

## Prescribing Newsletter

October 2013

This newsletter is produced by the Medicines Management Team at the CCG, and is sent to all local GPs, Practice Nurses and Community Pharmacists. We would welcome any feedback on the content and usefulness of the newsletter and suggestions for future topics.



### Medicines Wastage

This recent photograph, from a local pharmacy illustrating returned unused medicines by one patient to the value of £7262, highlights the issues of:

- Clinical impact of patients not taking their prescribed medicines as intended
- Financial impact on the prescribing spend and destruction costs

#### Action:

When carrying out a medication review, ask the patient if they understand why the medication is being prescribed for them, if they have any concerns or are experiencing side-effects. Also consider whether the medication is needed, taking in to account benefits in patients with co-morbidities and risk associated with polypharmacy.

### Sildenafil price reduction

The loss of Viagra's patent in June 2013 has resulted in a 90% price reduction for sildenafil in the October 2013 [Drug Tariff](#). Savings from this patent loss will offset growth in spend on NICE approved drugs

**Action:** Prescribe sildenafil generically and as per the PIS, review patients on branded alternative phosphodiesterase type5 inhibitors and consider switching to generic sildenafil if sildenafil naïve

### Inhaled corticosteroids (ICS) in COPD

Although the connection between inhaled corticosteroids (ICS) and increased pneumonia risk has long been recognised, the recent [PATHOS](#) study **suggests that this risk varies between agents and is more marked with fluticasone**. There was no indication of a difference in risk between different doses; risk was linked to the choice of steroid, not the dose used.

ICS are known to reduce exacerbations, and remain a mainstay of COPD management in patients who remain symptomatic.

**Action:** Prescribers should continue to follow NICE Guidelines and prescribe licensed ICS where this is indicated. ICS inhalers licensed for COPD include:

- Budesonide containing Symbicort 200/6 TWO puffs twice daily or 400/12 ONE puff twice daily
- Fluticasone containing Seretide 500 Accuhaler 1 puff twice daily

### Product news - shortage of Kwells® and other hyoscine-containing tablets.

These are sometimes prescribed for patients with some neurological conditions and also for some patients receiving clozapine when hypersalivation is a problem. The shortage is imminent and will last 6 to 9 months. Alternatives, which are licensed but hypersalivation use is off-label, include:

- Atropine eye drops 1% 1-2 sublingually 2-3 times a day
- Ipratropium nasal spray 2 puffs sublingually bd
- Amitriptyline 25-100mg at night
- Oxybutinin 5-10mg bd
- Clonidine tablets 50-100mcg at night

Glycopyrronium is also used, but this is not only an unlicensed special but also much more expensive than the above options

[www.evidence.nhs.uk/search?q=hypersalivation](http://www.evidence.nhs.uk/search?q=hypersalivation)

## Joint Formulary changes include:

- **Mirabegron** added as per NICE: only if anticholinergic is ineffective, contraindicated or not tolerated.
- **Symbicort** – prescribe by brand since generics will soon be available but devices will not be interchangeable
- **Omacor** changed to **Prestylon** as preferred brand of Omega 3 in line with PIS
- **Cosopt / Xalacom** brands **removed** and replaced with generic equivalents
- **Methotrexate 10mg** tablets assigned RED status
- The following ESCAs have been amended to make GP monitoring responsibilities simpler and clearer: Ciclosporin; Azathioprine and Mycophenolate. All ESCAs can be found in the “Shared Care Documentation” downloadable from [Joint Formulary](#) webpage (open access)

## CCG Website Updates on Prescribing Policy and links to useful resources

- The CCG has developed a GP letter to initiating organisation declining prescribing of medicines not in accordance with the joint formulary. The letter template can be accessed via [www.staff.brightonandhoveccg.nhs.uk/resources/joint-formulary](http://www.staff.brightonandhoveccg.nhs.uk/resources/joint-formulary)
- With the increasing use of newer anticoagulants (NOAC) from acute trusts, primary care prescribers are reminded to refer to the [HPSU guidance resources](#) to help ensure safe prescribing of NOAC
- [Non-Cancer and Neuropathic Pain Management](#) algorithm

**Brighton and Hove CCG Medicines Management Team** email address has changed to [BHCCG.MedicinesManagement@nhs.net](mailto:BHCCG.MedicinesManagement@nhs.net)

## **That's NICE** ..... [www.nice.org.uk/Guidance/Date](http://www.nice.org.uk/Guidance/Date)

- **July 2013** - Bipolar disorder (adolescents) – aripiprazole [TA292](#); BMI and waist circumference - black, Asian and minority ethnic groups [PH46](#); Macular degeneration (wet age-related) - aflibercept (1st line) [TA294](#); Myocardial infarction with ST-segment elevation [CG167](#); Thrombocytopenic purpura - eltrombopag [TA293](#); Varicose veins in the legs [CG168](#)
- **August 2013** - Autism - management of autism in children and young people [CG170](#); Breast cancer (HER2 negative, oestrogen receptor positive, locally advanced or metastatic) - everolimus (with an aromatase inhibitor) [TA295](#)
- **September 2013** - Lung cancer (non-small-cell, anaplastic lymphoma kinase fusion gene, previously treated) - crizotinib [TA296](#); Urinary incontinence in women [CG171](#)

## MHRA Drug Safety Update

### July 2013

**Codeine** contraindication strengthened in under 18 years with obstructive sleep apnoea; **Retigabine** (Trobal<sup>▼</sup>)'s restricted to last-line use with new monitoring requirements after reports of pigment changes in ocular tissue, skin, lips, or nails; information on the European Pharmacovigilance Risk Assessment Committee (**PRAC**)

### August 2013

**IV iron** advice strengthened to manage and minimise serious hypersensitivity risks

**Caffeine** products for apnoea of prematurity to be named and prescribed as caffeine citrate

**Nitrofurantoin** precautions reminder, especially renal impairment in (elderly) patients

**Oral ketoconazole's** risk of liver injury outweighs benefits, do not prescribe or use for fungal infections.

**Metoclopramide** dose and duration restricted due to risk of neurological adverse reactions – [though recommendation is being re-examined at time of publication](#)

Information on **learning modules** on opioids, antipsychotics, benzodiazepines and SSRI learning module update includes QT interval risk

### September 2013

**Filgrastim** and **pegfilgrastim** - risk of potentially life-threatening capillary leak syndrome (CLS) - Refer self-administering patients presenting with CLS symptoms

[UKMi home page](#) has been changed to make it easier to access useful resources. The 'home' tab no longer has a drop-down list. Instead, links to frequently used resources are in a green box in the middle of the home page. You can now link directly to resources such as: **Medicines Q&As**; Horizon scanning (including New Drugs Online (NDO), NDO Newsletter, Prescribing Outlook); Medicines evaluations ; **Drugs in lactation**; **Fridge stability**; **Medicines supply issues**; **Patent expiries**

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