



Tablets

Medicines Management News

Issue 31, November 2016

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Current Issues

INITIATION OF GONADORELIN ANALOGUES (E.G. GOSERELIN, LEUPRORELIN) FOR PROSTATE CANCER

A practice recently highlighted that they were asked by a Urology Consultant to commence a gonadorelin analogue for the management of prostate cancer. The RAG status of all gonadorelin analogues is AMBER. Once the patient is stabilised, prescribing can then be shared with GPs.

Requests for GPs to initiate gonadorelin analogues for patients with prostate cancer should be referred back to the Consultant. Please consider submitting an interface report and discussing with the practice-based Medicines Management Team.

EZETIMIBE (EZETROL®) FOR TREATING PRIMARY HETEROZYGOUS-FAMILIAL AND NON-FAMILIAL HYPERCHOLESTEROLAEMIA.

In the past 12 months, Wirral CCG spent £297,737 on ezetimibe prescribing. Current evidence shows that statins are in fact the preferred agents for lipid modification in patients with primary hypercholesterolaemia as they confer a beneficial effect on cardiovascular mortality and morbidity.¹

NICE makes the following recommendations:

Primary hypercholesterolaemia

The NICE guideline on lipid modification CG181 (July 2014)¹ recommends that people with primary hypercholesterolaemia should be considered for ezetimibe treatment in line with the NICE technology appraisal TA132 (Nov 2007)². This has now been updated and published as NICE technology appraisal TA385 (Feb 2016)³.

The updated guidance, which is also reflected in the NICE Medicines Optimisation: Key Therapeutic Topics (MO KTT), states that ezetimibe is an option for people with primary (heterozygous-familial or non-familial) hypercholesterolaemia in 2 broad situations:

- As an alternative to a statin in adults in whom statins are contraindicated or not tolerated; intolerance is defined as the presence of clinically significant adverse effects that represent an unacceptable risk to the patient or that may reduce compliance with therapy.
- In addition to a statin in adults who have started statin treatment but whose serum total or LDL cholesterol concentration is not appropriately controlled (either after appropriate dose titration or because dose titration is limited by intolerance to the initial statin therapy) **and** consideration is being given to changing from initial statin therapy to an alternative statin.

Appropriate control of cholesterol concentrations should be based on individual risk assessment according to national guidance on managing cardiovascular disease in the relevant populations.

Therefore, in the second of these situations, adding ezetimibe to atorvastatin is an option if a greater than 40% reduction in non-HDL cholesterol is not achieved with atorvastatin after the measures recommended in the NICE lipid modification guideline¹ have been tried **and** changing to a different statin is being considered.

Primary or secondary prevention of cardiovascular disease

Ezetimibe is licensed to reduce the risk of cardiovascular events in patients with coronary heart disease (CHD) and a history of acute coronary syndrome (ACS), when added to ongoing statin therapy or initiated concomitantly with a statin⁴. However, NICE does **not** recommend ezetimibe for primary or secondary prevention of cardiovascular disease.

Please note: Previous NICE guidance recommended ezetimibe as an option for lipid management in Type 2 Diabetes (CG87) and for primary and secondary prevention of cardiovascular disease when statins weren't tolerated (CG67). These recommendations have been updated and replaced by the recommendations in NICE CG181¹.

Combined simvastatin/ezetimibe preparation (Inegy®)

NICE recommends that when ezetimibe is co-administered with a statin, ezetimibe should be prescribed on the basis of lowest acquisition cost³. Given that the two constituents prescribed separately is the most cost effective option, the combination fixed dose preparation (Inegy®) is **not** recommended.

Cost comparison chart

| Product | Cost for 28 tablets/days ⁶ |
|-----------------------------------|---------------------------------------|
| Ezetimibe (Ezetrol®) 10mg tablets | £26.31 |
| Atorvastatin 20mg | £1.04 |
| Atorvastatin 40mg | £1.24 |

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| Atorvastatin 80mg | £2.03 |
| Simvastatin 40mg | £0.84 |
| Pravastatin 10mg | £0.91 |
| Pravastatin 40mg | £1.37 |
| Simvastatin 20mg & Ezetimibe 10mg (Inegy[®]) | £33.42 |
| Simvastatin 40mg & Ezetimibe 10mg (Inegy[®]) | £38.98 |
| Simvastatin 80mg & Ezetimibe 10mg (Inegy[®]) | £41.21 |

References

1. Cardiovascular disease: risk assessment and reduction, including lipid modification. NICE CG181, July 2014. NICE. Accessed 13/6/16. Available at: <http://www.nice.org.uk/Guidance/CG181>
2. Ezetimibe for the treatment of primary (heterozygous-familial and non-familial) hypercholesterolaemia. NICE TA132, Nov 2007. NICE. Now withdrawn. <http://www.nice.org.uk/Guidance/TA132>
3. Ezetimibe for treating primary heterozygous-familial and non-familial hypercholesterolaemia. NICE TA385, Feb 2016. NICE. Accessed 13/6/16. Available at: <https://www.nice.org.uk/guidance/ta385>
4. Ezetrol[®] 10mg tablets Summary of Product Characteristics, Feb 2016. Electronic Medicines Compendium. Accessed 13/6/16. Available at: <https://www.medicines.org.uk/emc/medicine/12091>
5. Drug Tariff, October 2016. NHS Business Services Authority. Accessed 23/8/16. Available at: [Prescription Services Payments and Pricing NHS Business Services Authority](#)

HIGH STRENGTH INSULIN – INCIDENT

An incident has occurred on Wirral where a nurse gave triple the dose of insulin as she withdrew Toujeo from a prefilled pen and gave via an insulin syringe.

Please follow the advice given in the High Strength Insulin Risk Minimisation Strategy on the Medicines Management website:

NEVER draw up any high strength insulin solution from the prefilled pen device using an insulin syringe. Markings on the insulin syringe will not provide an accurate dose and there is a risk of serious overdosage and life threatening hypoglycaemia.

This strategy can be found at the following link:

http://mm.wirral.nhs.uk/document_uploads/guidelines/highstrengthinsulinstrategyupdatedJune20162.pdf

Topic of the Month

EUROPEAN ANTIBIOTIC AWARENESS DAY- 18TH NOVEMBER 2016

European Antibiotic Awareness Day is an annual European public health initiative that takes place on 18th November every year, to raise awareness about the threat to public health of antibiotic resistance and the importance of prudent antibiotic use.

'Antimicrobial resistance poses a catastrophic threat. If we don't act now, any one of us could go into hospital in 20 years for minor surgery and die because of an ordinary infection that can't be treated by antibiotics.' - Professor Dame Sally Davies, Chief Medical Officer, March 2013.



A European Health Initiative



The concern of antimicrobial resistance (AMR) is very real and has recently been highlighted by the United Nations:

On the 21st September 2016 World leaders met in New York to discuss the threat of antimicrobial resistance. This is only the fourth time a health issue has been taken up by the UN General Assembly (the others were HIV, non - communicable diseases and Ebola).

Common and life-threatening infections like pneumonia, gonorrhoea, and post-operative infections, as well as HIV, tuberculosis and malaria, are increasingly becoming untreatable because of AMR. Left unchecked, AMR is predicted to have significant social, health security and economic repercussions that will seriously undermine the development of countries. (1)

The latest data confirms that across the European Union the number of patients infected by resistant bacteria is increasing and that antibiotic resistance is a major threat to public health.

Prudent use of antibiotics can help stop resistant bacteria from developing and help keep antibiotics effective for the use of future generations.

Public Health England have produced a short video to explain the issues of antimicrobial resistance to the public- it is very informative and may be useful to use in Practice meetings to ensure all staff are aware of why we need to use antibiotics prudently. It explains what life without antibiotics would be like and the things that we would no longer be able to take for granted.

It can be found at: <https://www.gov.uk/government/publications/european-antibiotic-awareness-day-key-messages-on-antibiotic-use>

What we can do to support the campaign:

A lot of work has been done over the past years to support the use of antibiotics prudently. It is essential that this work continues as reduced use of an antibiotic locally does lead to decreased resistance. The tools available to support GPs, Practices and Community Pharmacists can be found in the:

TARGET toolkit for prescribers. 'TARGET' (Treat Antibiotics Responsibly, Guidance, Education, Tools) is hosted on the Royal College of General Practitioners website at: <http://www.rcgp.org.uk/targetantibiotics/> .

It has a range of resources to support the appropriate prescribing of antibiotics including:

- Patient information leaflets and posters
- Information leaflets to use in consultations
- Material to support the use of delayed antibiotic scripts

- Audit toolkits with indicators of responsible antimicrobial use
- National antibiotic management guidance
- Training resources including links to online clinical modules
- Resources for Practices including videos that can be shown in the waiting room
- A self-assessment checklist for GPs and Commissioners.

To support the prudent use of antibiotics, it is important that we target the public as well as the prescribers.

To support European Antibiotic Awareness Day and to ensure we have antibiotics available when we need them, please:

- Promote the importance of antibiotic stewardship to all members of the team.
- Visit the TARGET web site and see what materials can help you.
- Ensure posters explaining that antibiotics don't work for coughs and colds are displayed prominently.
- Use videos explaining that antibiotics don't work for coughs and colds in waiting areas.
- Consider use of a message on the answerphone stating that GPs do not prescribe antibiotics for infections that usually get better on their own, e.g. coughs and flu.

All practice staff should be aware of the principles of antimicrobial stewardship and should be encouraged to become antibiotic guardians <http://antibioticguardian.com/> .



'No action today means no cure tomorrow' - Dr Margaret Chan, WHO Director General, 2011.

(1) UN press release- At UN, global leaders commit to act on antimicrobial resistance.

<http://www.un.org/pga/71/2016/09/21/press-release-hl-meeting-on-antimicrobial-resistance/> .

Query Corner

IS THERE ANY EVIDENCE FOR USING BRANDED EYE DROP PREPARATIONS?

The North West Regional Medicines Information Service confirmed there is no evidence to support prescribing of branded eye drop preparations in preference to generic products.

A Secondary Care Ophthalmology specialist, has recently suggested that there is 'strong evidence that branded drops, namely, Azopt® and Xalacom®, have higher efficacy in glaucoma treatment'. They requested that the GP prescribe the recommended eye drops by brand name. Please ensure all prescribing is for generic eye drop preparations.

Any request for branded eye drops should be challenged with Secondary Care. Please also highlight with your Medicines Management Team Practice Pharmacist, so that these requests can be formally interface- reported.

Ref: email correspondence from: NWRegional Medicines Information Service 31/10/2016.

Safety

MHRA DRUG SAFETY UPDATE VOLUME 10 ISSUE 3, OCTOBER 2016: 1

Etoricoxib (Arcoxia®): revised dose recommendation for rheumatoid arthritis and ankylosing spondylitis

Prescribing information for etoricoxib (Arcoxia®) has been updated to introduce a lower recommended dose of 60 mg daily for patients with rheumatoid arthritis or ankylosing spondylitis.

Advice for healthcare professionals:

- The cardiovascular and other important potential adverse effects of etoricoxib (Arcoxia®) may increase with dose and duration of exposure. Therefore, the lowest effective daily dose should be used, and the need for treatment should be regularly reassessed.
- The recommended dose for patients with rheumatoid arthritis or ankylosing spondylitis is 60 mg once daily.
- In patients with insufficient relief from symptoms, an increased dose of 90 mg once daily may improve efficacy.
- Once the patient is clinically stabilised, down-titration to 60 mg once daily may be appropriate.
- In the absence of therapeutic benefit, other treatment options should be considered.

Further information on potential adverse effects is described in section 4.4 of the Summary of Product Characteristics.

Reference: *MHRA Drug Safety Update Volume 10 Issue 3, October 2016: 1*

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

Drug Tariff

DRUG AVAILABILITY

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 October 2016. Please consider the costs of the following drugs before prescribing.

| Drug | Pack size | Price concession |
|----------------------------|-----------|------------------|
| Amitriptyline 50mg tablets | 28 | £3.25 |
| Bumetanide 1mg tablets | 28 | £2.10 |
| Dapsone 50mg tablets | 28 | £46.19 |

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| Desmopressin 10micrograms/dose nasal spray (new) | 60 dose | £23.49 |
| Flecainide 100mg tablets (new) | 60 | £11.50 |
| Flecainide 50mg tablets (new) | 60 | £10.70 |
| Fludrocortide 4mcg/sq cm tape 7.5cm (new) | 20 | £12.49 |
| Lamotrigine 5mg dispersible tablets sugar-free | 28 | £7.45 |
| Leflunomide 20mg tablets | 30 | £5.10 |
| Lorazepam 1mg tablets | 28 | £6.25 |
| Lorazepam 2.5mg tablets (new) | 28 | £12.50 |
| Metronidazole 400mg tablets | 21 | £8.00 |
| Naratriptan 2.5mg tablets | 6 | £24.55 |
| Nitrofurantoin 100mg tablets | 28 | £14.02 |
| Nitrofurantoin 50mg tablets | 28 | £16.00 |
| Ropinirole 0.25mg tablets (new) | 12 | £3.94 |
| Ropinirole 0.5mg tablets | 28 | £14.85 |
| Ropinirole 1mg tablets | 84 | £56.71 |
| Ropinirole 2mg tablets (new) | 28 | £31.51 |
| Ropinirole 5mg tablets (new) | 84 | £170.00 |
| Trospium chloride 20mg tablets (new) | 60 | £15.47 |
| Valsartan 160mg capsules | 28 | £5.30 |
| Valsartan 80mg capsules | 28 | £4.14 |
| Valsartan 40mg capsules | 28 | £4.90 |

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 |
| Anugesic® cream 30g | Supplier unable to confirm | |
| Bactroban® cream 15g | Intermittent stocks | Bactroban® ointment 15g in stock |
| Bactroban® nasal ointment 3g | Intermittent stocks | |
| Betnovate® cream 100g & ointment 30g* | Due: 100g cream - Oct 17 | *Stock information via a downloadable PDF file re all GSK creams /ointments available from their website https://hcp.gsk.co.uk/products/betnovate.html# |
| Duac® once daily gel (benzoyl peroxide 5% + clindamycin 1%) 30g & 60g | Intermittent stocks. 30g due Dec 16. | Duac® once daily gel (benzoyl peroxide 3% + clindamycin 1%) 30g & 60g in stock. |
| Cardura® XL tablets 4mg | Supplier unable to confirm | |
| Caverject® powder for injection 40micrograms | Due week ending 25/11/16 | |
| Isotrexin® gel | Out of stock. Due Dec 2016 | |
| Stiemycin® solution 2% 50ml | Discontinued | |
| Napratec OP® tablets® | Supplier unable to confirm | |
| Premique® Low Dose LD tablets 0.3/1.5 mg | Supplier unable to confirm | |
| Trimovate® cream * | Out of stock. Due Nov | |

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|--------------------------------|---------------------|--|
| | 16 | |
| Dostinex® 0.5mg tablets | Intermittent stocks | |

PRICE CHANGES

Top 10 monthly price reductions

Rasagiline 1mg tablets [1 x 28] £13.38 (-£25.77)
 Carbimazole 20mg tablets [1 x 100] £178.89 (-£17.38)
 Famciclovir 500mg tablets [1 x 14] £161.21 (-£12.77)
 Sevelamer 800mg tablets [1 x 180] £74.11 (-£9.87)
 Ampicillin 500mg capsules [1 x 28] £20.50 (-£9.42)
 Nortriptyline 10mg tablets [1 x 100] £39.30 (-£8.26)
 Nebivolol 2.5mg tablets [1 x 28] £32.18 (-£8.23)
 Nortriptyline 25mg tablets [1 x 100] £41.44 (-£8.17)
 Aripiprazole 30mg tablets [1 x 28] £41.51 (-£7.97)
 Carbimazole 5mg tablets [1 x 100] £68.12 (-£7.76)

Top 10 monthly price increases

Alimemazine 30mg/5ml oral solution [1 x 100] £221.37 (+£13.79)
 Dapsone 50mg tablets [1 x 28] £32.68 (+£10.99)
 Alimemazine 7.5mg/5ml oral solution [1 x 100] £163.21 (+£10.33)
 Trazodone 50mg/5ml oral solution sugar free [1 x 120] £162.85 (+£9.79)
 Atropine 600microgram tablets [1 x 28] £46.13 (+£6.79)
 Benzylpenicillin 1.2g powder for solution for injection vials [1 x 25] £85.33 (+£6.69)
 Alimemazine 10mg tablets [1 x 28] £102.59 (+£6.49)
 Isosorbide mononitrate 10mg tablets [1 x 56] £6.97 (+£5.47)
 Isosorbide mononitrate 40mg tablets [1 x 56] £6.01 (+£4.29)
 Atropine 1% eye drops [1 x 10] £51.71 (+£3.90)

Summary of price changes

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviiiia_201609.pdf

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