



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

Bite Size Prescribing News

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Rotherham
Clinical Commissioning Group

Combined HRT patches – Ongoing Shortages and Alternatives

All combined HRT patches remain unavailable. Supplies of Evorel Conti/Sequi and FemSeven Conti/Sequi are expected to resume at the end of Q1 2020. In the mean-time following alternatives could be considered depending on the route of administration:

Continuous combined HRT patch alternatives

1. Estradiol 50 mcg **patch** (e.g. Estradot 50, Estraderm 50 or Progynova TS 50) PLUS Micronised progesterone 100mg caps (e.g. Ultrogestan) one each night.
2. Estradiol 50 mcg **patch** (e.g. Estradot 50, Estraderm 50 or Progynova TS 50) PLUS IUD Mirena (replaced after 4 years when used for oestrogen replacement therapy).
3. Estradiol transdermal **gel** (e.g. Oestrogel 2 actuations or Sandrena 1mg PLUS Micronised progesterone 100mg caps (e.g. Ultrogestan) one each night.
4. Estradiol transdermal **gel** (e.g. Oestrogel 2 actuations or Sandrena 1mg PLUS IUD Mirena (replaced after 4 years when used for oestrogen replacement therapy).
5. Oral combined continuous **tablets** containing 2mg Estradiol (e.g. Kliofem, Elleste Duet Conti)

Cyclical combined HRT patch alternatives

1. Estradiol 50 mcg **patch** (e.g. Estradot 50, Estraderm 50 or Progynova TS 50) PLUS Micronised progesterone 100mg caps (e.g. Ultrogestan) 200mg orally at bedtime for 12 days each 28 day cycle.
2. Estradiol transdermal **gel** (e.g. Oestrogel 2 actuations or Sandrena 1mg PLUS Micronised progesterone 100mg caps (e.g. Ultrogestan) 200mg orally at bedtime for 12 days each 28 day cycle.
3. Oral combined cyclical **tablets** containing 2mg Estradiol (e.g. Elleste Duet 2mg)

NICE publish Cannabis-based medicinal products guideline

The guideline covers prescribing of cannabis-based medicinal products for people with intractable nausea and vomiting, chronic pain, spasticity and severe treatment-resistant epilepsy.

All prescribing should remain specialist prescribed.

A summary of the recommendations is:

- Consider nabilone as an add-on treatment for adults (18 years and over) with chemotherapy-induced nausea and vomiting which persists with optimised conventional antiemetics.
- Do Not offer cannabis-based products for the management of chronic pain
- THC:CBD spray (Sativex) can be offered for moderate to severe spasticity in adults with multiple sclerosis under certain circumstances
- More research is required for NICE to make recommendations on the use of cannabis-based medicinal products for severe treatment-resistant epilepsy.

Further information can be found here: <https://www.nice.org.uk/guidance/ng144/chapter/Recommendations>

Updated Erectile Dysfunction Guidelines

The New Erectile dysfunction guideline can be found in the Top Tips section of the CCG internet site here: <http://www.rotherhamccg.nhs.uk/ED%20pathway%20%202019v4.pdf>



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ERECTILE DYSFUNCTION (ED) presented in primary

INVESTIGATIONS

- History
- Physical examination to exclude peripheral arterial disease, hypogonadism, prostate abnormalities, local external penis abnormalities
- Investigate known risk factors (CV, DM, lipids, smoking, alcohol, lifestyle)
- Bloods: testosterone, serum lipids and fasting glucose **OR** HbA1C

Abnormal testosterone
Nmol/L
Age <50: <10
50-75: <9
75+: <8

Testosterone normal

Testosterone abnormal

TREATMENT

PDE5 inhibitor

- Discuss treatment goals, expectations and SLS criteria
- Inform PDE5i requires sexual stimulation (not an initiator)
- Titrate up and **try on 8 different occasions at max dose** before classed as non-responder
- Review 6-12 monthly
- Ensure no **CONTRAINDICATIONS**: concomitant nitrates in any form, guanylate cyclase stimulators, potent CYP3A4 inhibitors, hypotension, Non-Arteritic Anterior Ischemic Optic Neuropathy, severe renal or hepatic impairment

• 1st line: **SILDENAFIL (generic only) PRN**

Usually starting at 50mg and increasing to 100mg if ineffective, or decreasing to 25mg if needed.

Provide **NHS prescription for all ED patients, not restricted to SLS.**

Repeat testosterone with an early morning level and:

- FSH/LH
- PSA
- PROLACTIN if testosterone <5
- FBC including hematocrit

Testosterone normal:
PDE5 inhibitor

Abnormal:
REFER to
ENDOCRINOLOGY

SLS criteria

All other treatments for ED can only be provided on PRIVATE PRESCRIPTION unless, patient meets SLS criteria: • diabetes • post-prostatectomy • renal failure treated by transplant or dialysis • spinal cord injury • single gene neurological disease • radical pelvic surgery • prostate cancer • multiple sclerosis • poliomyelitis • spina bifida • parkinsons disease • severe pelvic injury • NHS patients treated for ED before 14.9.98. **Severe distress is no longer listed SLS criterion.**

• 2nd line: generic **TADALAFIL 10/20mg PRN** dose

Private Rx unless patient is eligible for NHS treatment as above. Daily formulations 2.5mg and 5mg not to be prescribed on NHS.

QUANTITIES: One treatment per week will be appropriate for most patients – prescribe 4 tablets per month. However, the maximum frequency of once per day may be prescribed on NHS by a GP if required and clinically appropriate.

REFER to **UROLOGY** if:

- Failure of **both** PDE5 inhibitors **AND**
- Patient meeting SLS criteria for NHS treatment and requiring other treatment options:
 - vacuum erection devices*
 - intracavernous injection
 - intraurethral application
 - topical cream
 - penile prosthesis

Common choice of cost effective vacuum erection devices initiated in Rotherham: Rapport Classic SM2000 by Owen Mumford Ltd or Farnhurst Elite ES101 by R and G Products Ltd. Corresponding replacement rings to be prescribed by GP when required – refer to urology clinic letter for recommended brand and size for each patient.