



Tablets

Medicines Management News

Issue 32, December 2016

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Wirral Drugs and Therapeutics Panel - December 2016

AMBER **Ciclosporin (IKERVIS[®]) 1 mg/mL eye drops** – approved as a third line treatment option for treating severe keratitis in adult patients with dry eye disease that has not improved despite treatment with tear substitutes in accordance with NICE TA369. This is currently the only licensed preparation of ciclosporin eye drops available. This is an AMBER drug.

RED **Tocilizumab IV infusion and s/c injection** – approved for monotherapy in Rheumatoid Arthritis (as per NICE TA 375) for people who cannot take methotrexate because it is contraindicated or because of intolerance. This is a RED drug.

RED **Certolizumab pegol** - approved for treating Rheumatoid Arthritis after inadequate response to a TNF-alpha inhibitor (NICE TA 415). This is a RED drug.

Medicines Clinical Guidelines Team (MCGT) - December 2016

The following decisions were made at MCGT in December 2016. Where appropriate the guidelines can be found at the following web address in due course:

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

Joint Guidelines

Guidance on the prescribing of liothyronine (T3) containing products for the management of primary hypothyroidism – approved pending amendments

Shared Care Guidelines:

Mesalazine and other aminosaliclates in Inflammatory Bowel Disease (Adults) – approved pending minor alteration

Secondary Care Guidelines:

Management of major complications of neuroaxial blockade guidelines – approved

Use of urokinase to unblock PICC lines or portacaths in adults – approved pending minor amendments

Nebulised drug therapy: Administration in adult patients – approved

Oral anticoagulant therapy: urgent perioperative reversal – approved

Current Issues

AMENDMENT TO WIRRAL ANTIMICROBIAL GUIDELINES AND MANAGEMENT OF COMMON INFECTIONS IN PRIMARY CARE

As reported in Tablets (Issue 30, October 2016) the dose of nystatin oral suspension has recently been changed in the BNF for Children.

http://mm.wirral.nhs.uk/document_uploads/newsletters/TABLETS-NewsletterIssue30Oct16-Wirral.pdf

We have taken advice from WUTH microbiology and changed the dose in the Wirral Primary Care Antimicrobial Guidelines accordingly. Please note the SPC for generic nystatin has not been changed, however the SPC for Nystan® has been altered in line with the BNF and BNF-c.

The nystatin suspension dose in the Wirral antimicrobial guideline booklets does not reflect this change. However the online version has been amended and will continue to be the most up to date version of the guidelines. The online version can be found at:

[http://mm.wirral.nhs.uk/formulary/ \(under Antimicrobial Guidelines\).](http://mm.wirral.nhs.uk/formulary/(under%20Antimicrobial%20Guidelines).)

The dose for nystatin oral suspension will now be:

Neonate

100,000 units 4 times a day usually for 7 days, and continued for 48 hours after lesions have resolved.

Child 1 month–1 year

200,000 units 4 times a day usually for 7 days, and continued for 48 hours after lesions have resolved, divide administration of the dose between both sides of the mouth.

Child 2–17 years

400,000–600,000 units 4 times a day usually for 7 days, and continued for 48 hours after lesions have resolved, divide administration of the dose between both sides of the mouth.

Adults

Nystatin oral suspension 400,000–600,000 units 4 times a day usually for 7 days, and continued for 48 hours after lesions have resolved, divide administration of the dose between both sides of the mouth.

ScriptSwitch messages have been updated.

GLUCOMEN AREO SENSORS

The GlucoMen Areo blood glucose meter is one of a number of cost effective first line formulary choices in the [Wirral Home Blood Glucose Monitoring Guidelines](#).

Please be aware that the GlucoMen Sensors are not compatible with this meter. The GlucoMen Areo Sensors should be prescribed instead.

Scriptswitch messages have been updated.

WIRRAL COMMUNITY TRUST INFECTION PREVENTION & CONTROL TEAM MRSA INFORMATION

The WCT IPC team have recently launched a MRSA decolonisation leaflet:

http://www.wirralct.nhs.uk/attachments/article/49/MRSA_DecolonisationLeaflet_V1.pdf

Please refer to the MRSA decolonisation leaflet including risk assessment tool. If you require any further information then please contact the IPC team or WUTH Microbiology. The MRSA policy is also available from the WCT website at:

<http://www.wirralct.nhs.uk/infection-prevention-and-control>

Information regarding MRSA can also be found in the Wirral Antimicrobial Guidelines (page 7) at:

http://mm.wirral.nhs.uk/document_uploads/formulary/Primary-Care-Antimicrobial-Guide2016forWirralV1.1.pdf

For general information please visit the WCT IPC Team website:

<http://www.wirralct.nhs.uk/infection-prevention-and-control>.

For the IPC News bulletin please go to:

http://www.wirralct.nhs.uk/attachments/article/49/IPC_News_Edition1_PN.pdf

RIGEVIDON

Regional MI were contacted about Rigevidon as a Wirral GP had highlighted this issue. Their response is below:

There have been a number of enquiries about this issue and it can only be described as a social media flurry. Last year a young girl, who had started the pill due to menstrual irregularities, died after developing a blood clot in her lungs. She was taking this particular brand and so over the last 18 months the number of signatures on a facebook petition, to remove the use of this drug within the NHS, has significantly increased.

There is **no new information** about this particular branded generic. This issue is about contraceptive pills in general and not just this brand. The risks associated with contraceptive pills are the same and should be explained to the patient before it is prescribed as appropriate.

Topic of the Month

SALT AWARENESS WEEK 2017



National Salt Awareness Week is an annual event organised in association with the Consensus Action on Salt and Health (CASH) and is taking place from Monday 20th - Sunday 26th March 2017. It aims to raise awareness of the importance of restricting salt (sodium chloride) consumption for good health.¹

Impact of sodium on health

Sodium is essential for normal physiological function however; excessive intake is associated with health complications such as heart disease and stroke.² The UK maximum threshold for salt consumption is 6g/day (equivalent to 2.4g sodium chloride)³ however, average consumption is 9-12g/day.² High salt intake is implicated as a causative or exacerbatory factor in a number of ailments including; stroke, coronary heart disease, osteoporosis, kidney stones, vascular dementia (secondary to TIA/stroke), Ménière's disease, long term diabetic complications, kidney disease progression, heart failure, asthma and stomach cancer.⁴ The increase in blood pressure associated with excessive salt intake is the primary mediator for the majority of detrimental health effects.⁴

Reducing sodium intake to less than 5g/day reduces blood pressure and associated health complications,^{2,5} for example a 30% reduction in cardiovascular disease events was witnessed in a study that limited dietary sodium intake in patients with prehypertension.⁵ The World Health Organisation has identified salt reduction as being one of the most cost-effective interventions for improving public health outcomes, leading to an estimated reduction in deaths of 2.5 million/year globally (assuming adherence to recommended daily intake).²

Salt reduction

Practical measures to reduce salt intake include:

- Reduce intake (eat small amounts or occasionally) of foods high in salt (coded as red on the traffic light system or containing more than 1.5g salt (0.6g sodium) per 100g).³
- Not adding salt to food during preparation or at the table.²
- Choosing low salt alternatives, e.g. low salt baked beans and soy sauce.²

Sodium in medicines

Certain medicines such as effervescent/soluble tablets and alginate antacids contain significant amounts of sodium. In some cases, the maximum recommended daily intake of sodium may be exceeded by ingestion of the prescribed dose of the medicinal product alone.⁵ Patients taking effervescent, dispersible and soluble formulations of medicines have been shown to be at significantly greater risk of cardiovascular events (especially stroke) compared with patients taking standard formulations of the same drug.⁵

A list of sodium content in commonly prescribed medicines can be found at: <https://www.sps.nhs.uk/wp-content/uploads/2014/09/NW-QA145.6-What-is-the-sodium-content-of-medicines-.pdf>

Campaign support

Suggested actions to support the campaign:

- Train all staff with a patient facing role on key messages of salt awareness week and the need to disseminate information
- Promote the health benefits of reducing salt intake and practical measures to achieve this at any appropriate patient interaction (e.g. chronic disease reviews, medication reviews, etc).
- Visit CASH website and order posters and leaflets (see below)
- Consider use of a message on answer phones promoting salt reduction

Resources

Patient factsheets, leaflets and posters are available from CASH by emailing cash@qmul.ac.uk, 50 of each leaflet and 2 posters are available free of charge.

“Reducing salt intake is one of the most effective ways for countries to improve population health”

Dr Chestnov, World Health Organisation⁶.

References:

1. Consensus Action on Salt & Health, Salt Awareness Week 2017. Available at: <http://www.actiononsalt.org.uk/awareness/Salt%20Awareness%20Week%202017/179718.html> [Accessed 21/11/16]
2. World Health Organisation, Salt reduction fact sheet, June 2016. Available at: <http://www.who.int/mediacentre/factsheets/fs393/en/> [Accessed 21/11/16]
3. NHS choices, Salt: the facts. Available at: <http://www.nhs.uk/Livewell/Goodfood/Pages/salt.aspx> [Accessed 21/11/16]
4. World Action on Salt & Health, Why is Salt bad for or health? Why eat less salt? Available at: <http://www.actiononsalt.org.uk/less/Health/> [Accessed 21/11/16]
5. UKMI, What is the sodium content of medicines? Available at: <https://www.sps.nhs.uk/wp-content/uploads/2014/09/NW-QA145.6-What-is-the-sodium-content-of-medicines-.pdf> [Accessed 21/11/16]
6. World Health Organisation: Salt reduction saves lives. Available at: <http://www.who.int/mediacentre/news/notes/2014/salt-reduction/en/> [Accessed 21/11/16]

Query Corner

DO NSAIDS INCREASE THE RISK OF SEVERE SKIN REACTIONS IN CHILDREN WITH CHICKENPOX?

In Summary

- Associations between NSAID use in chickenpox (varicella) and severe skin and soft tissue reactions have been reported in the literature, particularly with ibuprofen in children.
- Not all patient information leaflets for paediatric preparations of ibuprofen contain warnings regarding this association.
- Although the majority of studies document an association between NSAID use and skin and soft tissue complications, there are several limitations to the available evidence including limited numbers of trial participants and the presence of confounding factors.
- It is not certain that these reactions are a consequence of NSAID exposure. NSAIDs may be given as a response to severe infection in patients, rather than being the cause of the severe disease.
- Due to repeated results suggesting a link between NSAIDs and skin and soft tissue complications of varicella, these agents should be avoided in children suffering from this infection.
- Paracetamol is the recommended alternative for symptomatic management. However, like NSAIDs, the risks of masking symptoms of severe infections must be considered.

Taken directly from: <https://www.sps.nhs.uk/articles/do-nsaids-increase-the-risk-of-severe-skin-reactions-in-children-with-chickenpox/>

Safety

BRIMONIDINE GEL (MIRVASO®): RISK OF EXACERBATION OF ROSACEA

Brimonidine (Mirvaso®) is a topical gel indicated for the symptomatic treatment of facial erythema of rosacea in adults. Some patients may have exacerbation or rebound symptoms of rosacea. It is important to initiate treatment with a small amount of gel and increase the dose gradually, based on tolerability and treatment response.

Advice for healthcare professionals:

- exacerbation of rosacea symptoms occurred in up to 16% of patients treated with brimonidine gel in clinical studies; in most cases, erythema and flushing resolve after stopping treatment
- initiate treatment with a small amount of gel (less than the maximum dose) for at least 1 week and increase the dose gradually, based on tolerability and response to treatment
- advise patients carefully on how to apply the gel and on the importance of not exceeding the maximum daily dose (which is 1 g of gel in total weight, approximately 5 pea-sized amounts)
- advise patients to stop treatment and consult a doctor if their symptoms worsen during treatment (increased redness or burning)

Taken directly from MHRA Drug Safety Update Volume 10 Issue4, November 2016

<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 available) status for November 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	£1.95
Candesartan 2mg tablets	7	£2.25
Dapsone 50mg tablets	28	£46.19
Desmopressin 10micrograms/dose nasal spray	60 dose	£23.49
Exemestane 25mg tablets	30	£9.60
Ethosuximide 250mg capsules (new)	56	£173.00
Flecainide 100mg tablets	60	£10.93
Flecainide 50mg tablets	60	£10.70
Fludroxycortide 4mcg/sq cm tape 7.5cm	20	£12.49
Leflunomide 20mg tablets	30	£10.99
Lorazepam 1mg tablets	28	£6.05
Lorazepam 2.5mg tablets	28	£12.50
Metronidazole 400mg tablets	21	£7.88
Mirtazapine 30mg tablets (new)	28	£1.50
Naratriptan 2.5mg tablets	6	£24.55
Nitrofurantoin 100mg tablets	28	£14.02
Nitrofurantoin 50mg tablets	28	£16.00
Ropinirole 0.25mg tablets	12	£4.50
Ropinirole 0.5mg tablets	28	£14.85
Ropinirole 1mg tablets	84	£56.71
Ropinirole 2mg tablets	28	£31.51
Ropinirole 5mg tablets	84	£160.00
Tropium Chloride 20mg tablets	60	£15.47
Valsartan 160mg capsules	28	£5.30
Valsartan 40mg capsules	28	£4.90
Valsartan 80mg capsules	28	£4.14

No endorsements are required as these prices will automatically be applied to this month's prescriptions.

[Ref http://psnc.org.uk/dispensing-supply/supply-chain/generic-shortages/](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 01932824100
Bactroban [®] cream 15g	Out of stock	Estimated full recovery 2017

Betnovate [®] ointment 100g**	Out of stock in stock	**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.	Out of stock.	Supplier unable to confirm full recovery date Duac [®] once daily gel (benzoyl peroxide 5% + clindamycin 1%) 60g in stock.
Cardura [®] XL tablets 4mg	Out of stock	Supplier unable to confirm full recovery date
Caverject [®] powder for injection 40micrograms	Due week ending 25/11 2016	
Colestid [®] granule sachets 5g	Out of stock	Next anticipated replenishment date to supplier TBC
Stiemycin [®] solution 2% x 50ml	Discontinued	
Premique [®] tablets 0.625mg/5mg	Out of stock.	Supplier unable to confirm full recovery date
Premique [®] Low Dose LD Tabs 0.3/1.5 mg	Out of stock	Expected early 2017
Provera [®] 10mg tablets	Out of stock.	Endo treatment pack, 10 and 100 tablet packs affected. Next anticipated replenishment date to Pfizer w/e 02/12
Trimovate [®] cream **	Expected last week in November 2016	
Univer [®] SR 120mg, 180mg, 240mg capsules (Teva UK)	Out of stock	Expected quarter 3, 2017.

For any further information regarding supply problems please contact Medicines Enquiries - cmcsu.medsmanagementwirral@nhs.net

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

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_201610.pdf

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