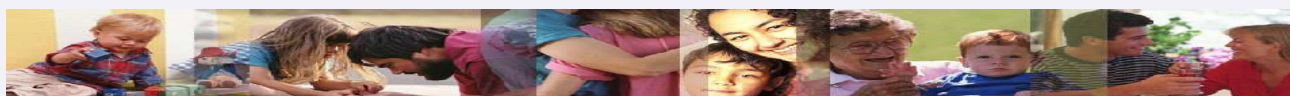




NEWSLETTER



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UPDATED NICE GUIDANCE ON CHRONIC KIDNEY DISEASE

NICE recently updated the guidance on chronic kidney disease (CKD). Full details can be found at <https://www.nice.org.uk/guidance/CG182>. The key medicines optimisation messages are as follows:

Classification system	CKD is now classified according to eGFR and ACR.
Assessment of kidney function	Monitor GFR at least annually in people prescribed drugs known to be nephrotoxic e.g. cyclosporin, tacrolimus, lithium and NSAIDs. Systems should be in place within the practice to ensure that patients on these drugs have regular renal function checks.
Lifestyle advice	Advise on exercise, smoking cessation and a healthy diet, including information on potassium, phosphate, calorie and salt intake according to CKD severity. Low protein diets are not recommended for patients with CKD.
Blood pressure control	Aim to keep systolic blood pressure below 140mmHg (target range 120mmHg to 139mmHg) and the diastolic pressure below 90mmHg. See full guideline for people with diabetes or people with an ACR of 70mg/mmol or more.
Renin-angiotensin system antagonists	Potassium levels should be measured pre-treatment, and 1-2 weeks after treatment is started. There should be routine monitoring of % change in eGFR, and interventions made in response to changes in eGFR. See NICE guidance for further details.
Antiplatelets	Offer antiplatelet drugs to people with CKD for the secondary prevention of CVD, but be aware of the increased risk of bleeding.
Lipid management	Offer atorvastatin 20mg for the primary or secondary prevention of CVD to people with CKD. Increase the dose if a >40% reduction in non-HDL cholesterol is not achieved and the eGFR is $\geq 30\text{ml/min}/1.73\text{m}^2$ (if eGFR is $<30\text{ml/min}/1.73\text{m}^2$ agree the use of higher doses with a renal specialist).

NEW NICE GUIDANCE

NICE Clinical Guideline 186: Multiple sclerosis: management of multiple sclerosis in primary and secondary care.

NICE Clinical Guideline 187: Acute heart failure: diagnosing and managing acute heart failure in adults.

NICE Technology Appraisal 317: Prasugrel with percutaneous coronary intervention for treating acute coronary syndromes.

NICE Technology Appraisal 318: Lubiprostone for treating chronic idiopathic constipation.

NICE Technology Appraisal 319: Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma.

MANAGED ENTRY DECISIONS

The following medicines were considered in November as part of the Northern Ireland Managed Entry process. **For details of the outcomes please refer to the Managed Entry section of the Northern Ireland Formulary website:** <http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx>

<p>Primary and Secondary Care</p> <ul style="list-style-type: none"> • Denosumab (Prolia[®]) • Brinzolamide + brimonidine (Simbrinza[®]) <p>Secondary Care</p> <ul style="list-style-type: none"> • Pertuzumab (Perjeta[®]) 	<ul style="list-style-type: none"> • Telavancin hydrochloride (Vibativ[®]) • Voriconazole (Vfend[®]) • Aflibercept (Eylea[®]) • Erythropoiesis-stimulating agents (Epoetin & Darbepoetin)
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PERIPHERAL VASODILATORS — PLACE IN THERAPY?

Management of peripheral arterial disease (PAD) includes:

- Pharmacological treatments (e.g. antiplatelet drugs and statins to prevent myocardial infarction and stroke) **and**
- Non-pharmacological treatments: changes in lifestyle (e.g. stopping smoking, exercise) and revascularisation (e.g. angioplasty).

NICE states that naftidrofuryl oxalate can be used for intermittent claudication (the most common initial symptom of PAD), but only when:

- Supervised exercise has not led to satisfactory improvement **and**
- The person prefers not to be referred for consideration of angioplasty or bypass surgery.

Treatment with peripheral vasodilators does not replace or precede the importance of stopping smoking and increasing exercise.

NICE states that cilostazol, pentoxifylline and inositol nicotinate are not recommended for the treatment of intermittent claudication in people with peripheral arterial disease. People currently receiving these three drugs should have the option to continue treatment until they and their clinicians consider it appropriate to stop.

Actions

1. Review use of naftidrofuryl oxalate in all patients after 3 to 6 months to ensure the patient is benefiting and discontinue if no symptomatic benefit.
2. Reassess patients currently receiving cilostazol, pentoxifylline or inositol nicotinate at a routine appointment, in order to advise on treatment continuation, dose change, or cessation.

Drug	Cost (28 days)
Naftidrofuryl 100mg capsules	£6.65
Praxilene [®] (naftidrofuryl) 100mg capsules	£8.10
Pletal [®] (cilostazol) 100mg tablets	£33.37
Hexopal [®] (inositol nicotinate) 500mg tablets	£51.68
Trental [®] (pentoxifylline) 400mg tabs	£18.10
Last year, HSCB NI spent a total of £628,000 on vasodilator therapy (despite several of these products being temporarily unavailable during that time)	

This newsletter has been produced for GPs and Pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Medicines Management pharmacists in your local HSCB office.

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References

- 1) NICE TA223: Cilostazol, naftidrofuryl oxalate, pentoxifylline and inositol nicotinate for the treatment of intermittent claudication in people with peripheral arterial disease
- 2) NICE CG 147: Lower limb peripheral arterial disease: diagnosis and management (2012).
- 3) MHRA Drug Safety Update, April 2013. Cilostazol (Pletal): risks of cardiovascular and bleeding events—indication restricted to second-line treatment and contraindicated with some cardiovascular conditions and medicines.
- 4) NICE CG 182: Chronic Kidney Disease: early identification and management of CKD in adults in primary and secondary care (2014).
- 5) BSO/HSCB. Drug Tariff, November 2014.

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.