

Joint Formulary News

August 2009

Effective Prescribing in the Plymouth
Health Community



Prasugrel

Prasugrel (an antiplatelet agent with a similar mode of action to clopidogrel) has been added to the PAJF **for hospital use only until further notice**. The Drug and Therapeutics Committee have approved use in the following indications to be initiated under the direction of a consultant cardiologist only:

1. In patients undergoing primary percutaneous coronary intervention (PCI) for acute ST elevation MI (STEMI). Patients will be commenced on prasugrel post-PCI then converted to clopidogrel after 28 days treatment. GPs will then prescribe clopidogrel treatment for the remaining duration of treatment as outlined in the PAJF Chapter 2 appendix 5.
2. Where resistance to the action of clopidogrel has occurred in patients who require PCI either electively or post acute coronary syndrome (ACS).
3. Where there is intolerance of, or an allergic reaction to clopidogrel in patients who require PCI either electively or post acute coronary syndrome (ACS).

The duration of treatment with prasugrel for indications 2 and 3 above will be the same as it would have been if the patient was prescribed clopidogrel as outlined in the PAJF Chapter 2 appendix 5.

The dose of prasugrel is 60mg loading dose followed by 10mg daily. It has been agreed that the drug will not be used in patients less than 60kg or over 75 years due to increased bleeding risk.

All prescribers are reminded that prasugrel is a newly licensed drug and therefore carries the black triangle (▼) symbol. All suspected adverse reactions should be reported through the Yellow Card Scheme.

It has not yet been agreed that it is appropriate for prasugrel to be prescribed by GPs so until further notice prasugrel should not be prescribed in primary care.

Buccal Fentanyl



Effentora[®] buccal tablets have been added to the formulary. To avoid confusion between this and **Actiq**[®] lozenges we would ask that these are **prescribed by brand** to ensure the patient receives the intended preparation. The dose of Effentora[®] is not interchangeable with Actiq[®]. The intention is that Actiq will eventually be removed from the formulary.

Like Actiq[®], Effentora[®] is to be specialist initiated and is licensed only for use in breakthrough pain in patients receiving opioid therapy for chronic cancer pain. It should not be prescribed for patients with acute pain, postoperative pain, headache/migraine or sports injuries. Patients should be assessed by the palliative care or pain teams to ensure full assessment of pain. The effective control of chronic pain with around the clock opioids should be achieved prior to commencing treatment.

The dose of Effentora[®] must be titrated from 100mcg as a starting dose, guidance for this has been included as an appendix to Chapter 4.

Clopidogrel and Proton Pump Inhibitors

In May 2009 the EU committee for Medicinal Products for Human Use (CHMP) considered the available evidence for an interaction between clopidogrel and PPIs. They concluded that the data supported a clinically significant interaction that makes clopidogrel less effective when given with PPIs.

They recommended that advice should be amended to discourage concomitant use of a PPI and clopidogrel unless considered absolutely necessary.

Ref: Drug Safety Update: Volume 2 Issue 12 July 2009

Implications for prescribers:

- PPI therapy in patients who are also taking clopidogrel should be reviewed at their next appointment: avoid concomitant use of these medicines unless considered essential
- PPIs should only be prescribed for patients taking clopidogrel who are at risk of gastrointestinal haemorrhage. Reflux symptoms should be managed with antacids or ranitidine
- Current advice applies to all PPIs. Prescribe PPIs in line with their licensed indications where possible
- Check that patients who are taking clopidogrel are not buying over-the-counter omeprazole.

Chapter Reviews

The Immunological Products & Vaccines, Chapter 14 has been reviewed and updated. There were only some small changes made. Please remember that for the most up to date formulary log on to the website at:

www.plymouthpct.nhs.uk/professionalzone/pajf/

Chapter 4, Central Nervous System is the next for review. We will be asking for comments on this after the holidays. If you have any comments please do send them in.

This is the largest Chapter in the formulary covering many areas. We would like to thank in advance all those who will sending in comments and helping with this review—it can't be done without you. Thank you.

Changes & Additions

- **Metformin powder** (Glucophage[®]) has been added for those patients unable to swallow the tablets.
- **Beclazone[®]** is being discontinued this September. May we take this opportunity to remind clinicians that they should be prescribing by brand name to avoid confusion due to the non bioequivalence of CFC free beclometasone formulations.
- **Metobject[®]** has changed from 10mg/ml and been replaced by 50mg/ml. Products are as follows:
7.5mg/0.15ml 10mg/0.2ml 15mg/0.3ml 20mg/0.4ml
25mg/0.5ml
- **Lenalidomide** has been added for use in line with the recent NICE Guidance (TAG171)
- **Sugammadex** has been approved and added for use in anaesthetics.

