



- **Drug Update - Insulin Analogues**

The March issue of the Regional Drugs and Therapeutics centre's "Drug Update" discusses the use of insulin analogues compared to human insulin and concludes, "In recent years, there has been a marked rise in the prescribing of recombinant insulin analogues (IAs). These are substantially more expensive than the conventionally prescribed standard human insulins (HIs). Current evidence suggests that although they have some advantages over HIs, IAs do not improve long-term glycaemic control or reduce the risk of long-term complications in diabetes, thus limiting their place in therapy. Current NICE guidance recommends that HIs should be the first choice of insulin therapy and recommends first-line use of IAs only in certain specific circumstances."

This gives further support to our local drive to use human insulin first line, as per NICE recommendations, in order to free up resources to fund the diabetes Multidisciplinary Team.

The document can be found at http://www.nyrdtc.nhs.uk/docs/dud/DU_66_Insulin_Analogues.pdf

- **ADHD drugs - revised shared care protocol**

This revised SCP which relates to the shared care prescribing of methylphenidate and atomoxetine has been approved by NPAG and is now available on the intranet and Pathfinder on the "Traffic Light" pages.

- **Prior Approval forms on Pathfinder**

The Prior Approval form for double red drugs and associated guidance is now available on Pathfinder at [Double Red Drug Prior Approval](#)

- **New website for the National Prescribing Centre**

The NPC have combined the publications, information and resources on their npc.co.uk site with the e-learning resources on NPCi to create one new website which can now be found at www.npc.nhs.uk

- **Zomorph and PEG feeds**

Following the county wide switch from MST to Zomorph capsules, it was advised that Zomorph could be dispersed in water and could then safely be put into PEG tubes. Following this advice it has been brought to our attention that Zomorph can only be used in this way for tubes which are greater than 16 F.G. At NGH the PEG tubes used are smaller than this and therefore Zomorph should NOT be used as there is a risk of the tube blocking as a result.

In future, for all patients with PEG tubes please ensure that MST sachets are used rather than Zomorph. Nasogastric tubes are wide enough to allow Zomorph to be dispersed and given down them.

- **Correct application of Matrifen patches**

Some patients have raised concerns about problems about adhesion of Matrifen patches. As with all fentanyl patches, correct application is a major factor to ensure appropriate usage.

- Matrifen patches should be applied to a flat part of the upper body or upper arm, where the skin is without hair, cuts or other skin blemishes. If the skin is hairy, then cut the hair with scissors - do not shave as this may irritate the skin. If the skin needs washing, wash with water - do not use soap oil, lotions, alcohol or other cleanser that may irritate the skin. The skin must be completely dry before applying the patch.
- The patch should be stuck on immediately after opening. Remove the protective plastic film and press firmly on to the skin with the palm of the hand for approximately 30 seconds to make sure the whole patch, including the edges, sticks well to the skin. Use additional fixing tape if necessary.
- After 72 hours (3 days) the patch may be removed. A new patch should be applied to a different site.
- Care should be taken to avoid the touching of the adhesive layer as this may compromise its functionality and patient counselling has been suggested as an important component to ensuring correct application and usage.

This edition is also available on HNN (Health Network Northants)

<http://nww.northants.nhs.uk/Display/Dynamic.jsp?topicid=14070&lhsid=514&oid=2854¤tid=2854>

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