Tablets
Medicines Management News
NHS
North West Commissioning Support Unit
Issue 21, Dec 2015

Current Issues

Cabergoline RAG status

Cabergoline was given a RED status for the prevention of ovarian hyperstimulation syndrome. To clarify, cabergoline 500micrograms is also classed as a GREEN drug when being used for hyperprolactinaemia, or the prevention of lactation. Cabergoline 1mg and 2mg are classed as AMBER when used in Parkinson's Disease.

The RAG list and ScriptSwitch messages have been updated to reflect this. If prescribers have any concerns then please contact Wirral Medicines Information on 0151 643 5338.

Clarification of the position of alogliptin for Type 2 Diabetes

Alogliptin was approved as first line gliptin (for new patients requiring gliptin therapy) at a Wirral Drug & Therapeutics Panel. It was recommended that an active switch from other formulary gliptins to alogliptin should not be considered until its 'black triangle' status has been removed. Alogliptin is still subject to 'black triangle' status as it is a relatively new drug.

A black triangle is usually retained for 5 years but can be extended if required so the earliest date that alogliptin's black triangle will be removed is October 2018.

RAG Status: GREEN

Wirral Home Blood Glucose Monitoring Guidelines – UPDATED

The Wirral Home Blood Glucose Guidelines have recently been updated. They can be found at the following web address:

http://mm.wirral.nhs.uk/guidelines/ (under Home Blood Glucose Monitoring Guidelines)

The formulary meters have now been divided up into two sections, with the aim being that 80% of patients with diabetes could use a low cost meter and strips (less than £10 per pot) and only 20% of diabetic patients would be offered a higher cost meter and strips. These patients would have a clinical need for a particular type of functionality, for example patients with gestational diabetes. This has been agreed with secondary care consultants and Diabetic Specialist Nurses at WUTH.

The formulary low cost meters are:

Active and Performa Nano meters (Roche)

Contour TS meter (Bayer)

Glucomen Areo meter (Menarini)

GlucoRx Nexus meter and mini meter (GlucoRx)

If Wirral CCG achieves the expected 80% (low cost meters): 20% (high cost meters) split, then savings realised would be more than £220K annually for the CCG. Further savings will be realised if patients are provided with individual educational advice highlighting the appropriate testing patterns.

Practices can contact the Medicines Management Team for advice, either via your practice team or contact Victoria Vincent, Prescribing Adviser on 0151 643 5319 or victoriavincent@nhs.net. Advice can be provided regarding the formulary products or about the implementation process. This includes non-biased information regarding the pharmaceutical company initiatives as detailed below. Each company can offer support to practices using a variety of methods. The Medicines Management Team can also offer support to practices by assisting with identification of patients suitable for review, and possible switch to a low cost meter. **Please note: all meters and consumables are provided free of charge from the pharmaceutical companies.**

Active and Performa Nano (Roche) – extensive support offered by the company to work with practices identifying patients that could be switched. **Also another benefit is that each Performa Nano meter box includes 50 testing strips until January 2016 at least.** Other company meters will only have 10 strips provided with the meter. The additional testing strips in the Performa Nano box would realise an enhanced prescribing cost saving as the test strips would not need to be prescribed initially for these patients. **For details contact: Ken Irwin on 07912 163 538** or kenneth.irwin@roche.com

Contour TS (Bayer) – Bayer is able to provide tailored support to practices either individually or as a CCG. There are a range of options that they can provide. For details contact: Kirsty Brunning on 07950 128752 or kirsty.brunning@bayer.com

Glucomen Areo (Menarini) – Menarini has an implementation programme called Glucomen Formulary Assist. This is an implementation package run by the company to support practices to use their cost effective meter. This can be tailored to the practice or CCG. **For details contact: Becky Mason on 07525 226261** or BMason@menarinidiag.com

GlucoRx Nexus (GlucoRx) – tailored support can be offered from the company to assist with switching to their low cost meter. **For details contact: Robby Graves on 0778 561 1772** or Robby@glucorx.co.uk

Nicorandil - new restrictions and additional contraindications and warnings

The manufacturer of nicorandil (Ikorel®) has written to healthcare professionals advising of new restrictions to the licensed indication and additional contraindications and warnings.

Nicorandil is now recommended for the treatment of stable angina in patients whose angina is inadequately controlled by first line treatments or who have a contraindication or intolerance to first line treatments. First line treatments include beta blockers and calcium channel blockers.

It is also noted that nicorandil can cause serious skin, mucosal and eye ulceration that persists unless treatment is stopped. Treatment must be stopped if any ulceration develops and cardiologist advice sought if angina symptoms worsen.

Patients with diverticular disease may be at increased risk of fistula formation or bowel perforation. Patients taking aspirin, NSAIDs or corticosteroids are at increased risk of gastrointestinal ulceration.

Nicorandil is now contraindicated in hypovolaemia, acute pulmonary oedema and in combination with guanylate cyclase stimulators. It should be used cautiously in combination with medicines that increase potassium levels, especially in patients with moderate to severe renal impairment.

Wirral Medicines Formulary lists nicorandil at step 3 of the treatment pathway for symptom prevention in stable angina. For further information please go to **Wirral Medicines Formulary: http://mm.wirral.nhs.uk/formulary/**

References:

1. Sanofi-Aventis: http://offlinehbpl.hbpl.co.uk/NewsAttachments/2MM/DHPC-signed-version_1.pdf

Potential prescribing / dispensing error risk

The Royal Liverpool Hospital Ophthalmology Department has alerted another locality to a potential dispensing error which has been identified in 4 separate patients. Patients who were meant to have been prescribed **Xailin®** products (ocular lubricants, available as drops or gels), have been dispensed **Xalatan®**. We are not clear what has led to these incidents and whether a contributing factor has been handwriting of prescriptions. We advise caution when prescribing and dispensing these products and where it is unclear, or you are unsure, confirm the product with the prescriber.

Rewisca® (pregabalin) update

From 1st November 2015, the price of Rewisca® capsules (pregabalin) will be reduced and there will now be a cost saving of 29.5% compared with generic pregabalin or Lyrica®.

Although legal action over the pregabalin patent is ongoing, Consilient Health believe that recent developments allow them to relax the prescription requirements for prescription validation and still supply Rewisca® in a way that does not infringe the patent. This change will also be effective from 1st November 2015 and will reduce any potential delays for patients obtaining their medication. Pharmacies will be able to order Rewisca® capsules via their usual ordering process.

Rewisca® capsules continue to be indicated as adjunctive therapy in adults with partial seizures with or without secondary generalisation and for the treatment of Generalised Anxiety Disorder (GAD) in adults. **It is not indicated for the treatment of neuropathic pain.**

Univer® 120mg capsules – supply problem

Univer® 120mg capsules are currently unavailable and this is likely to continue until Q3 2016. Univer® 180mg capsules remain available. Univer® 240mg capsules are available, although there has been a temporary supply problem, which has now been resolved.

As an alternative to Univer® 120mg capsules (£4.86 for 28 capsules), prescribers could consider switching patients to verapamil SR 120mg tablets (or Half-Securon® 120mg tablets) or consider reviewing therapy and using a different calcium channel blocker (or alternative therapy) if appropriate. For further advice, please go to the Cardiovascular Formulary at http://mm.wirral.nhs.uk/formulary/

If switching to a different brand such as Verapamil SR 120mg tablets (or Half-Securon® 120mg tablets) at a cost of £7.71 for 28 tablets, then prescribers are advised to take the following information into account:

The SPC for Univer® contains the statement 'The bioequivalence of Univer® to other prolonged release verapamil formulations may not have been evaluated. As such, this product should not be directly substituted for other non-identical formulations of verapamil and vice-versa'. However no such statement is included in the SPC for Securon®/Half-Securon® and the current BNF does not include any caution or warning concerning brand maintenance. If patients need to be changed to a different brand of verapamil, it would be prudent to ensure these patients are reviewed shortly after the change has been undertaken.

If further information is required then please contact Medicines Information on 0151 643 5338.

Topic of the Month

CHANGE4LIFE

Launched in 2009, Change4Life was aimed at parents with children: www.nhs.uk/change4life
The programme encompasses adults, and has a sister brand, Start4Life, which introduces healthy habits right from birth. Change4Life uses cartoon imagery and informal, non-judgmental language to suggest easy diet and exercise swaps. It also offers support so that the audience is more likely to make the changes they need to follow a healthy lifestyle.

What are the key messages of Change4Life?

- Swapping food and drink with added sugar for options that are lower in sugar or sugar-free.
- Making sure children eat at least five portions of a variety of fruit and vegetables every day.
- Making time for regular meals to help avoid unhealthy eating habits.
- Setting a limit on the number of snacks and treats children have each day.
- Making sure children eat the right sized portions for their age and size.
- Taking simple steps to eat less fat by comparing food labels, swapping certain foods for others and changing the way food is cooked and prepared.
- Making sure children do at least 60 minutes of physical activity every day.
- Limiting 'sitting down' activities, like watching TV or playing computer games.

Coronary Heart disease

Coronary heart disease (CHD) remains the most common cause of death in the UK, responsible for the deaths of just below 20% of men and 10% of women. The British Heart Foundation (BHF) estimates that about 103,000 people in the UK have a myocardial infarction (MI) each year and that about 1,000,000 men and about 500,000 women living in the UK have had an MI.

Lifestyle changes that can reduce the risk of having an MI or other cardiovascular events following an MI include:

- Eating a healthy diet.
- Being physically active, aiming for at least 150 minutes of moderate intensity exercise per week.
- Weight loss, if overweight or obese.
- Keeping alcohol consumption within the recommended limits.
- Stop smoking.

CHD was estimated in 2013 to cost the NHS around £1.8 billion per year. However, when the wider costs to the economy (such as the cost of formal care and loss of productivity) are taken into consideration, CHD is estimated to cost over £6.7 billion a year.

In 2013, antihypertensive drugs were the most prescribed drugs for CHD in the UK. The total number of prescriptions dispensed for CHD in the UK was over 364 million. More than 22% of these prescriptions were for antihypertensive and heart failure drugs and 21% of them were for lipid lowering drugs.

Change4Life aims to promote healthy living through diet and exercise and reduce the incidence of CHD in the UK.

Query Corner

IS THERE A SIGNIFICANT DRUG INTERACTION BETWEEN TRIMETHOPRIM AND METHOTREXATE?

The combined use of trimethoprim and methotrexate can increase the risk of haematological toxicity and is regarded as a significant drug interaction. Several cases of severe bone marrow depression (some of which were fatal) have been reported in patients given low-dose methotrexate and trimethoprim. Trimethoprim is known to interfere with folate production.

There was a recent report of a fatality in the North West region involving a patient with Rheumatoid Arthritis treated with methotrexate. The patient was prescribed trimethoprim for a urinary tract infection (UTI) by their GP. The patient had bone marrow suppression and died.

Low-dose co-trimoxazole is commonly given without problem to patients taking methotrexate as prophylaxis of pneumocystis pneumonia. This type of patient should be having regular blood monitoring as a matter of course. However, the situation with higher doses of either drug is potentially more hazardous.

If possible, avoid concurrent administration of methotrexate and trimethoprim. Should it become clinically necessary to co-administer these agents, intensively monitor patients for haematological abnormalities.

References:

Stockley's Drug Interactions. Methotrexate & trimethoprim interaction. Accessed online via: https://www.medicinescomplete.com/mc/ (password required)

Drugdex. Methotrexate monograph. Accessed online via: http://www.micromedexsolutions.com/home/dispatch (password required)

Drug Tariff

PRICE CHANGES

Top 100 annual price reductions

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviiia_reductions_201511.pdf

Top 100 annual price increases, November 2014

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviiia_increases_201511.pdf

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 November 2015. Please consider the costs of the following drugs before prescribing:

Product	Quantity	Price concession
Celiprolol 200mg tablets	28	£19.83
Celiprolol 400mg tablets (new)	28	£39.65
Cimetidine 400mg tablets	60	£8.00
Clindamycin 150mg capsules	24	£13.25
Co-proxamol 32.5mg/325mg tablets	100	£49.50
Diclofenac Sodium 50mg gastro-resistant tablets	28	£2.66
Flecanide 50mg tablets (new)	60	£5.05
Ferrous Sulfate 200mg tablets	28	£2.99
Lamotrigine 5mg dispersible tablets sugar free	28	£8.25
Lercandipine 10mg tablets	28	£6.25
Lercandipine 20mg tablets	28	£9.85
Mefenamic acid 500mg tablets	28	£12.00
Nefopam 30mg tablets	90	£25.00
Procyclidine 5mg tablets	28	£14.00
Trazodone 50mg/5ml oral solution sugar free (new)	120ml	£135.00

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.

Description	Due Date	Comment
Aquadrate® cream 10% 100g	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Canesten Hydrocortisone® cream 15g	No availability date	Currently out of stock
Creon® 40000 capsules 400mg	No availability date	A supplier issue is causing a delay in supply.
Depakote® tablets 500mg	Supplier unable to confirm	A manufacturing issue is causing a delay in supply Medical Information Enquiries - 0800 854 430
Diamorphine Injection Ampoules 10mg	No availability date	Supply issue.
Eurax® cream 10% 100g	Supplier unable to confirm	A manufacturing issue is causing a delay in supply.
Ferrograd® Filmtab 325mg	No availability date	A manufacturing issue is causing a delay

		in supply.
Glucophage® SR tablets 1000mg	No availability date	A supplier issue is causing a delay in supply.
Haloperidol capsules 500 micrograms.	No availability date	A manufacturing issue is causing a delay in supply
Juvela ® gluten free cream crackers 125g	No availability date	A manufacturing issue is causing a delay in supply
Kwells Junior ® tablets	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Lacri-Lube® eye ointment 5g	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Lipantil® Micro capsules 267mg	Expected December 2015	A manufacturing issue is causing a delay in supply
Ovestin® cream with applicator	No availability date	A supplier issue is causing a delay in supply.
Prempak-C® tablets 0.625mg	Supplier unable to confirm	A manufacturing issue is causing a delay in supply. Medical Information Enquiries - 0845 608 8866
Premique® Low Dose tablets 0.3mg/1.5mg	Limited supplies ongoing	A supplier issue is causing a delay in supply. Medical Information Enquiries - 0845 608 8866
Scheriproct® ointment 30g	Limited supply	Limited stock ongoing.
Simbrinza® eye drops 5ml	No availability date	A supplier issue is causing a delay in supply. Medical Information Enquiries - 0800 854 100
Sno Tears® 10ml eye drops	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Traxam® gel 3% 100g	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Trimovate® cream 30g	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Vistamethasone® eye drops 10ml	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Vita-Pos® preservative – free eye ointment 5g	No availability date	Supply issue
Zapain® 30/500mg capsules	No availability date	Supply issue – **capsules only**
Zantac® 150mg and 300mg tablets	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Zidoval® Vaginal Gel 0.75% 40g	No availability date	A supplier issue is causing a delay in supply.

For any further information regarding supply problems please contact your Practice Pharmacist/Technician or the Medicines Management Team.

Semisodium valproate (Depakote) stock shortage

Sanofi, the manufacturer of semisodium valproate (Depakote®), have informed us that the 500mg tablets are out of stock and at present they cannot give a date when they will be available. Sanofi have 250mg tablets available for delivery and do not envisage a shortage of this strength.

If a patient is affected by this shortage, then we advise that practices temporarily prescribe the 250mg strength in the acute section of the patient's medication list. Clearly the patient will temporarily have to take TWO x 250mg tablets for each previous 500mg tablet. We also advise that this temporary change in strength is explained to the patient by the practice and the message reinforced by the dispensing pharmacy.

Pioglitazone stock shortage – UKMI advice

There may be limited supplies of pioglitazone (all strengths) available over the next few months. For more information please go to:

http://mm.wirral.nhs.uk/document_uploads/other-topics/PioglitazoneDecember2015Wirral.pdf

The memo suggests the following management options, with medication reviews and switches being conducted on an individual patient basis:

- Limiting duration of prescription.
- Medication Review-discontinuation of pioglitazone, with the option to increase concurrent hypoglycaemic medication.
- Switch to a combination product -fixed dose combination of metformin 850mg and pioglitazone 15mg (Competact®) which is currently available. May be suitable for patients who are taking the separate components. As switching has cost implications, this should be prescribed on an acute prescription until stock problems resolved.
- Switch to an alternative treatment.

This is expected to be a short term problem and the Medicines Management Team will update you if we hear that stocks of pioglitazone are available.

Safety

Gliptins may cause severe joint pain

The U.S. Food and Drug Administration (FDA) has issued a safety announcement warning that DPP-4 inhibitors or 'gliptins' may cause joint pain that can be "severe and disabling".

A review of adverse events reported to the FDA, and also information from medical literature, identified cases of severe joint pain associated with the use of DPP-4 inhibitors. Some patients have reported that pain may begin soon after starting treatment, whilst other patients have reported that pain appeared after several years of treatment.

Arthralgia is listed as a known side effect in the current Summaries of Product Characteristics (SPCs) for sitagliptin, saxagliptin and vildagliptin. However, alogliptin and linagliptin are also mentioned in the FDA announcement.

Please note the MHRA and EMA have yet to comment about the FDA announcement.

Reference

FDA Drug Safety Communication: FDA warns that DPP-4 inhibitors for type 2 diabetes may cause severe joint pain: http://www.fda.gov/Drugs/DrugSafety/ucm459579.htm

Bone Mineral Density (BMD) and fracture risk with long-term inhaled corticosteroid (ICS) use for asthma

According to results of a systematic review and meta-analysis, inhaled corticosteroid (ICS) use for ≥ 12 months in adults or children with asthma was not significantly associated with harmful effects on fractures or BMD.

ICSs are effective in controlling symptoms of asthma, however long-term use is associated with osteoporosis and fractures. Children and postmenopausal women may be particularly susceptible. Existing meta-analyses of ICS and bone adverse effects have included data from participants with chronic obstructive pulmonary disease (COPD). It is unclear whether patients with asthma have a greater or lesser risk of bone adverse effects than those with COPD.

Eighteen studies (seven RCTs and 11 observational studies) of any ICS (duration of at least 12 months) compared to non-ICS use in patients with asthma were identified. The Primary outcome was the effect of long-term (≥12 months) ICS use on fracture and BMD.

The authors acknowledge limitations of their analysis, including insufficient data from primary studies to conduct meaningful analyses on different combinations of drug compounds, inhaler devices and dosage regimens. Some included studies were published more than a decade ago, and advances in asthma care may make their findings less applicable to current-day patients.

Reference

BMJ: http://bmjopen.bmj.com/content/5/11/e008554.short?g=w_open_current_tab

Tramadol: FDA evaluating risks of using in children aged 17 and younger

The U.S. Food and Drug Administration (FDA) is investigating the use of the analgesic tramadol in children aged 17 years and younger, because of the rare but serious risk of slowed or difficult breathing. This risk may be increased in children treated with tramadol for pain after surgery to remove their tonsils and/or adenoids. FDA is evaluating all available information and will communicate final conclusions and recommendations to the public when the review is complete

Please note the MHRA and EMA have yet to comment about the FDA announcement.

Reference

FDA Drug Safety Communication:
http://www.fda.gov/Safety/MedWatch/SafetyInformation/SafetyAlertsforHumanMedicalProducts/ucm463499.htm?source=govdelivery&utm_medium=email&utm_source=govdelivery

Tablets Needs You!!!

TABLETS MEDICINES MANAGEMENT NEWSLETTER SURVEY

Tablets is nearly 2 years old and we need to determine if it is still useful.

If you read it, like it and use it - please tell us!

If you don't – let us know why.

Please click on the link below to answer a few short questions. Your answers will be anonymous. https://www.surveymonkey.com/r/VGTK7T2

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