



Newsletter



Northern Lincolnshire
Area Prescribing Committee

June 2016

Newly Available Treatments

On 12th May, the APC convened to review several treatments. The treatments and outcomes are below:

Babiven TPN Solution has been added to the Formulary. This will be used in secondary care only. Babiven is a TPN solution that is already prepared, thus reducing Pharmacy preparation time and follows recent recommendations from NCEPOD. Babiven can be found in Formulary Chapter 9.3.

Vortioxetine Tablets have received a positive NICE Technology Appraisal (NICE TA367). Following discussions with the mental health trusts providing services within the Northern Lincolnshire Region, the APC agreed that use as per [TA367](#) is in accordance with regional needs. Vortioxetine tablets have been added to Formulary Chapter 4.3.3 for specialist initiation only.

NICE TA386 has been published and is a replacement for TA289. TA386 states that **ruxolitinib** is recommended as an option for treating disease-related splenomegaly or symptoms in adults with primary myelofibrosis (also known as chronic idiopathic myelofibrosis), post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis. There is a patient access scheme in place. Details are available on request.

The APC had received a request for secukinumab (brand name Cosentyx) to be used in psoriatic arthritis (PsA) and ankylosing spondylitis (AS). The Committee noted that NICE were currently developing Technology Appraisals for secukinumab use in these conditions and will await final NICE guidance before adding these indications to the accepted use of secukinumab.

Sun and Seasonal Allergy Advice

Keeping Safe in the Sun:

We are now into the summer months and the weather begins to get hotter. The sunshine is something that many of us look forward to. Many people like to get a suntan and wear clothes that do not cover the arms and legs. This sounds idyllic to most sun lovers, however there are some very important precautionary measures that you must take when exposed to elevated levels of sunlight.

The sun is natural, yes, but that does not mean that prolonged exposure is safe. Even if you are using a high factor sun-cream and are regularly applying it as per the manufacturer's guidelines, you are still at risk if you stay in the sun too long. Sun-creams and lotions offer

protection to the harmful elements of sunlight. They do not block the sun's rays completely. If you feel that your skin is burning, cover up with a light layer of clothing as well as applying sun-creams. You may need to get out of the sun altogether.

There are many sun-creams available. Within each sun-cream range there are many different sun protection factor (SPF) numbers. Generally, the higher numbers offer an increased protection. We always recommend erring on the side of caution and using a high factor sun-cream. This is especially important when your skin is being exposed to sun before it has had chance to begin to tan. However, a sun lotion of medium to high protection is recommended whenever you are exposed to the sun for longer than a few moments at a time.

A common misconception is that after-sun is part of the protection treatment. This is not the case. Most after-sun lotions, creams and gels contain moisturising agents and soothing ingredients. These are to only be applied overnight when there is no exposure to the sun. If these were to be applied when you are in the sun, some may have the opposite effect of a sun-cream and actually amplify the sun's rays causing you to burn. Always wash off after-sun before being exposed to sunlight and reapply a sun-cream as necessary.

The SPF of your sun-cream is very important. This tends to denote how much the cream will act as a protective barrier from the sun's potentially harmful UVB rays. UVB rays are the part of the sunlight spectrum of energy that leads to sunburn. Therefore if you do not want to burn, use a sun-cream with a factor of 30 to 50. For those of you who have developed a tan and have carefully applied a factor 30 to 50 cream for several days of exposure, you may consider using a cream as low as 20. Never have prolonged exposure to the sun without using a cream or clothes as a protective layer. Even for those whose skin has adapted to the sunlight, we would not usually recommend any sun-cream or lotion with an SPF of less than 20.

UVA rays from the sun do not directly burn the skin to the extent that UVB rays do. Therefore, the damage from these UVA rays is not as immediately obvious. However, it is accepted that UVA rays are a factor that leads to many types of skin cancer including malignant melanoma. You must ensure that any products that you use protect against UVA rays from the sun. The star rating on the back of your sun-cream denotes how much the manufacturers intend their product to protect from these harmful elements of sun radiation. The star rating is from one to five. We only recommend that you use a product with a five star UVA protection rating.

Sun products are available in many forms including creams, lotions, gels and sprays. None are necessarily better than the other, but the SPF and UVA star ratings tend to be the most important factors. Always reapply the sun products regularly and follow the manufacturer's

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guidance. Ask a suitably qualified professional for advice if you are unsure. The benefit with sprays is that they offer access to parts of the body that may be difficult to apply a cream to. However, a cream may be a more suitable option for those areas where you can constantly reapply the product, such as the tops of shoulders and facial area. If you swim or take a midday shower, remember to reapply the sun-cream. Even those that are marketed as water resistant can lose a significant amount of their protecting properties after swimming and showering. Always keep sensible and safe in the sun and ask a healthcare professional for advice.

Hay Fever Advice:

Hay fever is a common condition that is most usually caused by an allergy to grass pollen. June tends to be one of the worst months for hay fever sufferers due to the growth season of most species of plants, trees, flowers and arable farm produce. Different plants release pollen at different times of the year, but the early summer months are often the worst periods for hay fever sufferers. These months are the most important in terms of prevention and treatment. The majority of hay fever sufferers (approximately 95%) are allergic to grass pollen.



There are many antihistamine tablets available at your pharmacy and these can be used as a first step. These include loratadine, cetirizine and chlorphenamine. Loratadine and cetirizine are once a day treatments. Loratadine is associated with the least drowsiness and may be a more suitable option for those who conduct tasks that require mental alertness. However, every patient can have a different cause for hay fever and each individual medicine may have better results in certain patients. Also, there are many different types of pollen. One type of pollen may be a larger trigger factor for one patient than it is for another. Therefore, at different times of year, or in different regional areas, patients tend to suffer different symptoms. Please keep in mind that if one hay fever treatment is unsuccessful, another may prove to be beneficial. Other hay fever treatments include acrivastine. This is available from your pharmacy and in some individuals it may have a shorter onset of action than other hay

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fever treatments. The usual over the counter dose is one capsule three times a day. This means that for many hay fever sufferers, the convenience of the once daily treatments is an advantage.

The treatments available from your pharmacy are usually the same strength as the ones that your doctor will prescribe, especially when considering loratadine, cetirizine or chlorphenamine. Your doctor may be able to help if these medicines are not having the desired effect.

As well as tablets, there are eye drops and nasal sprays available from your pharmacy. Nasal sprays containing beclometasone or fluticasone can be used for seasonal allergic rhinitis. It is important to realise that the best results are usually seen with continued use of steroid nasal sprays throughout the season. However, these should not be used all year round for seasonal conditions. Speak to your doctor if you require the use of these products for prolonged periods. Some eye drops for hay fever include sodium cromoglycate 2%. These can be very useful for those who have symptoms that affect their eyes. Always ensure that it is safe to use these prior to application. Always read, understand and act upon any literature and advice given on the product, the packaging or contained within the patient information leaflet. Ask your doctor or pharmacist if you are unsure about anything relating to your medicines or health. Many hay fever products can be used in children. Always read the packaging and insert for information relating to the suitable age group and dose.

Hay Fever Advice for Health Professionals:

Patients are reminded that in conjunction with medical treatment including antihistamines and steroid nasal sprays, they should pay attention to the tips given in this Newsletter. Having a systematic course of prevention can often mean that treatment has a more desirable outcome and can sometimes be avoided altogether.

The use of an antihistamine is often considered a good foundation treatment and in most adult hay fever sufferers, either loratadine or cetirizine can be considered. If symptoms of allergic rhinitis or eye irritation are present, then additional treatment options can be recommended or prescribed. Emphasise the correct use of antihistamines and steroids. Also ensure that you explain to the patients how their medicine will work. Antihistamines usually work within an hour, whereas steroid nasal sprays need continued use during periods of exacerbation. Also, if a patient requires a review, consider more modern treatment alternatives and do not always rely on what has worked in the past. For example, there is some evidence suggesting that fluticasone furoate may be more suitable than fluticasone propionate for several reasons, including an increase in efficiency with regard to symptom control. The APC currently recommends beclometasone nasal spray first line, but urges the consideration of other products for patients who do not experience adequate symptomatic

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control. Other steroid nasal sprays are listed on the Northern Lincolnshire Formulary and may be suitable for specific patients. Ensure that a full review takes place when a patient presents with symptoms and do not just rely on historical treatments. Although historical treatments may have had adequate outcomes, there may be more efficient medication available that can reduce steroid doses whilst maintaining the same level of control. Emphasising the tips given in this Newsletter and on the NHS Choices website may also improve patient understanding. See www.northernlincolnshireapc.nhs.uk for further information.

Hay Fever Tips:

Due to the majority of hay fever sufferers having their condition triggered by grass pollen, the first step is to reduce exposure. There are several actions that can be taken that do not significantly affect daily activities or enjoyment.

- ✓ People who have particularly bad eye irritation may find that wearing sunglasses helps, especially the ones that cover the side of the eye area too.
- ✓ Washing your face regularly can also help. Be sure to reapply sun cream if necessary.
- ✓ A very thin layer of petroleum jelly around the bottom of an adults nose can often help to trap pollen and reduce symptoms.
- ✓ Keep any windows and doors closed in the evening and first thing in the morning. A little ventilation when you are out and about is fine.
- ✓ If the pollen count is high (the pollen count for your region can be found on many news websites) try to limit your amount of exposure to grassy areas.
- ✓ Get someone else to mow the grass.
- ✓ If you have other allergies, such as cat fur, dog hair and tobacco, avoid these during the hay fever seasons. Two allergens can lead to worse symptoms.
- ✓ Try one of the low cost hay fever treatments available at your local pharmacy or even at many shops and supermarkets. Most hay fever products that contain cetirizine or loratadine sold in the UK are of a similar strength. Never be afraid to ask for advice. Your community pharmacy team and GP are there to help.

There are several helpful resources relating to affective control of hay fever. These include the NHS Choices website, which can be viewed [here](#).

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