

Joint Formulary News

October 2010

Effective Prescribing in the Plymouth
Health Community

Enoxaparin Shared Care Guidance

Shared Care Guidance for enoxaparin has been added to [Chapter 20](#) of the formulary. It is used for the treatment and prophylaxis of venous thromboembolic (VTE) disease. The patients suitable for GP prescription of enoxaparin are as follows:

For treatment of VTE disease:

- Patients undergoing cancer therapies or with metastatic malignancy
- Injectable drug users
- Pregnant women
- Patients in whom it has not been possible to stabilize oral anticoagulant therapy

For prophylaxis of VTE disease:

- Pregnant women

Information is provided on doses, responsibilities of secondary care and primary care clinicians and monitoring for hyperkalaemia.

There may be **exceptional circumstances** when enoxaparin may be started in Primary Care. Information is given in the shared care detailing these exceptional circumstances.

Cinacalcet Shared Care Guidance—Chapter 20

Shared care guidance has also been added into the formulary and cinacalcet is now a 'yellow' specialist initiated drug allowing GPs to continue prescribing under this agreement.



Recent updates to the Plymouth Area Joint Formulary

Rosiglitazone	The marketing authorisation has been withdrawn following a review of cardiovascular risk data.
Liraglutide - 1.2mg only (specialist initiated)	This has been approved for use, following the same criteria as for exenatide. Chapter 6 is currently being reviewed and will be up dated accordingly.
Oxycodone/Naloxone MR (Targinact®) (specialist initiated)	Approved for use in palliative care patients, it has not been approved for used in patients with chronic pain
Xerontin® oral spray (first-line)	This is a saliva replacement spray to increase the products in the formulary, as Luborant is no longer available.
Sodium Chloride 2.7% 500ml IV infusion (hospital only)	Approved for treating cerebral oedema in paediatric patients with diabetic ketoacidosis (DKA)
Rasagiline (specialist initiated)	Approved for use in Parkinson's disease patients who have failed on or who could not tolerate entacapone
Ulipristal (EllaOne®) (first-line) Levonorgestrel 1.5mg remains the first-line choice for emergency contraception taken within 72 hours of unprotected intercourse or failure of a contraceptive method.	Approved for use after 72 hours and up to 120 hours of unprotected intercourse. Emergency contraceptive pills do not prevent 100% of pregnancies and are more effective the sooner they are taken after unprotected sex. Levonorgestrel 1.5mg is licensed to prevent pregnancy when taken within 72 hours of unprotected intercourse or failure of a contraceptive method.
Mebeverine Oral Suspension (first-line)	This has been added to the formulary. Due to the high cost (primary care cost £137.00 for 300ml) it should only be prescribed where the patient is unable to take the tablet preparation.

Ascaricides

Levamisole, Albendazole, Ivermectin, Niclosamide, Praziquantel, Tiabendazole

These have been changed from hospital only drugs to specialist initiated. These are very rarely indicated but they may be prescribed, where appropriate, on a named patient basis only. Further advice and information can be obtained from the Microbiologists.

For any difficulty in obtaining supplies please contact Derriford Pharmacy on 01752 763420.

These are all **unlicensed** and we have provided updated information on prescribing unlicensed drugs in the formulary which can be [found under General Prescribing Info.](#) in the formulary.

Chapter 17 Wound Management



This Chapter has been reviewed and up-dated. Thank you to those involved. Please refer to the [website](#) for the up to date information, including a revised '[Quick Reference Guide](#)' of the dressings included.

Fosfomycin

Since the mid 1990s the incidence of infections by gram negative uropathogens resistant to penicillin and cephalosporins due to the production of enzymes (ESBLs) has increased dramatically. These bacteria carry a multitude of resistance mechanisms leaving few treatment options other than nitrofurantoin as first line treatment for simple UTI. Where this cannot be tolerated or is contraindicated fosfomycin is now available. This antibiotic can be taken as a single 3g sachet and has been successful in treating simple UTIs in over 80% of occasions. This antibiotic is no longer licensed in the UK so as a prescriber you should be aware of your legal responsibilities. Fosfomycin is licensed in parts of Europe and is one treatment option recommended by the Health Protection Agency in their revised community treatment guidelines.

Please refer to the Guidance form found the PAJF website, www.plymouthformulary.nhs.uk [Chapter 5 under the entry for fosfomycin.](#) More information available in the Autumn edition of the [Primary Care Antibiotic Newsletter.](#)

Optimal Medical Treatment of Chronic Stable Angina

This revised pathway has been developed by Plymouth Area Cardiac Group, with input from primary and secondary care, as part of an initiative to optimise medical therapy in chronic stable angina. The aim is to reduce referrals and interventions without affecting outcomes. This appendix has been added to [Chapter 2](#) of the formulary.



Sativex® Nasal Spray



We have been asked to remind prescribers that Sativex® has **not been approved** by the Drugs and Therapeutics Committee. If GPs receive requests from secondary care, or patients themselves to prescribe these requests should be referred to the secondary care clinician concerned and a prescription not issued.

Levothyroxine (Evotrox®) Oral Solution

The manufacturer (Kappin Ltd) have sent out information that the formulation of levothyroxine liquid has recently changed and it is possible that new batches may be slightly more potent than previous batches.

The following advice was also received:

"Although for most patients this change in potency is unlikely to have significant clinical effects, there may be a small group for which it may be appropriate to ensure that TSH levels are monitored within 3 months of receiving this new formulation. This may include elderly patients and patients with pre-existing cardiac disease that are being maintained on relatively high doses or are already at the upper end of the range for TSH. As all batches that have entered the supply chain since August are affected, the clinical implications in terms of any increased monitoring requirements will depend on existing stock holdings and when patients transfer across to the more potent version."