LONG ACTING CONTRACEPTIVES AND A NEW NHSGGC CONTRACEPTIVE GUIDELINE

NICE issued guidance in late 2005 about the use of long-acting reversible contraceptives (LARC). This noted that women should be given information about, and offered a choice of, all methods, including LARC. Full details of the updated NHSGGC primary care contraceptive guideline are available on our website. This considers the place of LARC in therapy along with contra-indications and risks for other common methods of contraception.

The NICE review concluded that all currently available LARC methods are more cost-effective than the combined oral contraceptive pill, even at one year of use. Depot injections were found to be the least cost-effective of the LARC methods. NICE also stated that increasing the uptake of LARC should reduce the number of unintended pregnancies. Effectiveness of contraceptives with typical use ranges from 85% for condoms to 92% for combined or progestogen-only oral contraceptives. With LARC the typical effectiveness is 97% with the depot preparation, 98-99% with the intra-uterine device (IUD) and >99% with intra-uterine system (IUS) and implant.

The *Formulary* Preferred List contraceptive options

Class	Formulary options
Combined oral contraceptives	Cilest® Loestrin 20®/Loestrin 30® Marvelon® Mercilon® Microgynon 30®
Oral progestogen-only contraceptives	Micronor® Femulen® Cerazette®
LARC	Progestogen-only implant (Implanon®; lasts three years) Copper IUD (TT380 Slimline®; lasts ten years) Progestogen-only IUS (Mirena®; lasts five years) Progestogen-only depot (Depo-Provera®; given every 12 weeks)

Yasmin® is non-*Formulary* as it was not recommended for use by the SMC. It will be one of the targeted medicines when the primary care non-*Formulary* monitoring process is rolled out across CH(C)Ps from August. More details will follow in a future edition.

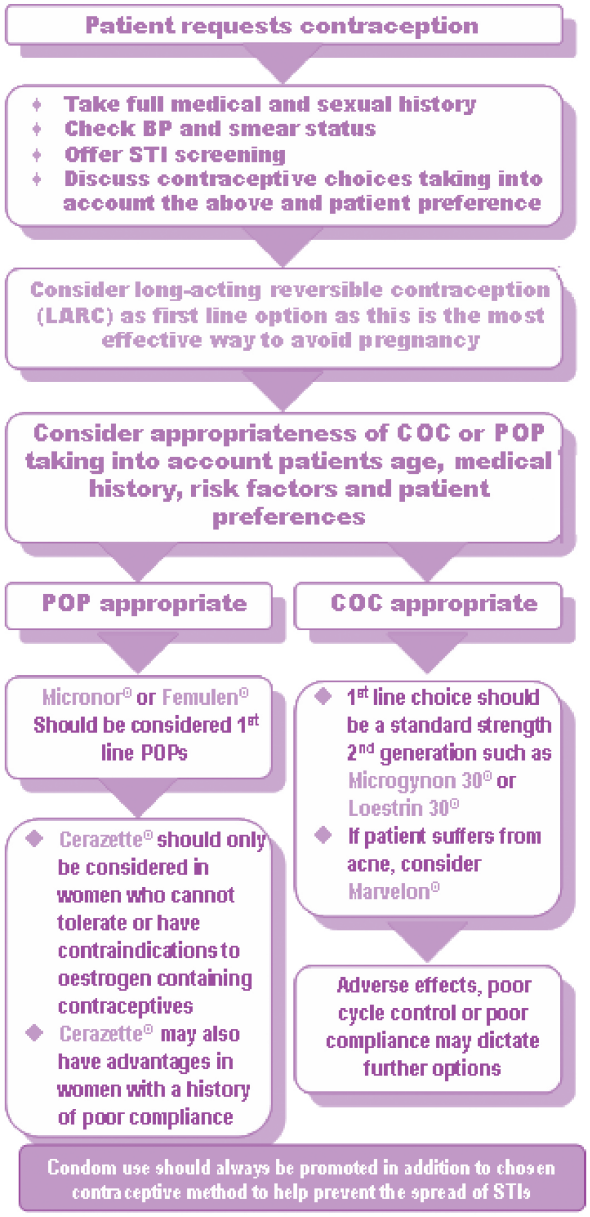
In primary care, practices that do not supply LARC can refer suitable patients for this treatment option through a locally enhanced scheme. Every practice is unlikely to be able to offer this service, as the healthcare professionals delivering these treatments require specific training to develop and maintain the relevant skills.

PostScRipt
from the
NHSGGC Area Drug & Therapeutics Committee
Issue 46 July 2008

In this issue . . .

Website
http://www.ggcformulary.scot.nhs.uk

Summary of prescribing flowchart



Alphabetical list of most recent ADTC decisions

For full details of SMC advice, visit **www.scottishmedicines.org** For NICE advice, visit **www.nice.org.uk** For previous ADTC decisions, visit **www.ggcformulary.scot.nhs.uk**

Drug	Indication under consideration (There may be other licensed indications)	NHSGGC decision	
Adalimumab (Humira®)	Chronic plaque psoriasis in adult patients who failed to respond to, or have a contra-indication to, or are intolerant to, other systemic therapy including ciclosporin, methotrexate or PUVA.	*Formulary.* (Total *Formulary*). Acknowledge new indication. Restricted to specialist use in patients with severe disease as defined by a total Psoriasis Area Severity Index score of ≥10 and a Dermatology Life Quality Index of >10.	✓R
Aliskiren (Rasilez®)	Essential hypertension.	Non-*Formulary.*	x
Anidulafungin (Ecalta®)	Invasive candidiasis in adult non-neutropenic patients.	Non-*Formulary.*	x
Bevacizumab (Avastin®)	Metastatic carcinoma of the colon or rectum in combination with fluoropyrimidine-based chemotherapy.	Non-*Formulary.*	x
Bosentan (Tracleer®)	Reduction of the number of new digital ulcers in patients with systemic sclerosis and ongoing digital ulcer disease.	Non-*Formulary* for this indication.	x
Clopidogrel 300mg tablet (Plavix®)	Loading dose in patients suffering from acute coronary syndrome.	*Formulary.* (Preferred List). Acknowledge new strength.	✓
Epoetin zeta (Retacrit®)	Anaemia associated with chronic renal failure.	Non-*Formulary.*	x
Escitalopram (Cipralex®)	Social anxiety disorder.	Non-*Formulary.*	x
Glucosamine (Alateris®)	Relief of symptoms in mild to moderate osteoarthritis of the knee.	Non-*Formulary.* No direct clinical trial evidence of the efficacy and safety of this specific product is available. Randomised controlled trials of other formulations of glucosamine hydrochloride indicate little or no benefit over placebo in this indication.	x
Imiquimod Cream (Aldara®)	Topical treatment of clinically typical, nonhyperkeratotic, nonhypertrophic actinic keratoses on the face or scalp in immunocompetent adult patients when size or number of lesions limit the efficacy and/or acceptability of cryotherapy and other topical treatment options are contraindicated or less appropriate.	*Formulary.* (Total *Formulary*). Acknowledge new indication. Restricted to specialist use.	✓R
Lenalidomide (Revlimid®)	Multiple myeloma in combination with dexamethasone in patients who have received at least one prior therapy.	Non-*Formulary.*	x
Lidocaine/tetracaine (Rapydan®) medicated plaster	Surface anaesthesia of the skin in connection with needle puncture or superficial surgical procedures.	Non-*Formulary.*	x
Loteprednol eye drops (Lotemax®)	Post-operative inflammation following ocular surgery.	Non-*Formulary.*	x
Nebivolol (Nebilet®)	Heart failure in elderly patients (>70 years).	Non-*Formulary.*	x
Norfloxacin	Treatment and prophylaxis of spontaneous bacterial peritonitis.	*Formulary* (Total *Formulary*). Restricted to prophylactic use for spontaneous bacterial peritonitis in line with the GGC Management of Decompensated Liver Disease Guidelines (unlicensed).	✓R
Panitumumab (Vectibix®)	Monotherapy for the treatment of EGFR expressing metastatic colorectal carcinoma.	Non-*Formulary.*	x
Perindopril arginine (Coversyl Arginine®)	Essential hypertension. Symptomatic heart failure.	Non-*Formulary.* The existing *Formulary* entry for perindopril to be amended to read perindopril erbumine (tert-butylamine).	x
Perindopril arginine/ indapamide (Coversyl Arginine Plus®)	Essential hypertension.	Non-*Formulary.*	x
Raltegravir (Isentress®)	Human Immunodeficiency Virus (HIV-1) infection in combination with other antiretroviral medicinal products agents in treatment experienced adult patients with evidence of HIV-1 replication despite ongoing antiretroviral therapy.	*Formulary* (Total *Formulary*). Restricted to use by HIV specialists only in patients with triple-class resistant HIV-1 infection.	✓R
Risedronate/calcium carbonate & Vitamin D (Actonel Combi®)	Postmenopausal osteoporosis.	Non-*Formulary.* Alendronate remains the preferred oral bisphosphonate for osteoporosis.	x
Teriparatide (Forsteo®)	Osteoporosis associated with sustained systemic glucocorticoid therapy in women and men at increased risk for fracture.	Non-*Formulary* for this indication.	x

✓= *Formulary* ✓R = *Formulary* (restricted) **x** = non-*Formulary* **?** = awaiting final decision

Zopiclone added to the total *Formulary* as second line hypnotic

Summary

• Temazepam remains the Preferred List choice for short-term pharmacological treatment of insomnia.

• Zopiclone has been added to the Total *Formulary* as a second line agent.

• There is little evidence that zopiclone offers any clinical advantage in terms of potential to induce tolerance, withdrawal symptoms, dependence or neuropsychiatric reactions.

• Lormetazepam has been removed from the Total *Formulary.*

An appeal was heard by ADTC to consider addition of zopiclone to the NHSGGC *Formulary.* The Preferred List choice is temazepam. Before a hypnotic is prescribed, the cause of the insomnia should be established and underlying factors should be addressed with non-drug management, such as sleep hygiene. If a hypnotic is essential, it should be prescribed at the lowest effective dose as a short course (preferably one week). The patient's medication and medical history should be considered with evaluation of the consequences of supplying a potential drug of abuse.

The BNF states that hypnotics should not be prescribed indiscriminately and routine prescribing is undesirable. They should be reserved for short courses in the acutely distressed. Tolerance to their effects develops within 3 to 14 days of continuous use and long-term efficacy cannot be assured. A major drawback of long-term use is that cessation can cause rebound insomnia and a withdrawal syndrome.

A Bandolier review of the evidence for hypnotics suggested that for every 100 patients who take a hypnotic for more than one week, 7 sleep better (an extra 25 minutes sleep per night and wake up once less every second night), 76 have no gain or loss and 17 have side-effects, of which one is serious (fall or road traffic accident).

A MeReC review indicated that no real difference in efficacy between zopiclone and short-acting benzodiazepines has been illustrated. The NICE technology appraisal noted a lack of compelling evidence to distinguish between zaleplon, zolpidem, zopiclone and the shorter-acting benzodiazepine hypnotics. It recommended that the lowest cost drug should be prescribed. According to the June 2008 Drug Tariff, at usual doses zopiclone would cost less than £2 for 28 days' treatment while lormetazepam would cost over £90.

Zopiclone is included in the Total *Formulary* as a second-line agent for use if the patient is unable to tolerate temazepam or it is not appropriate, eg patients with opiate dependence. Zopiclone replaces lormetazepam.

PostScript Extra No 12: Management of urinary incontinence

The latest edition of *PostScript Extra*, a review of the management of urinary incontinence, is now available on our website. Urinary incontinence affects up to 335,000 adults in Scotland and is classified as stress incontinence, overactive bladder (OAB) syndrome or mixed urinary incontinence.

• There is no evidence of a clinically important difference in efficacy between antimuscarinics for the treatment of OAB syndrome.

• Immediate release oxybutynin is the preferred initial treatment for OAB syndrome, as it is the most cost effective.

• Patients should be counselled regarding the common side-effects.

• It is recommended that antimuscarinic therapy should be tried for six weeks to enable an assessment of the benefits and side effects. Treatment should be reviewed again after six months to ascertain continuing need.

• Pelvic floor muscle (PFM) exercises remain first line management for stress urinary incontinence.

• NHSGGC *Formulary* Preferred List choices are:

– Oxybutynin (immediate release formulations).

– Duloxetine (stress incontinence only) restricted to use as part of an overall management plan in combination with PFM exercises in moderate to severe stress incontinence where PFM exercises alone have failed.

New edition of the *NHSGGC Formulary* and the Therapeutics Handbook

The second edition of the NHSGGC *Formulary* will be published in August. Following feedback from users, the index has been updated to include those drugs listed in the Total *Formulary* as well as in the Preferred List.

The first edition of *Therapeutics: A Handbook for Prescribers* will also be published in August. This replaces the existing North Glasgow, South Glasgow and Clyde acute care prescribing and clinical handbooks. It is intended to meet the needs of a clinical workforce increasingly moving between sites within NHSGGC. Acute service redesign and the move towards directorate teams (rather than site-based teams) have resulted in a need to unify clinical and prescribing guidelines across acute hospital sites.

The old handbooks were all intended to promote evidence-based prescribing which was safe, effective and cost-effective. This remains the fundamental aim of the new publication and it is hoped that it incorporates the strengths of all the previous handbooks.

Changes to NHSGGC antibiotic guideline

The NHSGGC hospital antibiotic prescribing guidance has been revised to promote use of antibiotics which are less associated with *C. difficile*. Parenteral or oral antibiotics such as cefalosporins, clindamycin, co-amoxiclav and quinolones are associated with *C. difficile*. It will be necessary to use these antibiotics in some clinical situations; however, their use will be restricted as far as possible. Although this guidance applies to hospital inpatients, general practitioners and other primary care prescribers should also attempt to limit the use of these agents as far as possible. The updated guidelines will be appearing on our website and are included in the NHSGGC Therapeutics Handbook.

New guidelines on the website

More ADTC approved guidelines have been added to the ADTC website at www.ggcformulary.scot.nhs.uk/guidelines/index.htm

• Guideline for Long Term Oxygen Therapy (LTOT) prescribing: LTOT refers to the provision of oxygen for more than 15 hours per day to correct the long term consequences of chronic hypoxia. There is a move to improve the prescribing by offering concentrators to these patients rather than the continued use of cylinders. GPs should refer patients with COPD with FEV1 <30% of predicted or who develop ankle swelling associated with chronic lung disease for a review by a respiratory physician. This guideline is not intended to cover use of oxygen for palliation and GPs should continue to prescribe cylinders for appropriate patients.

• The updated guidelines for treatment of depression in primary care are also available. This highlights that antidepressants are not indicated for the treatment of mild depression. The guideline recommends fluoxetine or citalopram as first line choices in new cases of depression. Patients with a recurrence of depression should be treated with the previously effective drug unless there are new contraindications to its use.

Webwatch: Drug safety update and BNF newsletters

The Drug Safety Update bulletin has been produced monthly by the Medicines and Healthcare products Regulatory Agency (MHRA) since August 2007 and is available on their website www.mhra.gov.uk/Publications/Safetyguidance/DrugSafetyUpdate/index.htm The bulletins provide information and advice on the safe use of medicines and provide updates on the Yellow Card Scheme for reporting of adverse drug reactions.

The bulletin is available as an Acrobat® PDF file to download and has been designed to allow quick access to relevant information by clicking on a keyword on the first contents page. An online archive of all monthly issues is also available. You can register on the main page to receive free notification of new issues.

Recent topics include:
- Top tips for safe use of oxygen cylinders and regulators
- Safety advice for HRT
- Safety advice for rosiglitazone and pioglitazone
- Hot topic articles on varenicline, long-acting β_2-agonists, risks with NSAIDs and coxibs

The BNF and BNFC have also introduced a free e-newsletter service. Sign up at www.bnf.org/newsletter The newsletters will be issued several times a year and are designed to keep you up to date with the latest changes influencing clinical practice.

Communications will include:
- Details of significant updates
- Tips for using the BNF and BNFC effectively
- Latest developments on BNF publications
- Links to examples of prescribing excellence and case studies

For all article references, check our website www.ggcformulary.scot.nhs.uk

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