



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

Bite Size Prescribing News

August 2019



Rotherham
Clinical Commissioning Group

Rivaroxaban (Xarelto ▼): reminder that 15 mg and 20 mg tablets should be taken with food.

MHRA has received a small number of reports suggesting lack of efficacy (thromboembolic events) in patients taking 15 mg or 20 mg rivaroxaban on an empty stomach. Clinicians are asked to remind patients to take 15 mg or 20 mg rivaroxaban tablets with food. For patients who have difficulty swallowing, tablets can be crushed and mixed with water or apple puree immediately before taking; this mixture should be immediately followed by food. Further information can be found [here](#).

Tramadol for osteoarthritis – Cochrane systematic review finds little benefit and increased adverse events compared with placebo

A systematic review of 22 randomised controlled trials (RCTs) found that tramadol, either with or without paracetamol, had no important impact on mean pain or physical function scores in people with osteoarthritis compared with placebo. A small proportion of participants (about 5% more than the placebo group) did have a clinically important response to tramadol, however more participants experienced side effects, or in the case of tramadol alone, were more likely to withdraw from studies due to the adverse effects of treatment. This review adds further weight to the view that long term opiates should not be used for the management of chronic non-cancer pain. Further information can be found [here](#).

Update to NICE guidelines on COPD

The NICE guideline on COPD ([here](#)) has recently been updated to include new recommendations on the use of inhaled triple therapy (i.e. the combination of a long-acting muscarinic antagonist [LAMA], a long-acting beta2 agonist [LABA], and an inhaled corticosteroid [ICS]).

NICE then makes different recommendations depending on whether a patient has been using LABA+ICS or LAMA+LABA, reflecting the different strength of evidence for stepping-up from these therapies:

- For people taking LABA+ICS, the recommendation is to **offer** triple therapy if their day-to-day symptoms continue to adversely impact their quality of life or they have a severe exacerbation (requiring hospitalisation) or they have 2 moderate exacerbations (requiring treatment with systemic corticosteroids and/or antibiotics) within a year.
- For people using a LAMA+LABA, the advice is to **consider** triple therapy if they have a severe exacerbation.

August Branded Generic choice: Sukkarto SR 500mg and 1000mg tablets (Metformin)

This month the Medicines Management Team will be ensuring that all prescriptions for metformin MR 500mg and 1000mg tabs are prescribed by the brand name Sukkarto SR. This is a straightforward change that has been agreed with secondary care and requires no dose change. Metformin MR 750mg will be changed to Sukkarto SR 750 mg at a future date when larger quantities of stock are available.

Fexofenadine: Not More Potent Just More Dangerous

The MMT has been made aware of an increase in requests to practices for prescriptions for Fexofenadine for seasonal allergic rhinitis. It seems that public perception is that Fexofenadine, being a prescription only medication, must be “stronger and better” at controlling hayfever symptoms than those available to purchase over the counter. The MMT would like to reinforce the message that Fexofenadine is prescription only due to its side effect profile (especially its adverse cardiac effects). The following fact sheet (available on the CCG website) may help with discussions with patients.

SEASONAL ALLERGIC RHINITIS (HAY FEVER) FACT SHEET

Characteristic	Fexofenadine	Cetirizine	Levocetirizine	Loratadine	Desloratadine
H1 receptor selectivity	+	+	++	+	++
Sedative Properties	-	+	+	+	+
Anti-cholinergic	-	-	-	++	++
Cardiovascular effects	++	-	-	-/+	-
Potency	+	++	+	+	+

- Minimal / none + Moderate ++ Significant -/+ - QT prolongation seen with higher than licensed doses

Non- sedating Antihistamines

- These include fexofenadine, cetirizine, levocetirizine, loratadine & desloratadine
- Desloratadine and levocetirizine are not recommended because there is little evidence that they confer any additional benefits over the more established non-sedating antihistamines and they are more expensive
- **Fexofenadine is NOT more potent than other antihistamines but is prescription only as it has more undesirable side-effects.** Fexofenadine 180mg is only licensed for chronic idiopathic urticaria and fexofenadine 120mg is not recommended as it has greater cardiovascular effects.
- **Cetirizine or loratadine are first-line and patients should be encouraged to self-care and buy OTC.**
- If the patient is unable to take first-line choices due to allergy/ intolerance, please review patient in clinic.

Self- Care Tips to give patients

- ✓ Put Vaseline around nostrils to trap pollen
- ✓ Wear wraparound sunglasses to stop pollen getting into the eye
- ✓ Shower and change your clothes after you have been outside to wash pollen off
- ✓ Stay indoors whenever possible
- ✓ Keep windows and doors shut when possible
- ✓ Vacuum regularly and dust with a damp cloth
- ✓ Buy a pollen filter for the air vents in your car and a vacuum cleaner with a special HEPA filter.

Tips to help reduce symptoms of hay fever

- × Do not cut grass or walk on the grass
- × Do not spend too much time outside
- × Do not keep fresh flowers in the house
- × Do not smoke or be around smoke- it makes your symptoms worse
- × Do not dry clothes outside- they can catch the pollen
- × Do not let pets in the house if possible- they carry pollen indoors.

