LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

Issue No. 64

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In this issue …

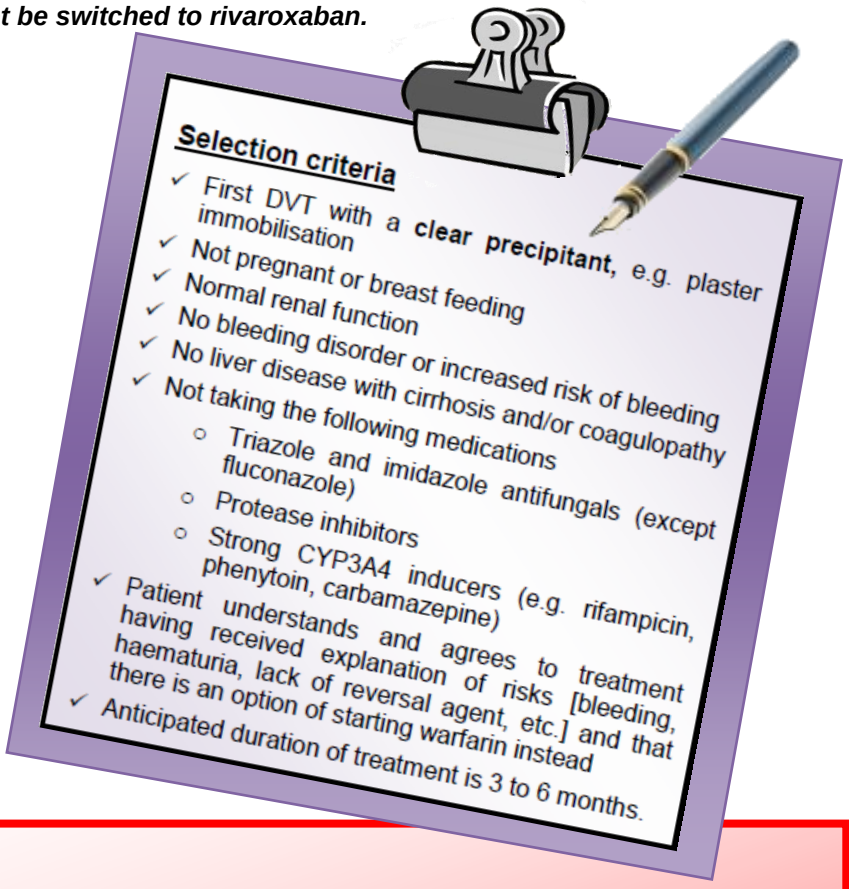
Rivaroxaban for DVT

Rivaroxaban has been added to the LJF as the first choice agent replacing warfarin and low molecular weight heparin (LMWH) for the treatment of DVT and prevention of recurrent DVT following an acute DVT in adult patients who meet the selection criteria. However, existing patients on warfarin or LMWH who meet the selection criteria for rivaroxaban should not be switched to rivaroxaban.

Rivaroxaban has been shown to be non-inferior to standard anticoagulant therapy including an LMWH and a vitamin K antagonist for the treatment of proximal DVT and prevention of recurrence. It is restricted for use in patients with clear precipitating risk factors deemed to require three to six months of anticoagulation and is not on the formulary for long-term use.

A Lothian protocol is being developed for management and assessment of patients with possible DVT. Treatment will be initiated in secondary care and continued in primary care.

In addition to the above indication rivaroxaban is also licensed, and included in the LJF for specialist use only, at a dose of 10mg daily for the prevention of venous thromboembolism in adult patients undergoing hip or knee replacement.

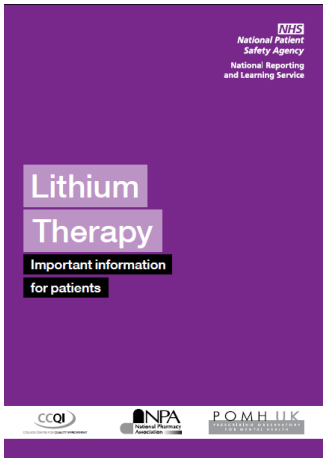


Key messages:

- **Rivaroxaban will replace warfarin and LMWH as a first line treatment of DVT in patients meeting criteria for patient selection.**
- **Treatment will be initiated in secondary care; usual dose is 15mg twice daily for 3 weeks followed by 20mg once daily, taken with food.**
- **Rivaroxaban should be used in patients with normal renal function. Limited data indicates rivaroxaban plasma concentrations are significantly increased in moderate or severe renal impairment and should be used with caution.**
- **It should not be used in patients with hepatic disease associated with coagulopathy and clinically relevant bleeding risk.**
- **Rivaroxaban is restricted for use in patients with clear precipitating risk factors deemed to require three to six months of anticoagulation and is not on the formulary for long-term use.**
- **There is no specific antidote for reversal. Contact haematology for advice if bleeding develops. Management in the event of bleeding is mainly supportive care until the drug effect wears off.**

Thanks to Dr Julia Anderson, Consultant Haematologist and Julie Blythe, Lead Pharmacist.

New lithium guidelines



An update to the NHS Lothian guidelines for the management of patients on lithium has recently been approved by the Area Drug and Therapeutics Committee. The update was compiled by a multidisciplinary working group following review of more recent national guidance on the safe monitoring of lithium therapy. Keys changes include:

- Standardisation of monitoring in line with the 2010 NPSA patient safety alert on safer lithium therapy. Monitoring of physical health parameters should now be undertaken six-monthly, with advice to now use eGFR measurement as a marker of renal function.
- Updates in the precautions in use and side-effects of lithium therapy
- Revision of the lithium treatment plan and creation of an electronic format that can be shared with other professionals or printed off and sent for information
- Advice to provide patients with the NPSA lithium therapy information pack. To support this, a supply of information packs have been disseminated to GP practices and specialist psychiatric outpatient clinics. Further copies may be obtained by phoning 0845 610 1112 or emailing nhsforms@spsl.uk.com.

Key messages:

- **Ensure patients on lithium are monitored six-monthly, with eGFR measurement as the marker of renal function.**
- **Ensure patients are provided with supporting information (purple folder containing a booklet of information, a 'Lithium Alert Card' and a 'Record book) to help them manage side-effects and be aware of signs of toxicity.**

Thanks to Marianne van-de-l'Isle, Principal Clinical Pharmacist.

Lidocaine plaster – review of use in general practice

As part of the GMS Quality and Outcomes Framework, a number of Lothian GP practices reviewed the use of lidocaine 5% plaster (Versatis®). Feedback was received from 18 practices, as summarised below:

- Only a minority of patients were prescribed lidocaine plaster for its licensed indication, post-herpetic neuralgia (3%) or its NHS Lothian-approved off-label use in palliative care (12%)
- A small proportion of prescriptions for lidocaine plaster were initiated in primary care (26%) with the majority being initiated in secondary care (64%), most often the pain clinic
- Initial data indicates that clinical review results in discontinuation of lidocaine plasters in more than 50% of patients; in one practice this represented an annual saving of £20,000.

These findings reinforce the importance of regular review of patients prescribed lidocaine plaster with a plaster-free trial once every month to ensure that prescribing is stopped if the product is not effective.

Early assessment of efficacy

Most patients will respond within two weeks. If there has been no benefit in two to four weeks or if any response is attributed solely to the skin protective properties of the plaster, discontinue treatment as potential risks may outweigh benefits.

If the pain resolves completely, after seven days of plaster use try a plaster-free trial:

- **Remove the lidocaine plaster for 24 hours and assess the patient**
- **If the pain returns or worsens, restart the lidocaine plaster**
- **If the patient remains pain-free or with stable pain discontinue the lidocaine plaster**

It is often possible to discontinue the plaster without the pain recurring as the local effect on nerve endings persists after the plaster is removed.

Subsequent review

If treatment is continued, reassess with a further plaster-free trial on a monthly basis to determine whether treatment can be discontinued, the number of plasters covering the affected area can be reduced or if the plaster-free interval can be extended.

For more information please see guidance at
www.palliativecareguidelines.scot.nhs.uk/documents/LidocainePlaster.Nov09.pdf

Important LJF updates

Diclofenac

The MHRA recently updated safety and prescribing information for diclofenac. A review of evidence has found that the arterial thrombotic risk for diclofenac is similar to that of the COX-2 inhibitors. Diclofenac is now contraindicated in those with ischaemic heart disease, peripheral arterial disease, cerebrovascular disease or established congestive heart failure (NYHA II-IV).

Change to choices for paediatric skin infections

LJF Child chapter 5 (infections) has been revised and the first choice recommendations for soft tissue and wound infections and impetigo have changed. Flucloxacillin is now recommended in place of co-amoxiclav.

Guidelines for the treatment of vitamin D deficiency in adults

There have been some amendments to the adult vitamin D section 9.6.4 of the LJF, including the addition of colecalciferol 800 unit and 20,000 unit preparations. Treatment of vitamin D deficiency should follow the NHS Lothian Adult Vitamin D guideline, which was recently approved by the ADTC. The guideline, for use in symptomatic adults and/or those with abnormal biochemistry requiring investigation, diagnosis and treatment, recommends treatment in a three level step-wise approach.

I want to start a syringe pump for a patient already prescribed a fentanyl patch - what should I do?

- Continue the fentanyl patch, ensuring it is changed every 72 hours.
- Calculate a syringe pump opioid dose. A judgement should be made on the opioid dose to be put in the pump. This is usually equivalent to the breakthrough opioid doses given over the previous 24 hours but may be lower or higher depending on symptom control and the patient's clinical condition.
- Calculate a new breakthrough opioid dose from the total opioid dose, i.e. syringe pump opioid dose plus the fentanyl patch dose.

Example:

A patient is prescribed a fentanyl 50microgram/hour patch every 72 hours.

In the previous 24 hours she has required:

- Morphine sulphate liquid 20mg x 2 doses = 40mg.
- Morphine sulphate injection 10mg x 1 dose subcutaneously (equivalent to oral morphine dose of 20mg).
- Therefore total oral morphine dose ≡ 60mg in the previous 24 hours.
- This is equivalent to morphine sulphate 30mg subcutaneously over 24 hours via a syringe pump (use clinical judgement depending on patient's symptoms and clinical condition).

Calculate new breakthrough opioid dose:

- Fentanyl 50microgram/hour ≡ oral morphine sulphate 120mg daily
- Morphine sulphate 30mg subcutaneously over 24 hours ≡ oral morphine sulphate 60mg daily
- Total daily oral morphine sulphate dose ≡ 180mg
- Breakthrough morphine dose is 1/6th of total daily morphine dose = 30mg oral morphine sulphate

Key message:

Continue the fentanyl patch changing it every 72 hours, calculate a syringe pump dose based on the breakthrough opioid requirements in the previous 24 hours and include the fentanyl patch dose when calculating the new breakthrough opioid dose.

For further information refer to the NHS Lothian Palliative Care Guidelines available on the intranet: *Healthcare > A-Z > Palliative Care > Palliative care guidelines > Pain management > Fentanyl patches* or www.palliativecareguidelines.scot.nhs.uk

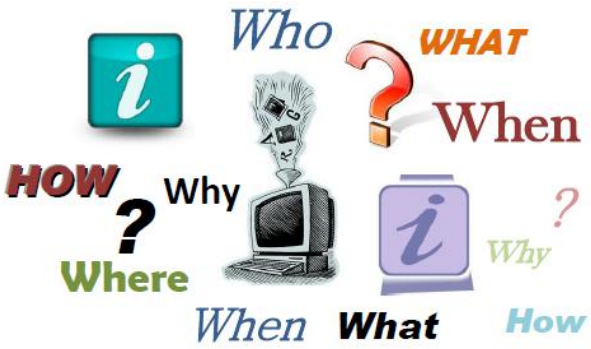
Guidance on equivalent doses of opioids can be accessed on the intranet via: *Healthcare > A-Z > Palliative Care > Palliative care guidelines > Pain management > Choosing and changing opioids*.

Thanks to Julie Fisher, Palliative Care Pharmacist.

Patient information on medicines – useful websites

Mental health: choice and medication

NHS Scotland-wide access to independently reviewed patient information leaflets on medicines prescribed for mental health conditions is now available via the Choice & Medication website, the subscription to which is currently being supported by NHS24 services. The website has been developed from the paper based leaflets previously produced by the UK Psychiatric Pharmacy Group. The web-based leaflets are continually updated to reflect any changes relating to the specific medicines. Access is freely available to healthcare staff and the public via the NHS inform patient information website www.nhsinform.co.uk/mentalhealth or the subscription website www.choiceandmedication.org/nhs24/.



General websites

NHS Inform provides a single source of quality assured health information for the public in Scotland. The 'Medicines' section under 'Common Health Questions' – Access is available at www.nhsinform.co.uk/common-health-questions/categories/medicines.

The electronic Medicines Compendium (eMC) is available at www.medicines.org.uk/emc/. This website contains Summary of Product Characteristics (SPCs) for healthcare professionals; and Patient Information Leaflets (PILs) for the majority of licensed medicines within the UK. In addition, a complementary website, called X-PIL Online available at http://xpil.medicines.org.uk/ makes the same information available in large print for those with sight problems. All the PILs on the X-PIL website can be viewed in different sizes and are designed for screen readers. It is also possible to print them out in large print if required. X-PIL gives access to the Royal National Institute of Blind People (RNIB) Medicine Leaflet Line, which allows people to request physical formats of PILs in large/clear print, in Braille, and on audio CD. People can also listen to any PIL they choose by calling the RNIB Medicine Leaflet Line on 0800 198 5000. This service is free to use and available 24 hours a day, 7 days a week.

Adverse drug reactions websites

Medicines & Healthcare Products Regulatory Agency (MHRA) One Stop Resource for Patients and Public can be found at www.mhra.gov.uk/Patientsandpublic/index.htm. This section provides targeted links to information throughout the site which is aimed specifically at patients and the public and includes the latest news and hot topics for the MHRA, details on reporting safety problems and information on specific medicines, devices and conditions.

Yellow Card Centre Scotland – www.yccscotland.scot.nhs.uk
Patients were added as official reporters to the Yellow Card Scheme in February 2008. This website contains a separate section specific to patients, including a link to the Yellow Card website to allow patients to report directly to the MHRA any suspected side-effects.

Thanks to Anne MacKay, Information Officer and Marianne van-de-l'Isle, Principal Clinical Pharmacist.

Supplement: Recent SMC and Lothian Formulary Committee Recommendations

The supplements can be accessed via the LJF website www.ljf.scot.nhs.uk in 'Prescribing Bulletins'.

Correspondence address:
Medicines Management Team (MMT)
Pentland House
47 Robb's Loan
Edinburgh
EH14 1TY Tel: 0131 537 8461
Email: prescribing@nhslothian.scot.nhs.uk