decrease in Serum PSA concentrations by approximately 50% in patients with BPH even in the presence of prostate cancer. In patients treated with Finasteride for six months or more, PSA values should be **doubled** for comparison with normal ranges in untreated men. This adjustment preserves the sensitivity or specificity of the PSA assay and maintains its ability to detect prostate cancer.

Hydroxychloroquine / chloroquine - dosage and screening recommendations

Recent data has highlighted long-term treatment with hydroxychloroquine (or chloroquine) can affect the retina and vision leading to hydroxychloroquine retinopathy. The risk of developing hydroxychloroquine retinopathy is directly proportional to duration of treatment with the medicine.

Additional risk factors for development of the condition include daily dosage greater than 5mg/kg, if patient is also taking tamoxifen and renal impairment.

Ophthalmology screening is now recommended for all patients taking hydroxychloroquine who are expected to remain on the medicine for more than 5 years. TRFT Rheumatology department are aware of these guidelines, however it may be pertinent to ensure long term patients are attending their yearly reviews. For further details, please see the Royal College of Ophthalmology guidance on hydroxychloroquine and chloroquine retinopathy screening.

Updated COPD guidelines

Updated COPD guidelines that have been jointly developed with TRFT are now on the CCG intranet site. The three most cost- effective treatments for COPD remain the same:- Annual Influenza Vaccination, Smoking Cessation & Pulmonary Rehabilitation. All three should be offered to all COPD patients.

COPD Guidelines 2018

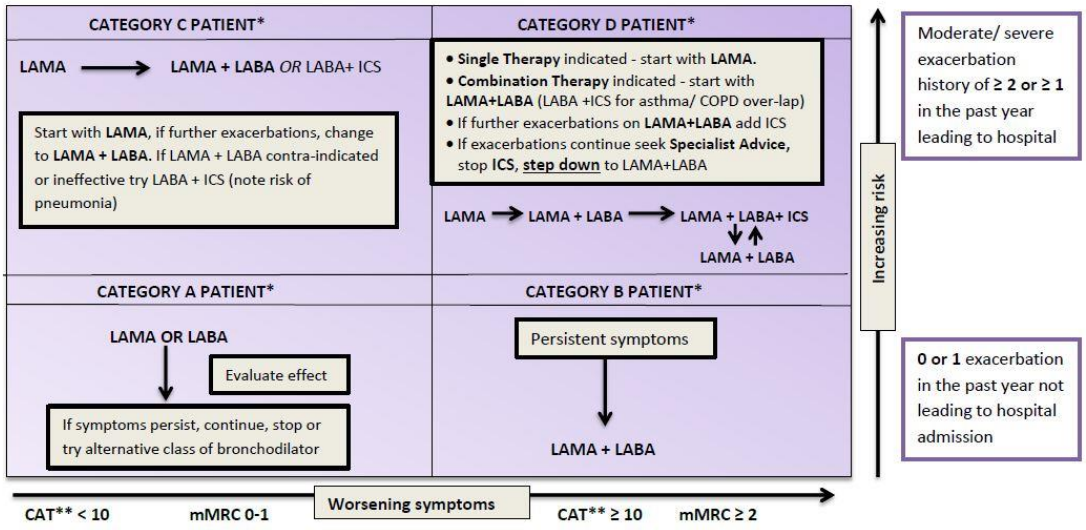
- Ensure correct diagnosis- appropriate history and confirmatory spirometry.
- The three most cost- effective treatments for COPD are: **Annual Influenza Vaccination, Smoking Cessation & Pulmonary Rehabilitation**. All three should be offered to COPD patients.
- First line options should be chosen where possible, but please note that choice of inhaler device will depend on patient specific factors

GOLD Stages 2018 (1-4)

1: **Mild** $FEV_1 \geq 80\%$ predicted
2. **Moderate** $50\% \leq FEV_1 < 80\%$ predicted.
3. **Severe** $30\% \leq FEV1 < 50\%$ predicted
4. **Very Severe** $FEV1 < 30\%$ predicted

*=At each stage **review diagnosis; SABAs** can be added on a **PRN basis** if appropriate.

CAT**= COPD Assessment Test
mMRC= Modified British Medical Research Council



- Patients must be given options and flexibility when choosing appropriate inhaler
- Assess inhaler technique before starting treatment and regularly throughout treatment
- Choose first line options if suitable and meets all of the requirements of the patient

Note: Patients currently stable on their inhaler regimes should remain on them & not be switched

Inhaler Options	Powder			Particle
SABA options	Easyhaler Salbutamol 200 mcg one puff PRN Maximum Dose: 800mcg/24hrs			**Salbutamol MDI 100mcg 2 puffs PRN (1st Line) OR** Salbutamol Easi-Breathe 100mcg 2 puffs PRN
LAMA Options	**Incruse Ellipta (1st Line)** One puff once daily (Umeclidinium 55mcg OD) ▼ 	**Seebri Breezhaler** Inhale content of 1 capsule once daily (Glycopyrronium 44mcg OD) ▼ 	**Eklira Genuair** one puff twice daily (Aclidinium 322mcg BD) ▼ 	**Spiriva Respimat** Two puffs Once daily (Tiotropium 2.5mcg 2 puffs OD) 
LAMA/LABA Options	**Anoro Ellipta 55/22 (1st line)** One puff once daily ▼  (Umeclidinium 55mcg/ Vilanterol 22mcg OD)	**Ultibro Breezhaler 85/43** Inhale content of 1 capsule once daily  (Indacaterol 85mcg/Glycopyrronium 43mcg OD) ▼	**Duaklir Genuair 340/12** One puff twice daily  (Aclidinium 340mcg/Formoterol 12mcg BD) ▼	**Spiolto Respimat**  (Tiotropium2.5mcg/Olodaterol2.5mcg) Two puffs once daily ▼
LABA/ICS Options	**Relvar Ellipta 92/22 (1st Line)** One puff once daily  (Fluticasone 92mcg/ Vilanterol 22mcg OD) ▼	**DuoResp** (Budesonide/ Formoterol): 2 Strengths- dose in micrograms (mcg)  **160/4.5** (dose: Two puffs twice daily) **OR** **320/9** (dose: One puff twice daily)	**Fostair NEXThaler** (dose in mcg)  (Beclometasone/Formoterol 100/6) Two puffs twice daily	**Fostair** (dose in mcg)  (Beclometasone/Formoterol 100/6) Two puffs twice daily
LABA/LAMA/ICS	**Trelegy Ellipta** (92mcg Fluticasone/55 mcg Umeclidinium/ 22mcg Vilanterol OD) One puff once daily ▼		***Trelegy and Trimbow should not be used until LABA/LAMA has been evaluated***	**Trimbow** (87mcg Beclometasone/5mcg Formoterol/9mcg Glycopyrronium) Two puffs twice daily

The guideline can be found in Therapeutic Guidelines & Top Tips section of the CCG website.