CITY SCRIPTS

Brighton and Hove Clinical Commissioning Group

Prescribing Newsletter

December 2012

This newsletter is produced by the Medicines Management Team at the PCT, 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.

Pain relief for patients on opiate substitute medication

It is not appropriate to fully exclude the use of opiates in patients on opiate substitution medication or those patients with a history of substance misuse, since this could encourage over reliance on NSAIDs, which carry their own risks.

The RCGP have developed related guidance for such cases in the form of Safer Prescribing in Prisons, and the table below is adapted from this document.
The colour coding is taken directly from the prisons guidance:
Green – carry lower risk, consider as 1st line agents
Amber – caution; only consider if green choices inappropriate or ineffective
Please note:

- Time limits are advised in order to avoid long term inappropriate prescribing.
- The inclusion of nefopam as an option. The evidence base for nefopam is limited, but it may have a use where other non opioids are ineffective or inappropriate.
- Dihydrocodeine should generally be avoided in patients with substance misuse histories.

Medication	Place in therapy	Other considerations	Category
Paracetamol	In accordance with the analgesic ladder.	Used regularly, (1g qds) it is an effective analgesic. Abuse potential low.	**1st line**
NSAIDS Ibuprofen, Naproxen	In accordance with the analgesic ladder	Can be dangerous in overdose. Risks of gastrointestinal ulceration and bleeding.	**1st line**
Nefopam	Consider before opiate analgesia in selected individuals where other non-opioid analgesics ineffective.	Limited evidence base of effectiveness. Antimuscarinic side effects may be a problem. May interfere with some screening tests for benzodiazepines and opioids, giving a false positive	**1st line**
Codeine	Short duration use in patients who do not have opiate addiction problems.	Special care in patients with substance misuse histories. Consider dispersible preparation with 'co' preparations – but note high salt content.	
Tramadol	Consider after Paracetamol, NSAIDs, Nefopam and adjuvants in selected individuals	Special consideration in patients with substance misuse histories. Higher risk of withdrawal effects than other weak opioids.	
Strong opiates: Morphine, oxycodone	Strong opiates are indicated in severe pain. They should be prescribed when indicated.	There is an increased risk of abuse of immediate release preparations.	

Urinary Tract Infections (UTI) in patients with Chronic Kidney Disease (CKD)

In patients with CKD stage > 3 (eGFR < 60 ml/min/1.73 m^2), nitrofurantoin is contraindicated, whilst Trimethoprim in patients with eGFR <30 ml/min/1.73 m^2 is contraindicated since it accumulates and also gives falsely raised serum creatinine levels, clouding the patients' true renal function. For these reasons, Sussex Kidney Unit (SKU) empirically use co-amoxiclav for UTIs in pre-dialysis patients. If such patients are penicillin allergic, then cefalexin can be an option (depending on nature of reaction). If significant IgE mediated penicillin allergy, then oral ciprofloxacin is the alternative option.

Action: Trimethoprim continues to be first line antibiotic for UTIs in patients with eGFR >30 ml/min/1.73 m^2 in primary care

Stolen or lost prescriptions

Practices are reminded to contact Jeff Wood if prescriptions are lost or stolen. Telephone: 01903 756832 E-mail: jeffreywood@nhs.net . Out of hours, the police should be informed, but please let Jeff know too, as soon as possible. He will then circulate the details to pharmacies

Patent losses – Drugs that have recently lost their patent and are significantly cheaper to the NHS when prescribed generically include: Seroquel® (**Quetiapine);** Amias® **(candesartan),** Aricept® **(donepezil**); Xalatan® **(latanoprost);** Cosopt® **(dorzolamide/timolol Dps 2%/0.5%),** Mirapexin® **(pramipexole),** Arimidex® **(anastrozole),** Femara® **(letrozole);** ReQuip® **(ropinirole),** Alphagan® **(brimonidine);** Zyprexa® **(olanzapine);** Xalacom® **(Latanoprost/Timolol Eye Dps 50mcg/5mg/ml)**
Action: Prescribers should prescribe the above products generically (generic name in brackets), thereby saving the local NHS over £100,000 annually

Honey improves nocturnal cough in children - InfoPOEM

Bottom Line: A teaspoonful of honey, given alone or with a noncaffeinated liquid before bedtime, decreases cough frequency and severity while improving the sleep of both parents and the child with acute cough. Placebo also works, but not as well. Both (honey and placebo) give parents an active role in their child's well-being while not exposing the child to potentially harmful medicines. (LOE = 1b)

Epanutin (phenytoin sodium) capsules - change of manufacturer and price

In September 2012, Flynn Pharma Ltd took over the marketing authorisation for Pfizer's Epanutin capsules (25mg, 50mg, 100mg, and 300mg).
The product is now marketed as Phenytoin Sodium Flynn hard capsules and is identical to Epanutin capsules in bioavailability, colouring and markings, thereby allaying any worries that may arise from the change over due to the narrow therapeutic index of phenytoin. The only difference is the list price which is over 22 times the previous Epanutin resulting in an increased annual spend of £100,000 per annum (prices for equivalent pack size in brackets):

- Phenytoin Sodium Flynn 25mg capsules x 28= £15.74 (Epanutin 25mg capsules x 28= £0.66)
- Phenytoin Sodium Flynn 50mg capsules x 28= £15.98 (£0.67)
- Phenytoin Sodium Flynn 100mg capsules x 84= £67.50 (£2.83)
- Phenytoin Sodium Flynn 300mg capsules x 28= £67.50 (£2.83)

Phenytoin tablets are available in 100mg strength only and at a higher cost price of £30 for 28 tablets.
Action: Community pharmacies are unable to supply the Flynn product against a prescription written for Epanutin and will require the prescription to be amended. Prescriptions for Epanutin capsules should now be written as Phenytoin Sodium Flynn 'X'mg Hard Capsules (or as Phenytoin capsules where this is not on the GP computer system). Currently, there is no other capsule form of phenytoin.

That's NICE ……

July 2012 – VTE (treatment and long term secondary prevention) - rivaroxaban (TA261)
September 2012 - Stroke (acute, ischaemic) - alteplase (TA264) and Headaches (CG150)
October 2012 – Crohn's Disease (CG152) and Psoriasis (CG153)
November 2012 – Chronic heart failure - ivabradine (TA267)
A local Patient Decision Aid, that complements local guidance and HPSU Q&A on the newer anticoagulants is now available from the Prescribing Pages of the B&HPCT website

MHRA Drug Safety Update

April 2012 issue reported on long term Proton pump inhibitors use linked to hypomagnesaemia and another report linking to increased risk of bone fractures
July 2012 issue provided advice on Dabigatran (Pradaxa▼)'s risk of serious haemorrhage, clarification on contraindications and reminder to monitor renal function
August 2012 issue highlighted updated advice on simvastatin and drug interactions and contraindications
September 2012 edition highlighted dipeptidylpeptidase-4 inhibitors ('gliptins'): risk of acute pancreatitis.
October 2012 edition contains articles on:

- Agomelatine (Valdoxan®/ Thymanax®) and risk of dose-related hepatotoxicity and liver failure – agomelatine is not on the Joint Formulary
- Denosumab: fatal cases of severe symptomatic hypocalcaemia and risk of hypocalcaemia at any time during treatment – monitoring recommended.

