



# Tablets

## Medicines Management News

Issue 28, July 2016

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### Wirral Drug and Therapeutics Panel and Medicines Clinical Guidelines Sub-Group

#### WIRRAL DRUG & THERAPEUTICS PANEL MAY 2016

The following was discussed at the May Wirral Drug and Therapeutics Panel meeting:

##### Reports Back

Results of a local evaluation to compare the use of phenylephrine/tropicamide ophthalmic insert (Mydriaser<sup>®</sup>) against current practice were presented and the panel approved the addition to the formulary. This is for use in secondary care only.

##### New Drug Applications

**RED** Voractiv combination tablets (Rifampacin 150mg/ Isoniazid 75mg/ Pyrazinamide 400mg/ Ethambutol 275mg) for the initial phase treatment of tuberculosis – APPROVED. This is a RED drug and is funded by NHS England.

**RED** Proposal to switch supplier of parenteral nutrition products from Fresenius Kabi to BBraun. – APPROVED. This is for use in secondary care only.

##### Policies

The WUTH policy for Antimicrobial Stewardship and Intravenous Potassium policy were discussed and approved.

## Other Requests

Proposal to crush suitable tablet formulations or open capsules as opposed to using liquid formulations in line with published clinical practices for patients with swallowing difficulties and feeding tubes was approved for an agreed initial list of medicines with evaluation and report back to panel after 6 months.

The list of medications are:

<b>Advice from approved references</b>	<b>Alternative tablet formulation</b>
<b>Tablets can be crushed</b>	Levothyroxine 50 mcg tablets 28 pack
<b>Dispersible tablets</b>	Ondansetron 4mg dispersible tablets 10 pack
<b>Tablets can be crushed</b>	Spirolactone 50mg tablets 28 pack
<b>Tablets can be crushed</b>	Nitrofurantoin 50mg tablets 28 pack
<b>Capsules can be opened</b>	Fluconazole 50mg caps 7 pack
<b>Tablets can be crushed</b>	Diazepam 2mg tablets 28 pack
<b>Tablets can be crushed</b>	Clobazam 10mg tablets 30 pack
<b>Capsules can be opened</b>	Gabapentin 100mg capsule
<b>Tablets can be crushed</b>	Cyclizine 50mg tablets
<b>Capsules can be opened</b>	Fluconazole 50mg caps 7 pack
<b>Tablets can be crushed</b>	Metoclopramide 10mg tablets 28 pack
<b>Tablets can be crushed</b>	Domperidone 10mg tablets
<b>Tablets can be crushed</b>	Dicycloverine 10mg tablets

Please note you may receive requests to prescribe these medications in tablet formulations to be crushed by patients or capsule opened. Whilst these would be “off label” or unlicensed uses of the medications it is in line with published clinical practices for patients with swallowing difficulties and feeding tubes. WUTH will provide patients with tablet crushers prior to discharge and ensure methods of crushing tablets and opening capsules for dispersible in water are demonstrated to patients and carers as required.

## MEDICINES CLINICAL GUIDELINES SUB-GROUP JUNE 2016

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The following guidelines were considered at the MCGS in June 2016 and will be uploaded to the Medicines Management website in due course (where appropriate):

### Primary Care guidelines:

- Prescribing Guidelines for Specialist Infant Formula Feeds in Cow’s Milk Protein Allergy and Lactose Intolerance – approved
- DOAC initiation checklists – approved
- Anticoagulation for Stroke Prevention in Atrial Fibrillation– approved

- DMARD Monitoring Summary Table– approved

#### **Secondary Care guidelines:**

- Atrial Fibrillation: Care Pathway – approved
- Human albumin solution (adults)– approved
- Short Synacthen test– approved
- Rate Control Prior to CT Coronary Angiography– approved
- Medicines Reconciliation: A Guide to obtaining and documenting an accurate medicine history– approved
- Critical Care Clinical Guideline Neostigmine Intravenous– approved for Critical Care but a different guideline is needed for the general wards.

#### **Joint:**

- Wirral Home Blood Glucose Monitoring at Home (Adults)– approved

#### **Shared Care Guidelines:**

- Sodium aurothiomalate (IM gold) for Rheumatoid Arthritis and Other Rheumatological Diseases (Adults) – approved
- Methotrexate (SC) for rheumatoid arthritis and other rheumatological diseases (Adults) – approved
- Azathioprine for dermatology conditions (Adults) – approved
- Ciclosporin: Dermatology – approved

### **DO NOT PRESCRIBE POLICY FOR MEDICINES FOR DENTAL CONDITIONS ON FP10**

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As part of the agreed medicines management plan for 2016/17 a Dental Prescribing Policy has been produced and ratified by the CCG. The prescribing expenditure on dental products is approximately £30,000 per annum. National BMA and GDC guidance recommend that prescribing of dental products should be via a dentist. There may be occasions whereby a patient requires dental products to be prescribed by GP, as part of an agreed care plan (e.g. mouth and neck cancer patients under Clatterbridge) and the policy allows for prescribing for this patient cohort.

#### **The key points of the policy are below:**

Wirral CCG has agreed a policy to support national recommendations for the treatment of dental pain and infections. It is the recommendation of Wirral CCG that:

- GPs should not accept requests from dentists to prescribe medicines that the dentist could prescribe.
- GPs should not accept requests from patients to issue FP10 prescriptions for items prescribed on a private prescription by their dentist during dental treatment as a private patient.

- Patients should seek a dental appointment if toothache persists for more than one or two days, and take painkillers such as paracetamol or ibuprofen until they see the dentist.
- GPs are advised that dental abscesses must be treated by dentists and that antibiotic prescribing is not routinely recommended.
- Antibiotics are not routinely used to treat dental abscesses and therefore it is not recommended that GPs prescribe antibiotics while patients await definitive treatment.
- Patients can purchase painkillers, such as paracetamol and ibuprofen, from community pharmacies while awaiting dental treatment.
- Patients should be advised of self-care measures and signposted to purchase over the counter remedies for dental conditions where appropriate.

This does not affect a GPs ability to prescribe dental products where they are deemed to be an appropriate part of the care that the GP is providing for a patient, and where the GP is happy to take responsibility for that prescribing decision.

The Dental prescribing policy link is:

[http://mm.wirral.nhs.uk/document\\_uploads/other-topics/DentalPolicyFP10.pdf](http://mm.wirral.nhs.uk/document_uploads/other-topics/DentalPolicyFP10.pdf)

The Dental Formulary can be found in the BNF and The Drug Tariff; both are available on-line and in paper versions.

## PRESCRIBING FOR PATIENTS GOING ON HOLIDAY

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Under NHS legislation, the NHS ceases to have responsibility for people when they leave the UK. However, to ensure good patient care the following guidance is offered:

- To ensure continuity of care for patients on a stable medication regime it is reasonable to provide a routine repeat prescription usually for one but **no more than three months**.
- GPs are not responsible for prescribing items required for conditions which may arise while travelling e.g. travel sickness and diarrhoea. Patients should be advised to purchase these items locally prior to travel.
- Countries have different rules and regulations about the types and quantity of medicine they allow to be taken into the country. Patients should check the rules for all the countries they are going to, including countries that they just pass through. The gov.uk/travel website has a full list of foreign embassies in the UK with whom the patients can make contact. ( <https://www.gov.uk/foreign-travel-advice> )
- Patients entering or leaving the UK for three months or more with personal medication containing a controlled drug must get a licence. Online applications must be made on the Home Office website at least ten working days before travel date. Travel arrangements should not be made until the licence has been received. (<https://www.gov.uk/guidance/controlled-drugs-licences-fees-and-returns>)
- Patients entering or leaving the UK for less than three months do not need a licence but should have a letter from their doctor with the following information: patient's name, patient's travel itinerary, a list of prescribed controlled drugs being carried, dosages and total amounts for each drug.
- Medicines for the prevention of malaria (except for Malarone, mefloquine and doxycycline) are available for purchase "over the counter" at community pharmacies. Malarone, mefloquine and doxycycline are prescription only medicines and should be prescribed on private prescription. Local community pharmacies

have access to up to date advice about appropriate prophylactic regimens and can advise travellers accordingly.

Useful links and websites:

<http://www.fitfortravel.nhs.uk/home.aspx>

<http://www.who.int/ith/en/>

<http://travelhealthpro.org.uk/>

<http://nathnac.net>

## HOME BLOOD GLUCOSE GUIDELINES

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The Wirral Home Blood Glucose Guidelines have recently been updated however meter recommendations have not been changed.

These guidelines have been consulted on widely including input from WUTH endocrinologists, Diabetes Specialist Nurses, Diabetes Clinical Lead GP, GPs and Practice Nurses. The testing guidelines, including frequency of testing and have been updated to incorporate NICE guidelines ([NG28](#)) as well as a pragmatic approach to testing, as recommended by the endocrinologists and Diabetes Clinical Lead.

The guidelines can be found at:

[http://mm.wirral.nhs.uk/document\\_uploads/guidelines/WirralBlood\\_Glucose\\_Testing\\_Guidelines\\_May\\_2016.pdf](http://mm.wirral.nhs.uk/document_uploads/guidelines/WirralBlood_Glucose_Testing_Guidelines_May_2016.pdf)

**First line cost effective meter choices remain as:**

- Active®
- Performa Nano®
- Contour TS®
- Glucomen Areo®
- GlucoRx Nexus®

## Topic of the Month

### WORLD HEPATITIS DAY

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#### World Hepatitis Day 28<sup>th</sup> July 2016

In 2010 the World Health Organization made World Hepatitis Day one of only four official disease-specific world health days, to be celebrated each year. Millions of people across the world take part in World Hepatitis Day, to raise awareness about viral hepatitis, and to call for access to treatment, better prevention programs and government action.

Campaign materials can be found at: <http://worldhepatitisday.org/en/campaign-materials>

Viral hepatitis is inflammation of the liver. There are five different hepatitis viruses, hepatitis A, B, C, D and E.

Symptoms of hepatitis include:

- muscle and joint pain
- a high temperature (fever) of 38C (100.4F) or above
- feeling and being sick
- feeling unusually tired all the time

- a general sense of feeling unwell
- loss of appetite
- abdominal (tummy) pain
- dark urine
- pale, grey-coloured stools
- itchy skin
- yellowing of the eyes and skin (jaundice)

Long-term (chronic) hepatitis also may not have any obvious symptoms until the liver stops working properly (liver failure) and may only be picked up during blood tests. In the later stages it can cause jaundice, swelling in the legs, ankles and feet, confusion, and blood in stools or vomit.

Treatment for viral hepatitis should be initiated by a specialist. The management of uncomplicated acute viral hepatitis is largely symptomatic.

References:

- <http://worldhepatitisday.org/>
- <http://www.nhs.uk/conditions/Hepatitis/Pages/Introduction.aspx>
- BNF 70. Sept 2015-Mar 2016

## Query Corner

### CAN DOXYCYCLINE BE USED FOR MALARIA PROPHYLAXIS IN A PATIENT WITH RAISED LIVER FUNCTION TESTS?

The manufacturer of doxycycline advises caution when using in a patient with hepatic impairment. They also state that doxycycline can rarely cause abnormal hepatic function<sup>1</sup>.

The UK malaria prophylaxis guidelines note this caution, and provide the following recommendations about choice of drug in patients with liver disease<sup>2</sup>:-

Most antimalarial drugs are excreted or metabolised by the liver. Thus, there is a risk of drug accumulation in severe liver impairment.

In severe liver disease: A CDC (Centers for Disease Control and Prevention) expert meeting concluded that the dose of doxycycline does not have to be adjusted in patients with impaired hepatic function since it is excreted as an inactive chelated product via a process of back diffusion in the small bowel.

Note to prescribers: The BNF states that tetracyclines should be avoided or used with caution in patients with hepatic impairment. The manufacturer of an atovaquone-proguanil combination preparation states that although no pharmacokinetic studies have been conducted in severe hepatic impairment, no special precautions or dosage adjustment are anticipated (SPC).

In moderate liver impairment: doxycycline and proguanil, alone or in combination, or mefloquine may be used.

In mild impairment: chloroquine, or proguanil, alone or in combination, combined atovaquone-proguanil or mefloquine, or doxycycline may be used.

The choice of chemoprophylaxis should be made after discussion with the patient's specialist, who will be able to assess their degree of hepatic impairment.

The Child-Pugh classification is often used for grading liver function and can be found at:

[http://www.liverpoolmedics.co.uk/clinicalcalculator/childpugh.php?valid=\[ss11\]](http://www.liverpoolmedics.co.uk/clinicalcalculator/childpugh.php?valid=[ss11])

or <http://www.hepatitis.va.gov/provider/tools/child-pugh-calculator.asp>

## References

1. SPC doxycycline. Kent Pharmaceuticals. Accessed via <http://www.medicines.org.uk/emc/> on 14/6/16
2. Public Health England. UK malaria prophylaxis guidelines 2015. Accessed on 14/6/16 via <https://www.gov.uk/government/publications/malaria-prevention-guidelines-for-travellers-from-the-uk>

## EMOLLIENT PRESCRIBING

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Emollients prevent the skin from becoming dry; they help to inhibit itching and reduce the frequency of dry skin flare-ups whilst protecting the skin from irritants.

Points to consider when prescribing an emollient:

- Always prescribe the most cost effective formulary emollient first.
- Ointments are generally greasier to the touch. This allows for more moisture to be trapped in the skin but may mean they are less acceptable to patients.
- Creams are less greasy making them more cosmetically acceptable to patients than ointments.
- Lotions are good for very mild dry skin, for the face and also for hairy individuals where ointments and thicker creams can be quite messy.
- Ointments do not contain preservatives and may be more suitable for those with sensitivities but should not be used where infection is present. Over application of greasy emollients can lead to folliculitis.
- Sensitivities to excipients are not uncommon and should be checked before prescribing (the BNF lists all excipients in emollient preparations).
- Pump dispensers for creams and lotions may be preferable as they are cleaner and reduce the risk of antimicrobial contamination.

How to apply emollients – counselling information for patients:

- ✓ Wash hands and apply thinly (just so the skin glistens), gently and quickly in smooth downward strokes in the direction of hair growth.
- ✓ Emollients need to be applied frequently even when the skin feels hydrated. Apply as often as needed to keep the skin supple and moist, usually at least 3 - 4 times a day but some people may need to increase this to up to every hour if the skin is very dry.
- ✓ As a rule, ointments need to be applied less often than creams or lotions for the same effect.
- ✓ Emollients are most effective if applied after washing as they trap moisture in the skin.
- ✓ Avoid massaging creams or ointments in or applying too thickly as this can block hair follicles, trap heat and cause itching.
- ✓ In warmer weather, patients may need to reduce the application of their emollients as this can make the skin more prone to itching.
- ✓ Emollients can be applied before or after any other treatments e.g. steroid creams but it is important to leave at least 30 minutes before applying the next treatment.

**When prescribing a cream, lotion, ointment or emollient for a care home patient ALWAYS consider the following:**

- Prescribe an appropriate quantity of medication in order to avoid waste.
- State where the medication is to be applied and when.
- Add a duration to all acute prescriptions for creams/ointments to avoid long term use **e.g.** apply to the left elbow three times daily (morning, lunchtime and bedtime) for 7 days.
- Query quantities of requested medication which appear to be excessive.

- All care homes (nursing/residential) should have policies in place regarding the storage of topical products.
- Creams and ointments that are in tubes/tubs (once opened) will be disposed of 28 days after opening.
- Creams that are in pump dispensers (once opened) will be disposed of 3 months after opening.

## Safety

### MHRA DRUG SAFETY UPDATE – JUNE 2016

#### Canagliflozin (Inokana® ▼ Vokanamet® ▼)

This alert highlights the signal of increased risk of lower extremity amputations (primarily the toe) observed in trial in high cardiovascular risk patients taking this drug.

The following recommendations are made:

- Carefully monitor high risk patients:- previous amputations, existing peripheral vascular disease, or neuropathy
- Consider stopping if a patient develops a significant lower limb complication (e.g. skin ulcer, osteomyelitis, or gangrene), at least until the condition has resolved, and continue to monitor the patient closely
- Start treatment for foot problems (e.g. ulceration, infection, or new pain or tenderness) as early as possible
- Patient should be told to
  - stay well hydrated
  - carry out routine preventive foot care
  - seek medical advice promptly if they develop skin ulceration, discolouration, or new pain or tenderness

#### Nexplanon® (etonogestrel): contraceptive implants reported in vasculature and lungs

Nexplanon® is a highly effective, long-acting contraceptive implant which contains the active ingredient etonogestrel. Safety and efficacy have been established in women between 18 and 40 years old. For maximum effectiveness Nexplanon® needs to be correctly implanted by someone who is trained to fit it.

There have been rare reports of etonogestrel implants (Nexplanon®) having reached the lung via the pulmonary artery. It is recommended that an implant that cannot be palpated at its insertion site in the arm should be located as soon as possible and removed at the earliest opportunity. If an implant cannot be located within the arm, perform chest imaging. A letter has been sent direct to healthcare professionals about this safety concern.

#### Topical miconazole: reminder of drug interactions with warfarin

Prescribing information for products that contain miconazole warns that because miconazole inhibits the enzyme CYP2C9 caution should be exercised for patients on oral anticoagulants such as warfarin, and the anticoagulant effect monitored (warfarin dose reduction may be needed). Patient information leaflets for miconazole products (including those available without prescription) advise users to tell their doctor or pharmacist if they are taking warfarin and to seek medical advice if they notice signs of over-anticoagulation during treatment, such as sudden unexplained bruising, nosebleeds or blood in the urine.

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

## COULD CO-PRESCRIBING PAROXETINE OR FLUOXETINE WITH TAMOXIFEN REDUCE THE BENEFITS OF TAMOXIFEN?

Tamoxifen is a prodrug, and the formation of the active metabolite, endoxifen, is mediated by the CYP2D6 enzyme.

In patients concomitantly treated with potent CYP2D6 enzyme inhibitors, concentrations of the tamoxifen metabolites that most strongly bind to the oestrogen receptor may be reduced.

A population-based cohort study on SSRI antidepressants and breast-cancer mortality in women receiving tamoxifen found that the risk of death from breast cancer increased with the length of concomitant treatment with paroxetine—a potent inhibitor of CYP2D6, but not with other SSRIs. The proportion of time on tamoxifen with overlapping use of paroxetine of 25%, 50%, and 75% was associated with 24%, 54%, and 91% increases in the risk of death from breast cancer, respectively <sup>1</sup>.

Another study<sup>2</sup> found no evidence for decreased efficacy with the co-administration of CYP2D6 inhibitors and tamoxifen, but given the strong mechanistic model and overall weight of evidence it is recommended that strong CYP2D6 inhibitors should be avoided whenever possible in patients taking tamoxifen. Examples of such drugs include:

- paroxetine
- fluoxetine
- bupropion
- quinidine
- cinacalcet

This interaction is listed in the BNF and co-prescribing on EMIS web triggers the following message:

*Drug to drug interaction: metabolism of tamoxifen to active metabolite possibly inhibited by paroxetine/fluoxetine (avoid concomitant use).*

Information obtained from Drug Safety Update Nov 2010 Vol 4, Issue 4

<https://www.gov.uk/drug-safety-update/tamoxifen-for-breast-cancer>

1. Kelly CM, et al. BMJ 2010; 340: c693.
2. Dezentje VO, et al. J Clin Oncol 2010; 28: 2423–29.

## 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 July. Please consider the costs of the following drugs before prescribing.

Product	Quantity	Price Concession
Bumetanide 1mg tablets	28	£2.50

Celiprolol 400mg tablets	28	£39.69
Cimetidine 400mg tablets	60	£20.24
Dapsone 50mg tablets	28	£46.19
Desmopressin 10micrograms/dose nasal spray	60 dose	£24.00
Flecainide 100mg tablets	60	£10.80
Flecainide 50mg tablets	60	£10.80
Isosorbide mononitrate 10mg tablets	56	£3.31
Isosorbide mononitrate 20mg tablets	56	£4.85
Lamotrigine 5mg dispersible tablets sugar free	28	£7.45
Lamotrigine 100mg dispersible tablets sugar free	56	£3.60
Losartan 12.5mg tablets	28	£8.09
Mefenamic acid 500mg tablets	28	£9.25
Nitrofurantoin 100mg tablets	28	£13.99
Nitrofurantoin 50mg tablets	28	£13.20
Procyclidine 5mg tablets	28	£12.20
Trazodone 100mg capsules (new)	56	£36.50
Trazodone 150mg tablets (new)	28	£28.50
Trazodone 50mg capsules (new)	84	£30.50

### 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
Cardura <sup>®</sup> XL tablets 4mg	August 2016	Prescribe as immediate release doxazosin 4mg tablets.
Caverject <sup>®</sup> powder for injection 40micrograms, Caverject <sup>®</sup> vial 10micrograms, Caverject <sup>®</sup> vial 20micrograms/ml	August 2016	Medical information enquiries - 0845 608 8866
Codipar <sup>®</sup> 15 mg/500mg capsules	No availability date	Prescribe separate components: codeine phosphate 15mg tablets and paracetamol

<b>Co-Tenidone tablets 12.5/50mg</b>	Limited supply	Limited supply
<b>Daktacort® HC cream 15g</b>	Due July 2016	Canesten® HC is an alternative
<b>Isosorbide mononitrate tablets 10mg, 20mg,40mg</b>	Due July 2016	A manufacturing issue is causing a delay. ISMO® brand is available, slightly more expensive
<b>Kwells®(12), Kwells®Junior</b>	Long term out of stock	
<b>Ropinirole tablets 250micrograms, 1mg, 2mg</b>	Limited stocks	
<b>Selsun®Shampoo 150ml</b>	No availability date	Can be purchased over the counter
<b>Sno® Tears 10ml</b>	Supplier unable to confirm	Liquifilm® Tears 1.4% drops is an alternative
<b>Sorbaderm® Non Sting cream 92g</b>	Supplier unable to confirm	Conotrane® cream is an alternative
<b>Univer®capsules 120mg and 240mg</b>	Due July 2016	Alternatives include Half Securon® SR and Securon® SR tablets

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

## PRICE CHANGES

### Top 10 monthly price reductions

Mesalazine 800mg gastro-resistant tablets [1 x 180] £95.00 (-£22.62)  
 Carbimazole 20mg tablets [1 x 100] £197.14 (-£21.71)  
 Mesalazine 1.2g gastro-resistant modified-release tablets [1 x 60] £42.95 (-£19.49)  
 Trazodone 50mg/5ml oral solution sugar free [1 x 120] £138.20 (-£15.22)  
 Clomifene 50mg tablets [1 x 30] £10.15 (-£11.59)  
 Sevelamer 800mg tablets [1 x 180] £87.00 (-£9.58)  
 Carbimazole 5mg tablets [1 x 100] £78.83 (-£8.68)  
 Hydrocortisone 10mg tablets [1 x 30] £76.07 (-£8.38)  
 Nortriptyline 25mg tablets [1 x 100] £64.57 (-£7.10)  
 Acetazolamide 250mg tablets [1 x 112] £64.00 (-£7.04)

### Top 10 monthly price increases

Colecalciferol 15,000units/5ml oral solution [1 x 100] £144.00 (+£24.30)  
 Trimipramine 50mg capsules [1 x 28] £150.00 (+£20.00)  
 Glycopyrronium bromide 2mg tablets [1 x 30] £220.80 (+£19.80)  
 Glycopyrronium bromide 1mg tablets [1 x 30] £197.25 (+£18.75)  
 Famciclovir 500mg tablets [1 x 14] £158.31 (+£15.59)  
 Alimemazine 30mg/5ml oral solution [1 x 100] £176.65 (+£11.98)  
 Trimipramine 25mg tablets [1 x 28] £147.45 (+£11.35)  
 Alimemazine 7.5mg/5ml oral solution [1 x 100] £114.35 (+£10.40)  
 Trimipramine 10mg tablets [1 x 28] £132.12 (+£10.18)  
 Alimemazine 10mg tablets [1 x 28] £62.16 (+£5.65)

### Top 100 annual price increases

[http://www.panmerseyapc.nhs.uk/home/tariff\\_watch/partviii\\_increases\\_201605.pdf](http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviii_increases_201605.pdf)

### Top 100 annual price reductions

[http://www.panmerseyapc.nhs.uk/home/tariff\\_watch/partviii\\_reductions\\_201605.pdf](http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviii_reductions_201605.pdf)

### Stock shortage of Restandol<sup>®</sup>

Restandol<sup>®</sup> (testosterone undecanoate) capsules are experiencing a long-term supply problem and are not expected to be available until the last quarter of 2016 at the earliest. There is no equivalent oral product in the UK. Testosterone products and doses need to be tailored to the patient and their condition. It is not possible to suggest an equivalent preparation and dose in general. The specialist team or endocrinology nurse in secondary care will be able to advise the GP on an individual patient basis.

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