



Tablets

Medicines Management News

Issue 29, September 2016

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Wirral Drug and Therapeutics Panel

Wirral Drug and Therapeutics Panel July 2016

Gastrografin

There was a proposal to use Gastrografin the day before CT virtual colonoscopy as first line treatment for faecal tagging and visualisation of the colon. Following discussion as to whether this would be prescribed via primary care it was agreed this was included in the tariff for the procedure. Therefore any additional costs arising from use of this treatment would be borne by WUTH and this would be highlighted to the directorate. **APPROVED, on the understanding the relevant directorate in WUTH agrees to additional associated costs.** This is a **RED** drug.

Ivermectin Cream

This was approved as first line treatment for management of moderate to severe rosacea. This is a **GREEN** drug.

Wirral Drug and Therapeutics Panel September 2016

RAG status of DOACs

The RAG status of DOACs (apixaban, dabigatran, rivaroxaban and edoxaban) for treatment or prevention of recurrent VTE was changed from AMBER to **GREEN**. This will give GPs the opportunity to review those patients that have been discharged to primary care on warfarin but whose INR is not in range. Where appropriate these patients could be changed to a DOAC to ensure patients are adequately anticoagulated.

Stiripentol

Stiripentol, for use in combination with clobazam and valproate as adjunctive therapy of refractory generalised tonic-clonic seizures in children with severe myoclonic epilepsy in infancy (Dravet Syndrome) whose seizures are not adequately controlled with clobazam and valproate, was considered. The RAG status changed from RED to **AMBER** in line with the Pan Mersey formulary which the Specialist Centre, Alder Hey follow. It is now available as a licensed product for this indication. Initiation should be by a specialist and prescribing should be retained by the hospital for the first 3 months until the patient is stabilised on therapy. A shared care guideline has been produced and will become available on the Wirral Medicines Management website: <http://mm.wirral.nhs.uk/sharedcare/>

Nutilis Thickening Powder

Nutilis Thickening Powder was approved as a thickening agent for patients with dysphagia after recommendation from the Speech and Language Therapy team. This is a gel based product and will be used instead of Thick and Easy (a starch based product). It is generally regarded as more palatable and more beneficial due to the stability and safety of the product.

New Drug Applications:

Sacubutril / valsartan (Entresto)

Sacubutril / valsartan (Entresto) was APPROVED as per [NICE TA 388](#):

Sacubutril valsartan is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction, only in people:

- with NYHA class II to IV symptoms and
- with a left ventricular ejection fraction of 35% or less and
- who are already taking a stable dose of ACE inhibitors or ARBs.

It is to be initiated and prescribed by a Heart Failure Specialist for the first 3 months before prescribing is transferred to GP.

Prescribing Support documents will be available on the Wirral Medicines Management website:

<http://mm.wirral.nhs.uk/guidelines/>

This is an **AMBER** drug.

Ajmaline

To be used as a single IV infusion under cardiac monitoring for the diagnosis of Brugada Syndrome. Consultant Cardiologist use only. This was APPROVED. This is a **RED** drug.

Wirral Antimicrobial Guidelines and Management of Common Infections in Primary Care 2016

The Wirral Antimicrobial Guidelines have been reviewed and updated following Public Health England Guidance issued in May 2016, WUTH Consultant Microbiologist review and Pan Mersey Guidelines. They were ratified at the Wirral Medicines Clinical Guidelines Team in September 2016.

The guidelines were designed with these three aims:

- To encourage rational and evidence-based use of antibiotics
- To minimise the emergence of bacterial resistance
- To provide a simple, pragmatic approach to the management of common infections in primary care

You can find a copy of the entire guidelines as well as a one page summary document at this web address:

<http://mm.wirral.nhs.uk/formulary/> under Wirral Antimicrobial guidelines

or direct links here:

http://mm.wirral.nhs.uk/document_uploads/formulary/FINALPrimaryCareAntimicrobialGuide2016forWirralV1.pdf

http://mm.wirral.nhs.uk/document_uploads/formulary/FINAL2016BookmarkWirral.pdf

Wirral CCG and Public Health Wirral have agreed to jointly fund hard copies of the guidelines this year in black and white booklet form. It is anticipated that these will be available for practices in October. In the meantime the Medicines Management Team are raising awareness of the new guidelines at practice level. Practice Managers are asked to please ensure that all prescribers and practice nurses have sight of the full guidelines and to share hard copies of the summary sheet.

It is hoped that antibiotic awareness raising events might be held towards the end of the year. More details will follow.

Formulary blood glucose testing guidelines – cost effective prescribing

Recently, Practices have been asked to switch patients using non-formulary/higher cost blood glucose meters to cost-effective, formulary alternatives. Many Practices have been working with the Medicines Management Team, in conjunction with the pharmaceutical industry, to switch patients to the cost-effective blood glucose monitors within the Wirral Formulary, where this is appropriate. Please contact Victoria Vincent for further information, and advice regarding how the Medicines Management Team can support you with this work (victoriavincent@nhs.net).

The recently updated Wirral Home Blood Glucose Monitoring Guidelines⁽¹⁾ can be found at the following address:

http://mm.wirral.nhs.uk/document_uploads/guidelines/WirralBlood_Glucose_Testing_Guidelines_May_2016.pdf

The low-cost Formulary meters are:

Active®

Contour® TS

Glucomen Areo®

GlucoRx Nexus®

Perfoma Nano®

There are also a number of higher-cost Formulary blood glucose meters with greater functionality for certain patients. These include patients who use insulin, children, adolescents or patients with gestational diabetes.

Remember cost savings can also be made by choosing the most cost-effective needles, lancing devices and lancets.

One of the most cost-effective needles are **GlucoRx® Finepoint needles**.

The most cost-effective lancing devices include GlucoRx® with 0.31mm/30 gauge lancets costing £5.50 per 200⁽²⁾ pack. Roche Fastclix® lancing device and Fastclix lancets will also become cost effective as, from 1st October 2016, their cost has been reduced to £5.90 for 204⁽²⁾. These lancets have eleven adjustable depth settings and come in preloaded barrels of six lancets which do not require disposal into a sharps bin. So, for patients who are not using insulin or other medication requiring needles, you can save on the cost of a sharps bin plus the dispensing fee, which is £1.75 for a 1 litre sharps bin.^(3,4)

Sharps bins

Most patients with diabetes are prescribed a 1 litre sharps bin. These will be accepted for disposal by many community pharmacies in Wirral, through a service agreement with Wirral Borough Council. They will accept approved and sealed sharps containers for disposal.

References

1. *Wirral Blood Glucose testing guidelines*

http://mm.wirral.nhs.uk/document_uploads/guidelines/WirralBlood_Glucose_Testing_Guidelines_May_2016.pdf

2. <http://psnc.org.uk/dispensing-supply/endorsement/fees-allowances/>

3. Personal communication with Mr Kenneth Irwin, Roche Diabetes Outcome Specialist, Roche Diabetes Care Ltd).

4. <http://www.nhsbsa.nhs.uk/PrescriptionServices/4940.aspx> Drug Tariff August 2016.

Exenatide Once Weekly Bydureon® - change of device presentation to Pen Device

The manufacturers of exenatide once weekly injections (Bydureon®) have been supplying Bydureon® Pens in the UK since January 2015. Bydureon® Pens contain exactly the same medication as the original vial and syringe presentation. They are both the same price, but the pen device is considered easier for patients to use.

Astra Zeneca will be phasing out the Bydureon® vial and syringe presentation, to avoid patient and healthcare professional confusion, due to the same medication being available in two different devices.

Any patients still using vial and syringe weekly presentation of exenatide (Bydureon®) will need to change over to the new pen device now, before stocks are exhausted.

Astra Zeneca state that stocks of the syringe and vial Bydureon® presentation will be completely exhausted by 31st December 2016.

The New Joint Wirral COPD Prescribing Guidelines

The Wirral COPD Guidelines were approved earlier in the year following a joint review by Dr Nikki Stevenson - Lead Respiratory Consultant, WUTH, Dr Kathy Fegan - CCG Respiratory Lead GP, Denise Williams - Wirral COPD Service Lead Specialist Nurse, Rachael Pugh - Prescribing Adviser and Abigail Cowan - Prescribing Adviser, Wirral Medicines Management Team and Peter Lomas - WUTH Pharmacist.

The guidelines are now based on the more recent national GOLD (Global Initiative for Chronic Obstructive Lung Disease) guidelines.

Dr Nikki Stevenson launched the guidelines at GP Members on Wed 11th May, at the Nurse's PLT event on Thursday 16th June with Denise Williams and at the GP PLT event on Thursday 28th September with Dr Kathy Fegan, CCG Respiratory Lead GP.

Practice nurses requiring additional training can contact Denise Williams, COPD Lead for support.

Dr Kathy Fegan also launched the guidelines at the three Prescribing Cluster meetings in June. Many thanks to Nikki, Denise and Kathy for the time and effort that they put into preparing for these presentations.

The guidelines are available on the Medicines Management website and in the guidelines there is a link to the CAT test:

http://mm.wirral.nhs.uk/document_uploads/guidelines/COPDPrescribingGuidelinesFinalV31March16.pdf

http://mm.wirral.nhs.uk/document_uploads/guidelines/COPDSupplementaryInformationMarch2016.pdf

http://mm.wirral.nhs.uk/document_uploads/guidelines/COPDSelfManagementPlanFeb2015_b6998.pdf

Wirral CCG has agreed for respiratory to be a big focus for the Medicines Management team. The practice pharmacists and technicians are working closely with the Practice Nurses and have already, or will be, providing them with a 'Respiratory Pack' which contains placebo's of all of the new inhalers on the guidelines and 'how to use' leaflets for their information.

The first projects have been to review and change appropriate COPD patients to the more cost effective formulary choices via the Community Pharmacy New Medicines Service (NMS). These projects include:

- Changing from Salmeterol Accuhaler to Formoterol Easyhaler
- Changing from Spiriva HandiHaler to Spiriva Respimat device

If you have any queries about the guidelines or the respiratory projects for the Medicines Management Team please contact Abigail Cowan, abigailcowan@nhs.net or Rachael Pugh rachael.pugh@nhs.net or by telephone at 0151 541 5390.

Topic of the Month

NATIONAL EYE HEALTH WEEK MONDAY 19TH – SUNDAY 25TH SEPTEMBER 2016

Our ageing population and unhealthy lifestyles are fuelling a steep decline in our vision. Almost two million people in the UK are living with sight loss and it's predicted a further half a million could lose their sight by the year 2020. Poor eye health places a huge economic and social burden on the UK. In 2013, sight loss cost the economy almost £8 billion.

National Eye Health Week has been established to communicate the importance of good eye health under the banner, 'Vision Matters', The aim is to encourage people from every walk of life to take better care of their eyes and have regular sight tests.

Regular sight tests are essential for maintaining healthy eyes but there are other things which can have a huge impact on eye health too;

Diet

Studies show that what we eat can affect our vision. Vitamins B and E can help protect against cataracts whilst omega-3 fish oils help maintain healthy blood vessels inside the eye. Antioxidants can help to prevent retinal damage. There is some evidence to suggest that lutein may be beneficial as an antioxidant and it can be found in many fruits and vegetables.

Foods recommended for eye health include:

- Broad leaf greens such as kale and spinach
- Brightly coloured fruit and veg such as corn, carrots, orange sweet peppers and oranges
- Oily fish like salmon, tuna and mackerel
- Broccoli
- Eggs

Find out more about nutrition and eyesight through 'Feast Your Eyes Cookbook' for recipe suggestions;

<http://www.visionmatters.org.uk/downloads/nehw15-cook-book-digital.pdf>

Supplements containing these ingredients are not advocated on NHS prescription in Wirral. It is much more beneficial to get them through a healthy diet. They can, however, be easily purchased in Pharmacies.

Exercise and eyesight

Lack of exercise contributes significantly to several eye conditions, particularly amongst people aged 60 years and over. Exercise may reduce the risk of sight loss from narrowing or hardening of the arteries, high blood pressure and diabetes. Maintaining a healthy weight helps preserve macula pigment density, which in turn helps protect the retina against the breakdown of cells and the onset of age-related macular degeneration (AMD).

Damage to blood vessels in the eye caused by excess body weight has also been linked to glaucoma. Aerobic exercise can help increase oxygen supplies to the optic nerve and lower any pressure that builds up in the eye.

Reducing intraocular 'eye' pressure can help control conditions such as glaucoma and ocular hypertension.

Find out more about exercise and eyesight (Royal College of Ophthalmologists PDF)

Alcohol

Excessive alcohol consumption can lead to serious health conditions, which can have a detrimental effect on eye health.

Find out more about alcohol and the eye (Royal College of Ophthalmologists PDF)

Smoking

After ageing, smoking is the biggest risk factor for developing macular degeneration.

Toxic chemicals in tobacco smoke can damage the delicate surface and the internal structure of the eye. This can lead to an increased risk of many eye conditions including AMD; nuclear cataracts; thyroid eye disease; dry eye and poor colour vision.

Find out more about smoking and your eyes (NHS Choices)

The sun

Protecting your eyes from the sun is very important and should not be underestimated. Under no circumstances should you ever look at the sun directly. Always wear sunglasses when the UV index rises above three and check your sunglasses can filter AT LEAST 99 per cent of UVA and UVB light. Look out for a CE or British Standard or UV 400 mark when choosing your sunglasses as this indicates they provide adequate UV protection.

Exposure to UV light increases your risk of developing cataracts and macular degeneration.

According to the World Health Organisation, UV damage is the biggest modifiable risk factor of cataract development.

Find out more about sun and the eyes (NHS Choices)

For those who might like to get involved further information & resource packs can be found at ; <http://www.visionmatters.org.uk/news/news/main/10>

Query Corner

IS THERE A RISK OF PNEUMONIA WITH INHALED CORTICOSTEROIDS (ICS) BUDESONIDE AND FLUTICASONE?

In summary, there is robust evidence that inhaled fluticasone and budesonide are associated with an increased risk of pneumonia in patients with COPD and this risk is elevated with higher dose ICS. However, it is still unclear how potential differences between formulations alter the magnitude of risk if at all. Also, data on newer ICS formulations is lacking.

MHRA Advice for healthcare professionals:

- Physicians should remain vigilant for the development of pneumonia and other infections of the lower respiratory tract (i.e. bronchitis) in patients with COPD who are treated with inhaled drugs that contain steroids because the clinical features of such infections and exacerbations frequently overlap.
- Any patient with severe COPD who has had pneumonia during treatment with inhaled drugs that contain steroids should have their treatment reconsidered.

To summarise the available evidence:

The MHRA highlighted this issue in 2007 following publication of the TORCH study (TOwards a Revolution in COPD Health) comparing Seretide® Accuhaler (50 µg salmeterol/500 µg fluticasone twice a day), 50 µg salmeterol twice a day, and 500 µg fluticasone twice a day, with placebo over a 3-year period (1). The primary endpoint was all-cause mortality within 3 years. The absolute risk for all-cause mortality was reduced by 2.6% for Seretide® compared with placebo, and was increased by 0.8% for fluticasone compared with placebo (both non significant) (2).

Since then, several systematic reviews have looked at the risk of pneumonia with ICS use (3-6). Of these, only one compared the different ICS drugs with each other and as combination inhaler therapy together with a LABA (3). Cochrane published a systematic review, which included studies that examined ICS treatment both alone and in combination with a LABA (7). This review focused on the risk of pneumonia with the two most frequently prescribed ICS, fluticasone and budesonide, compared with control, and on the difference in risk of pneumonia between these ICS. The results are as follows:

Fluticasone increased non-fatal serious adverse pneumonia events (requiring hospital admission) (odds ratio (OR) 1.78, 95% confidence interval (CI) 1.50 to 2.12; 18 more per 1000 treated over 18 months; high quality), and no evidence suggested that this outcome was reduced by delivering it in combination with salmeterol or vilanterol or that different doses, trial duration or baseline severity significantly affected the estimate. Budesonide also increased non-fatal serious adverse pneumonia events compared with placebo, but the effect was less precise and was based on shorter trials (OR 1.62, 95% CI 1.00 to 2.62; six more per 1000 treated over nine months; moderate quality). Some of the variation in the budesonide data could be explained by a significant difference between the two commonly used doses: 640 µg was associated with a larger effect than 320 µg relative to placebo. An indirect comparison of budesonide *versus* fluticasone monotherapy revealed no significant differences with respect to serious adverse events (pneumonia-related or all-cause) or mortality. The risk of any pneumonia event (i.e. less serious cases treated in the community) was higher with fluticasone than with budesonide (OR 1.86, 95% CI 1.04 to 3.34); this was the only significant difference reported between the two drugs. However, this finding should be interpreted with caution because of possible differences in the assignment of pneumonia diagnosis, and because no trials directly compared the two drugs.

References

- 1) Drug safety Update. Inhaled corticosteroids: pneumonia. October 2007. Accessed at <https://www.gov.uk/drug-safety-update/inhaled-corticosteroids-pneumonia>
- 2) Calverley PM¹, Anderson JA, Celli B, Ferguson GT, Jenkins C, Jones PW, Yates JC, Vestbo J; TORCH investigators. Salmeterol and fluticasone propionate and survival in chronic obstructive pulmonary disease. *N Engl J Med*. 2007 Feb 22;356(8):775-89.
- 3) Drummond MB, Dasenbrook EC, Pitz MW, Murphy DJ, Fan E. Inhaled corticosteroids in patients with stable chronic obstructive pulmonary disease: a systematic review and meta-analysis. *JAMA* 2008;**300**(20):2407-16.
- 4) Halpin DM, Gray J, Edwards SJ, Morais J, Singh D. Budesonide/formoterol vs. salmeterol/fluticasone in COPD: a systematic review and adjusted indirect comparison of pneumonia in randomised controlled trials. *International Journal of Clinical Practice* 2011;**65**(7):764-74.
- 5) Sin DD, Tashkin D, Zhang X, Radner F, Sjobring U, Thoren A, *et al*. Budesonide and the risk of pneumonia: a meta-analysis of individual patient data. *Lancet* 2009;**374**(9691):712-9.
- 6) Singh S, Amin AV, Loke YK. Long-term use of inhaled corticosteroids and the risk of pneumonia in chronic obstructive pulmonary disease: a meta-analysis. *Archives of Internal Medicine* 2009;**169**(3):219-29. [1538-3679]
- 7) Kew KM, Seniukovich A. Inhaled steroids and risk of pneumonia for chronic obstructive pulmonary disease. Cochrane Database of Systematic Reviews 2014, Issue 3. Art. No.: CD010115. DOI: 10.1002/14651858.CD010115.pub2. Accessed at <http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010115.pub2/full> .

Safety

MHRA DRUG SAFETY UPDATES JULY-AUG 2016

Warfarin - reports of calciphylaxis

- Calciphylaxis is a very rare but serious condition that causes vascular calcification and cutaneous necrosis. The mortality rate is high. It is also known as calcific uremic arteriolopathy. The condition is most commonly observed in patients with end-stage renal disease on dialysis, or in those with known risk factors such as: protein C or S deficiency; hyperphosphataemia; hypercalcaemia; hypoalbuminaemia. It has, however, also been noted in patients with normal renal function.
- The patient information leaflet for warfarin will be updated to warn patients of the risk of calciphylaxis, with advice to consult their doctor if they develop a painful skin rash.

Potential interaction between citalopram and cocaine

- The MHRA drug Safety Update for July 2016 details a recent Coroner's case where a man died of a sub-arachnoid haemorrhage due to a suspected interaction between citalopram and cocaine. This could have been due to cocaine-related hypertension or an additive bleeding risk.
- Consequently, when prescribing selective serotonin reuptake inhibitors (SSRIs), prescribers are reminded to enquire about cocaine use when considering drug-drug interactions, and the need to avoid concurrent use of multiple serotonergic drugs.
- The General Medical Council Good Practice in Prescribing and Managing Medicines and Devices (2013) guidance recommends that prescribers should have, or take, an adequate history, which considers recent use of other medicines - including non-prescription medicines, herbal medicines, illegal drugs and medicines purchased online prior to prescribing.

Ref: <https://www.gov.uk/drug-safety-update>

Drug Tariff

DRUG AVAILABILITY

Medication supply issues

The following generic drugs have supply issues and hence are incurring increased costs; they have been given a NCSO (NO CHEAPER STOCK OBTAINABLE) status for August 2016. Please consider the costs of the following drugs before prescribing.

Drug	Pack size	Price concession
Amitriptyline 50mg tablets	28	£3.44
Bumetanide 1mg tablets	28	£1.95
Dapsone 50mg tablets	28	£46.19
Desmopressin 10micrograms/dose nasal spray	60 dose	£24.00
Flecainide 100mg tablets	60	£10.90
Flecainide 50mg tablets	60	£11.57
Gabapentin 600mg tablets	100	£9.75

Isosorbide mononitrate 10mg tablets	56	£5.00
Isosorbide mononitrate 20mg tablets	56	£4.00
Lamotrigine 5mg dispersible tablets sugar-free	28	£7.30
Lorazepam 2.5mg tablets	28	£6.50
Mupirocin 2% ointment	15g	£12.45
Naratriptan 2.5mg tablets	6	£13.49
Nitrofurantoin 100mg tablets	28	£13.99
Nitrofurantoin 50mg tablets	28	£16.00
Ropinirole 0.25mg tablets	12	£3.94
Ropinirole 0.5mg tablets	28	£16.03
Ropinirole 1mg tablets	84	£56.71
Ropinirole 2mg tablets	28	£34.50
Ropinirole 5mg tablets	84	£175.00
Trospium chloride 20mg tablets	60	£18.50
Valsartan 160mg capsules	28	£2.01
Valsartan 40mg capsules	28	£3.99
Valsartan 80mg capsules	28	£3.65

Ref <http://psnc.org.uk/dispensing-supply/supply-chain/generic-shortages/>

Other drugs with long-term supply issues

The following drugs have long-term supply issues. The table below shows the reason for the supply issue, where known and possible return to stock dates.

Item	Status	More Information
Antepsin® (sucralfate) 1g/5ml Oral Suspension and Antepsin® 1g Tablets	Supply due to resume Q1 of 2017	An alternative supply of sucralfate tablets may be available from Idis pharma. Contact 01932 824100.
Bactroban® cream 15g	Due 2017	
Bactroban® ointment 15g	Due Dec 2016	
Betnovate® cream & ointment 30g & 100g	Intermittent stocks	
Betnovate RD® cream	Intermittent stocks	Betnovate RD® ointment-in stock.
Canesten HC® cream 30g	Due Nov 2016	
Cardura® XL tablets 4mg	Due middle of August 2016	Prescribe as immediate release doxazosin tablets.
Caverject® powder for injection 40micrograms	Limited supply	Contact Pfizer for stock enquiries 0845 608 8866.
Codipar® 15 mg/500mg tablets	Due end of 2016	Prescribe separate components: codeine phosphate 15mg tablets and paracetamol.
Co-Tenidone tablets 12.5/50mg	Limited supply	
Daktacort® HC cream 30g	Due Middle of	

	Sept 2016	
Dermovate® cream	Intermittent stocks	Dermovate® ointment –in stock.
Eumovate® cream & ointment	Intermittent stocks	
Isosorbide mononitrate tablets 10mg, 20mg, 40mg	Limited supply	A manufacturing issue is causing a delay. ISMO brand is available slightly expensive.
Kwells® (12), Kwells® Junior	Long term out of stock	
Ropinirole tablets 250micrograms, 1mg, 2mg	Limited stocks	
Selsun® Shampoo 150ml	No availability date	Can be purchased over the counter.
Sno Tears® eye drops 10ml	Supplier unable to confirm	
Sorbaderm® Non Sting cream 92g	Supplier unable to confirm	
Trimovate® cream	No availability date	
Univer® capsules 120mg and 240mg	Due end of Oct 2016	Alternatives include Half Securon SR® and Securon® SR tablets.

For any further information regarding supply problems please contact the Medicines Management Team.

Ref <http://psnc.org.uk/dispensing-supply/supply-chain/branded-shortages>

PRICE CHANGES

Top 10 monthly price reductions

Aripiprazole 30mg tablets [1 x 28] £62.88 (-£10.53)
Rasagiline 1mg tablets [1 x 28] £53.08 (-£5.45)
Procyclidine 10mg/2ml solution for injection ampoules [1 x 5] £68.25 (-£4.12)
Haloperidol 20mg tablets [1 x 28] £18.99 (-£2.99)
Benzoin tincture [1 x 500] £9.95 (-£2.67)
Wild cherry syrup [1 x 2000] £23.48 (-£2.27)
Orange tincture BP 2001 [1 x 100] £10.20 (-£1.78)
Aripiprazole 10mg orodispersible tablets sugar free [1 x 28] £83.27 (-£1.51)
Aripiprazole 15mg orodispersible tablets sugar free [1 x 28] £83.27 (-£1.51)
Phenobarbital 15mg tablets [1 x 28] £20.11 (-£1.12)

Top 10 monthly price increases

Trimipramine 25mg tablets [1 x 28] £173.40 (+£25.95)
Trimipramine 10mg tablets [1 x 28] £155.35 (+£23.23)
Alimemazine 10mg tablets [1 x 28] £83.11 (+£11.23)
Famciclovir 500mg tablets [1 x 14] £174.82 (+£8.07)
Rivastigmine 9.5mg/24hours transdermal patches [1 x 30] £32.08 (+£7.12)
Dexamethasone 8mg soluble tablets sugar free [1 x 50] £140.25 (+£6.75)
Atropine 1mg/1ml solution for injection ampoules [1 x 10] £68.72 (+£6.73)
Nefopam 30mg tablets [1 x 90] £64.09 (+£5.21)

Propranolol 50mg/5ml oral solution sugar free [1 x 150] £24.98 (+£5.00)

Glycopyrronium bromide 1mg tablets [1 x 30] £211.32 (+£4.69)

Top 100 annual price increases August 2016

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviii_increases_201608.pdf

Top 100 annual price reductions August 2016

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviii_reductions_201608.pdf

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