CITY SCRIPTS

Brighton and Hove CCG

Prescribing Newsletter **April 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.

Brighton and Hove Joint Formulary has been launched and is accessible via the NHS Brighton and Hove website: www.brightonandhove.nhs.uk/healthprofessionals/BrightonJointFormulary.asp

This new online joint formulary has been developed jointly by Brighton and Hove Clinical Commissioning Group (medicines management team and GP prescribing leads) and Brighton and Sussex University Hospitals NHS Trust (pharmacists and consultants). The aim of the joint formulary is to:

- Promote closer working between primary care and secondary care clinicians
- Make it easier for GPs to prescribe consistently, safely, effectively and efficiently for the benefit of patients and reduce medicines wastage.

It is published in British National Formulary (BNF) chapters with a list of recommended drugs in each section. A colour coding scheme shows first-line and second-line drugs, medicines that should be used with specialist advice, and medicines only to be prescribed within secondary care.

The formulary will be regularly updated to reflect good practice, evidence and cost effectiveness. There is a process for changes to the formulary, including addition of new drugs, which will be considered by a team of GPs, hospital doctors, pharmacists and prescribing leads.

Scriptswitch messages have been updated to reflect the formulary.

The prescribing incentive scheme 2012-13 will also include an indicator centred on encouraging prescribing from the joint formulary.

Drug Tariff Part VIIIB Update and Product news

Part VIIIB of the May 2012 Drug Tariff, which covers arrangements for the payment for 'specials and unlicensed medicines', has been updated to include 25 new entries and 5 deletions. The deletions are due to availability of licensed versions, namely clonazepam susp., ferrous sulphate suspension and ramipril suspension and oral solution. www.psnc.org.uk/news.php/1326/part_viiib_additions_to_may_drug_tariff

Novartis' **Diovan 3mg/ml Oral Solution,** licensed for hypertension in the 6 to 18 years, is not readily interchangeable with Diovan tablets. Indirect comparisons suggest that, the oral bioavailability of valsartan with the solution is approximately 2-fold higher than the tablets. If switching is necessary then refer to dosage conversion table in SPC.

Drug patents: which will expire in 2012 and 2013

A **UKMI Q&A on Drug Patents due to expire in 2012 and 2013** lists 25 drugs whose patent is due to expire in 2012 and 21 drugs whose patent is due to expire in 2013. Some of these will be marketed as generics shortly after the patent expiry, although at present it is not known which.

The following table lists patent expiry of angiotensin receptor blockers (ARBs):
In the light of the impending ARBs patent loss note below and NICE hypertension guidance of prescribing a low cost ARBs, it would be difficult to see the role of the recently launched Edarbi (azilsartan).

Approved Name of ARB	UK-patent expiry		Approved Name of ARB	UK-patent expiry
Candesartan★	28/04/2012		Irbesartan +hydrochlorothiazide★	14/10/2013
Eprosartan mesylate	14/04/2012		Telmisartan ★	10/12/2013
Irbesartan ★	14/08/2012		Olmesartan	20/2/2017

Action: Prescribers should be aware of drugs about to lose patent and prescribe these generically, where possible www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Q--A/Drug-patents-which-will-expire-in-2009-and-2010/

Strontium Ranelate - New Safety Advice

A review of **strontium ranelate** (Protelos®) completed by the European Medicines Agency (EMA) confirms a positive benefit-risk balance but recommends new contraindications and revised warnings. The 3 year review identified 199 severe adverse reactions, about half of these were reports of venous thromboembolism (VTE) and about a quarter were skin reactions.

The EMA has made the following recommendations:

- Strontium ranelate should not be prescribed to patients with current VTE or a history of VTE, as well as patients who are temporarily or permanently immobilised. Current treatment with strontium ranelate in such patients should be reviewed at the next routine appointment.
- When treating patients >80 years of age at risk of VTE, doctors should re-evaluate the need to continue treatment with strontium.
- Patients should be warned about the potential for serious skin reactions. Stevens-Johnson syndrome (SJS) and toxic epidermal necrolysis (TEN) usually occur in the first weeks of treatment while drug rash with eosinophilia and systemic symptoms (DRESS) more usually occurs between 3 and 6 weeks.
- Patients should be advised to stop treatment immediately if severe allergic reactions arise (including skin reactions) and treatment should never be recommenced.

Action: Clinicians should be aware of this review and implement any changes to practice made necessary by these new recommendations. www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2012/03/news_detail_001471.jsp&jsenabled=true

Citalopram and QT prolongation

The MHRA warning on citalopram and QT prolongation resulted in a reduction of the maximum licensed dose to 40mg. However, prescribers have been approaching Sussex Partnership foundation Trust for advice regarding patients whose condition has relapsed since dose reduction.

It is likely that patients taking 60mg have more severe illness and are at higher risk of relapse.

For such patients, carrying out an ECG to check QT interval before considering dose reduction may be a pragmatic approach. Where the dose has been reduced resulting in a relapse, check the ecg before considering increasing again.

Interaction between corticosteroids and Ritonavir – another incident

Prescribers are alerted to several incidents of serious harm caused to patients due to administration of two interacting drugs: ritonavir and triamcinolone. One incident involved a female patient stabilised on an antiretroviral treatment regimen including the drug ritonavir, who was given a steroid injection (triamcinolone) into her knee joint. Within one month, she had developed diabetes, symptoms of Cushing's syndrome were apparent and a synacthen test confirmed significant adrenal suppression. The patient is currently on long term steroids and has a diagnosis of drug induced diabetes.

Action to be taken

1. Anyone who wishes to prescribe/administer triamcinolone in this way should ensure they know which medications their patients are taking.
2. Avoid use of triamcinolone and Fluticasone in someone taking protease inhibitors to treat HIV.
3. Care should always be taken when prescribing corticosteroids with protease inhibitors*, if in any doubt contact the HIV team via the Lawson unit

   (*other protease inhibitors in common use include atazanavir, darunavir, and Kaletra)

Clinical Medication Review Pharmacist Update

The SCT clinical medication review pharmacist service has been incorporated into the new Integrated Primary Care teams for housebound patients with long term conditions.

The service differs from the compliance review offered by the Community Pharmacy MUR (Medicines Use Review) service by:

- Targeting patients at risk of hospital admissions due to medication issues and
- Inclusion of an in-depth clinical medication review based on the patient's medical history, blood tests and clinical observations (where available).

Following the review a report is sent to the GP with recommendations to consider (if appropriate). Follow up reviews are provided if necessary.

Please contact Helena Stimpson or Jigna Patel for more information or referral forms: Bramber Building (B Block), Room FF5, Brighton General Hospital. Tel: 01273 696011 ext 3326; Fax: 01273 265934)