Tablet Press
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NHS Nene CCG and NHS Corby CCG
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- **FreeStyle Libra**
  FreeStyle Libre (flash glucose monitoring system) will be listed in the drug tariff in November. A Tablet Press Extra has been produced and circulated with the intention of highlighting NHS Corby and Nene CCGs' commissioning position, as well as providing answers to some of the questions that may arise http://nww.pathfinder-rf.northants.nhs.uk/media/3581856/tpx-freestyle-libre.pdf . The CCGs' current position is that:

  - FreeStyle Libre sensors have been classified as Double RED (IFR) in Northamptonshire. This means they should NOT be prescribed on the NHS in Northamptonshire unless an Individual Funding Request has been approved.
  - The classification of FreeStyle Libre sensors will be reconsidered when local commissioning arrangements have been agreed.
  - FreeStyle Libre readers are NOT prescribable on the NHS.

- **Atopic eczema: topical corticosteroid phobia**

A systematic review looked at the evidence on the prevalence and origin of topical corticosteroid (steroid) phobia in atopic dermatitis (eczema) and its effect on treatment adherence. Phobia was broadly defined as worries, anxieties, fears, concerns or reluctance about using topical steroids. In 16 observational studies, the prevalence of topical steroid phobia ranged from 21.0% to 83.7% and people reporting such phobia had higher nonadherence rates than those without phobia. This study highlights the importance of informed shared decision making when following the NICE guideline on atopic eczema in under 12s, which recommends that the benefits and harms of treatment with topical steroids are discussed with children and their parents or carers, emphasising that the benefits outweigh possible harms when they are applied correctly.

- **NICE decision support aid for bisphosphonates**

NICE have produced a short decision support tool to facilitate the implementation of their technology appraisal on "Bisphosphonates for treating osteoporosis" (TA 464) https://www.nice.org.uk/guidance/ta464/resources/decision-support-from-nice-information-to-help-people-with-osteoporosis-and-their-health-professionalsdiscuss-the-options-pdf-4608867565 It is different from NICE's full Patient Decision Aids, but is intended to provide a 'visual aid' to help health professionals discuss the pros and cons of treatment with the person.
Note – Under the TA patients are only eligible for a bisphosphonate if they have agreed to have a risk assessment for frailty fractures i.e. women aged 65 years and over, men aged 75 years and over, younger patients with risk factors. Before discussing the risks and benefits of bisphosphonates with patients it is advised they are made aware of the administration requirements i.e. they should be taken whilst standing up, on an empty stomach, 30 mins before food or drink etc. Specialist Pharmacy Services' have produced a useful summary (NICE bites) of this NICE guidance https://www.sps.nhs.uk/wp-content/uploads/2017/10/NICE-Bites-Osteoporosis-No-100-SeptOct-2017.pdf

- **Inappropriate advice from GP clinical systems regarding the interaction between live influenza vaccine and certain antiviral drugs.**

It has been highlighted that some GP computer systems, EMIS web, for example, are giving the following high severity warning for influenza vaccination:
"Drug to Drug interaction. Avoid antivirals for at least 2 weeks after immunisation; avoid immunisation for at least 48 hours after stopping the antiviral."
Whilst flu antiviral drugs e.g. amantadine, rimantadine, zanamivir and oseltamivir may reduce a patient's response to live [attenuated] influenza vaccine e.g. Fluenz, there is no interaction between the vaccine and antiretroviral drugs or antiviral drugs such as acyclovir. **Due to concerns about the potential effect of this warning message the chair of the British HIV Association has re-iterated that patients with HIV should:**

1. **Have a flu vaccine as advised in Department of Health guidelines**
2. **NOT STOP their antiretrovirals.**

The issue has also been raised with EMIS.

- **Loperamide (Imodium): reports of serious cardiac adverse reactions with high doses**

The MHRA are advising healthcare professionals that large doses of loperamide have been associated with serious cardiovascular events (such as QT prolongation, torsades de pointes, and cardiac arrest), including fatalities. The recommended maximum daily dose is 16 mg.

This edition is also available on PathfinderRF via the following link
http://nww.pathfinder-rf.northants.nhs.uk/nene