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NHS
Rotherham

If any pharmaceutical reps imply that the message that they are delivering has been approved or supported by the Medicines Management Team, please disregard it, we never ask reps to deliver any messages or any part of the MM agenda on our behalf.

Insulin Passports

The deadline for the implementation of the national Patient Safety Agency (NPSA) "The adult patient's passport to safer use of insulin" is the end of August 2012. All NHS organisations should ensure that



- Adult patients on insulin therapy receive a patient information booklet and an insulin passport to help provide accurate identification of their current insulin products and provide essential information across healthcare sectors
- When prescriptions of insulin are prescribed, dispensed or administered, healthcare professionals cross-reference available information to confirm the correct identity of insulin products.

The patient information booklet and Insulin Passport, can be accessed via the NPSA web-site

Insulin Passports can be ordered locally from the Carol Anely NHS Forms Officer (01302) 566620.

Anticoagulation Booklets

Recently we receive a few queries from patients and community nurses why pharmacists are requesting to see a patient's anticoagulation booklet. The NPSA have recommended for a number of years now that Community Pharmacists check patient's anticoagulation booklets prior to dispensing warfarin.

Supply problems

Propantheline Bromide is currently unavailable and will be for the next 12 months.

72 prescriptions were issued across Rotherham for this drug between April-June 2012 whilst a number of alternatives can be used as antispasmodics, propantheline bromide is the only drug licensed for the treatment of gustatory sweating.

Flunisolide (Syntaris) Aqueous Nasal Spray

This product has been taken over by another company and is currently unavailable and its future is uncertain. 35 prescriptions for this preparation were issued across Rotherham between April-June 2012. Beclometasone nasal spray should be used in the first instance as an alternative.

Glitazones and bladder cancer

A retrospective cohort study conducted in the UK, followed 18,459 patients who were initiated with either pioglitazone or rosiglitazone and 41,396 patients initiated with a sulfonylurea between July 2000 and August 2010.

- No difference in bladder cancer risk was found between the two cohorts in analyses that did not account for duration of exposure.
- **However**, the risk of bladder cancer increased with time since the initiation of pioglitazone or rosiglitazone.
- In conclusion higher incidence of bladder cancer was associated with 5 or more years of exposure to either pioglitazone or rosiglitazone.

Pioglitazone prescribing has fallen by 42% across Rotherham over the last 12 months. Rotherham has reduced its pioglitazone prescribing by a greater amount than other PCTs across Yorkshire.

Comment; Given this latest evidence and the established concerns of weight gain, increased risk of heart failure and bone fractures associated with pioglitazone. Patients should have their pioglitazone therapy reviewed as part of their diabetes review and alternative treatment with sitagliptin, exenatide or liraglutide considered. *J Nat Cancer Inst 10/8/12 13/8/12*

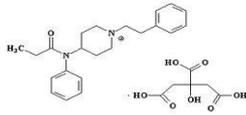
Does daily Aspirin reduce cancer Mortality?

There has been a lot of publicity regarding observations from the pooled data of a number of large cardiovascular studies that observed a lower rate of cancer mortality in patients that took aspirin daily. A new study from the American Cancer Society studied the data on 100,139 patients enrolled in the cancer prevention study II nutrition cohort.

They found that compared with no use, daily aspirin was associated with a slightly lower but not a statistically significantly lower rate of cancer mortality. Furthermore this analysis does not assess the risks of taking long term aspirin. Five years ago aspirin was promoted for the primary prevention of cardiovascular events, but now the risks are considered to outweigh the benefits.

In summary the evidence for aspirin reducing cancer mortality is not robust enough to warrant primary prevention and the risks may outweigh the modest benefits demonstrated. *J Nat Cancer Inst 10/8/12*

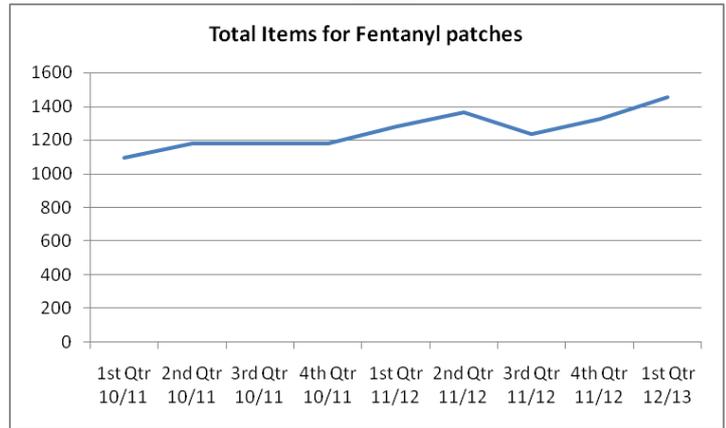
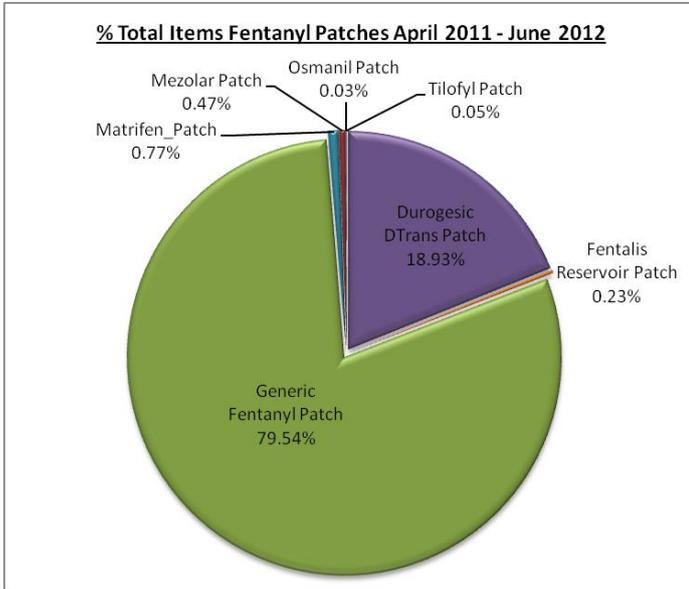
Fentanyl Citrate
C₂₂H₂₆N₂O₃ · C₆H₅CO₂



Fentanyl Patches

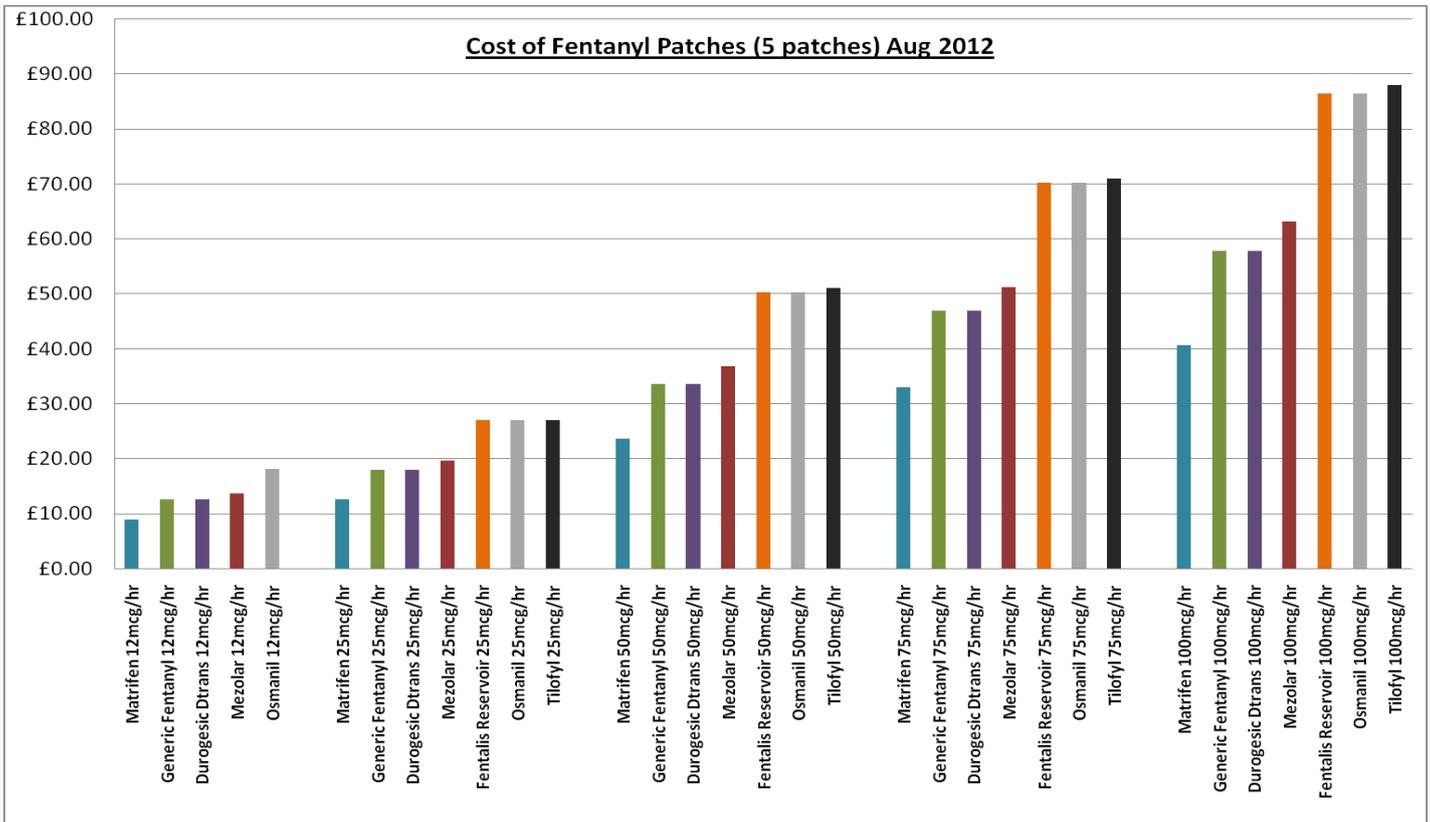


The use of Fentanyl patches has been increasing steadily over the last few years. The total cost of transdermal Fentanyl prescribing in the period April 2011 to March 2012 for Rotherham was **£263,560**.



There are numerous branded and generic forms of Fentanyl transdermal patches, all of which are matrix type patches apart from Fentalis® Reservoir patches. In Rotherham, the majority of prescribing is generic, with six of the branded patches being prescribed to a greater or lesser extent. There is a large difference however in the cost of the different branded patches, as can be seen below. The Rotherham Hospice is evaluating the most cost effective Fentanyl patch,

(Matrifin®) for tolerability, efficacy and adherence to the skin. The results of the evaluation should be available in three to four months.



Updated Palliative Care Formulary launched.

An update to the Palliative Care Formulary has been written in conjunction with the palliative care consultants at the Rotherham Hospice.

The formulary can be found in the Medicines management section of the Rotherham inter/intranet site, or following the link:

<http://www.rotherham.nhs.uk/files/Medicines%20Management/Guidelines/Palliative%20Care%20formulary%202012.pdf>