

Tablets



North West Commissioning Support Unit

Medicines Management News

Issue 18, September 2015

Current Issues	1
Query Corner	3
Topic of the month	3
Drug Tariff	5
Safety	7

Current Issues

Duraphat[®] toothpaste prescribing reminder

These are high-strength, prescription-only, fluoride toothpastes and should be prescribed by dental practitioners rather than GPs.

- Duraphat[®] 2800 should not be used in children under 10 years of age.
- Duraphat[®] 5000 should not be used in children under 16 years of age.
- One tube should last 2 to 3 months.
- Caution is required for use in people who may swallow rather than spit out the toothpaste.

Prescribing data for Wirral Practices for the last 12 months (July 2014 to June 2015) indicates that 754 items for Duraphat[®] preparations were prescribed at a cost of £6128.

Ensuring that prescribing is correctly attributed to an organisation

A recent article in the NHSBSA Hints and Tips newsletter (July 2015) highlighted the importance of ensuring prescribing is correctly attributed to an organisation e.g. Practice, CCG :

[http://www.nhsbsa.nhs.uk/Documents/PrescriptionServices/Dispensing_Contractors - Issue 20 \(V1\) 07.2015.pdf](http://www.nhsbsa.nhs.uk/Documents/PrescriptionServices/Dispensing_Contractors_-_Issue_20_(V1)_07.2015.pdf)

During the last financial year (2014-2015), investigations by NHS Prescription Services uncovered prescribing costs of £2.29 million that had been charged to the incorrect Practice/cost centre. The most common errors identified were:

- Prescribers using invalid Prescriber codes on prescription forms/EPs messages
- Prescription forms produced by the Practice bearing no Prescriber code
- Practices using the prescriber codes of Prescribers who no longer work at the Practice
- Prescribers moving Practice and not informing NHS Prescription Services of the change.

NHS Prescription Services relies on practices and CCGs to ensure that they keep them regularly informed of any changes to Prescriber details and this includes changes to Practice/cost centres where the Prescriber is based.

More information on keeping them informed of relevant changes is available at:

<http://www.nhsbsa.nhs.uk/PrescriptionServices/3879.aspx>



EMIS have a prompt sheet 'How do I deactivate a GP or a Senior Partner?

This details what action to take when a Prescriber leaves an EMIS Practice to deactivate their user account and is available at:

<https://supportcentre.emishealth.com/help/config/org-config/how-do-i-deactivate-a-gp-or-a-senior-partner/>

Prescribing of thickeners (e.g. Resource® ThickenUp®)

Thickeners are used to improve the safety of swallowing. They change the consistency of food/fluid to make it safer and easier to swallow, therefore reducing the risk of choking and aspiration. It is important that the consistency to be used is specified and that all liquids are thickened to that consistency.

There are 3 stages of thickened fluids:

Stage 1 – syrup consistency

Stage 2 – custard consistency

Stage 3 - pudding consistency

A patient will require a different amount of thickener depending on how thick they require their fluids to be and which thickener they are prescribed. Quantities required are also dependent on how much a patient drinks each day (six tins is an average quantity per month).

It is important to ensure that the right consistency is used and that the supply of the thickener does not run out. If the food is not of the correct consistency there is a risk of aspiration.

Xenidate® XL tablets – keep in original container

Nationally, two reports of Xenidate® XL 36mg tablets bursting apart have been reported to the manufacturer. The tablets are hygroscopic and will absorb moisture so this becomes an issue if patients transfer the tablets to a compliance aid. The company is looking into this matter but in the meantime, it is recommended that patients are counselled to keep Xenidate® XL tablets in the original container whenever possible. If patients do want to transfer tablets to a compliance aid, their hands and the compliance aid must be completely dry. Neither Xenidate® XL tablets nor Concerta® XL tablets are suitable for blister packing.

In addition, a small number of packs of Xenidate® XL 36mg tablets have an over count or undercount of one tablet in a bottle of 30 tablets. The MHRA has issued a Class 4 Drug Alert highlighting this and the action that community pharmacies need to take to have the problem rectified. The link to the MHRA alert is: https://assets.digital.cabinet-office.gov.uk/media/55910bffe5274a155c000009/EL_15_A_05_Xenidate_XL_36mg_prolonged_release_tablets.pdf

Longtec® tablets – additional strengths available

Additional strengths of Longtec® tablets (oxycodone modified release) tablets have been added to the range. The current dose range now includes 15mg, 30mg, 60mg and 120mg MR tablets, in addition to existing strengths 5mg, 10mg, 20mg, 40mg and 80mg. Switch messages for both the oxycodone modified release tablets generic descriptor and Oxycontin® brand tablets have been added to ScriptSwitch. The Medicines Management Team will be undertaking additional switches in Practices. Oxycodone



preparations are recommended to be prescribed by brand to avoid product selection errors, and Longtec® is the formulary brand of choice for oxycodone modified release tablets across all care settings.

Query Corner

Prescribing of GLP-1 agonists to aid weight loss in non-diabetic patients

Following 'research on-line' by a non-diabetic obese patient, a GP was asked if they could be prescribed Byetta®, Victoza® or Symlin® to aid weight loss.

Answer

These products should not be prescribed for weight loss in the UK. Symlin® (pramlintide acetate) is not available in the UK but is indicated for diabetes in the USA.

Discussion

Both Byetta® and Victoza® injections are only licensed in the UK as adjuncts in the management of Type 2 Diabetes Mellitus. The manufacturers of both Byetta® (exenatide) and Victoza® (liraglutide) injections list appetite suppression as a common side effect of treatment. This may explain why they have been used as an aid to weight loss.

The US Food and Drug Administration (FDA) have approved liraglutide to treat obesity in combination with lifestyle changes such as a reduced-calorie diet and exercise.

Prescribing these agents to aid weight loss in the UK is not recommended and would be off label, thus liability for any adverse events would rest entirely with the Prescriber.

Topic of the month

ELECTRONIC CIGARETTES

Stoptober will be back next month for its fourth year running. This is a national campaign encouraging people to quit smoking for 28 days during the month of October. Evidence shows that after abstaining for this period of time, individuals are five times more likely to quit smoking permanently¹. It is well known that quit smoking aids work most effectively when used in a supportive environment, such as that provided by a Stop Smoking Service. The preferred approach to smoking cessation is therefore referral to an intensive support service, such as the NHS Stop Smoking Service, that offers behavioural therapy, advice, and support. Local NHS Stop Smoking Services can be found:

Online: <http://www.nhs.uk/smokefree>

Via the NHS Smokefree Helpline: 0800 022 4 332

Last year's October issue of *Tablets* summarised the more well-known methods of support available to assist smokers in quitting. In this issue, we will look at electronic cigarettes (also known as e-cigarettes or vaperised cigarettes), the popularity of which has grown significantly in the last few years. It is estimated that 2.6 million adults in the UK are currently using e-cigarettes².

How do electronic cigarettes work?

E-cigarettes are electrical devices that mimic real cigarettes. Most are manufactured to look like conventional cigarettes, cigars, or pipes but some resemble everyday items such as pens and are typically

charged using USB memory sticks. The liquid solution in e-cigarettes usually contains a mixture of propylene glycol, glycerin, nicotine, and flavourings. Commonly known as ‘vaping’ the use of an e-cigarette produces a vapour that is potentially less harmful than tobacco smoke and, because they don’t smell or produce smoke, they are often seen in use in places where smoking is banned.

Risks

E-cigarettes are not currently regulated as medicines, so regardless of labelling you cannot be certain of their ingredients or how much nicotine they contain. Plans have been announced to regulate e-cigarettes from 2016, but until this happens, they are only covered by general product safety legislation³.

Since e-cigarettes can be smoked in public places such as bars, restaurants and on public transport, some people feel they may be normalising what has come to be seen as an unacceptable activity. Also, some argue that e-cigarettes (with their flavourings and clever marketing) are a "gateway to smoking" for children and teenagers, encouraging them to smoke when they wouldn’t otherwise take up the habit⁴. For this reason, there have been some calls to ban their use in public spaces.

Can they be prescribed on the NHS?

E-cigarettes are currently not available on the NHS. They are not the same as the nicotine inhalator, a licensed quit smoking aid that is available on the NHS. The inhalator consists of just a mouthpiece and a plastic cartridge. It is proven to be safe, but the nicotine vapour only reaches the mouth rather than the lungs, so you do not get the quick hit of nicotine that comes with e-cigarettes (see Figure 1)⁵

	 E-cigarette	 Inhalator
Licensed quitting aid?	No	Yes
Available on the NHS?	No	Yes
Quick hit of nicotine?	Yes	No
Standard dose of nicotine?	No	Yes
Battery required?	Yes	No

Figure 1 E-cigarettes vs inhalators

Current national guidance

The NICE guideline “Smoking: tobacco harm reduction”, published in June 2013 recommends that licensed nicotine- containing products, such as patches or oral and inhaled formulations, should be offered to people who smoke and wish to reduce their cigarette consumption as well as those planning to stop completely. The guidance does not recommend the use of e-cigarettes as they are not currently licensed.

A recent expert independent evidence review, published on the 19th August 2015 by Public Health England (PHE), has examined the evidence of the implications of e-cigarettes for public health. It estimates e-cigarettes are 95% less harmful than cigarettes and may be contributing to falling smoking rates, and that there is no evidence that they act as a route into smoking for children and non-smokers. The report suggests that for smokers who may find it difficult to quit using traditional methods, the e-cigarette may provide another tool for them to switch from smoking².

Based on the findings of the evidence review, PHE also makes the following recommendations⁶:

- E-cigarettes should not be treated in the same way as normal cigarettes and their use should not be banned in prisons and hospital trusts.
- E-cigarettes offer the potential of providing a low-cost, effective intervention that could help England’s 8 million smokers to quit the habit for good.
- Stop Smoking Services should actively engage with smokers who want to use e-cigarettes to quit.
- Once e-cigarettes are regulated as a medical product, which is expected in 2016, e-cigarettes could be made available by the NHS on prescription.

In response to the Public Health England report, the professional membership body for pharmacists and pharmacy in Great Britain is still advising caution as there are currently no licensed e-cigarette products⁷.

References

1. Public Health England. Smokers encouraged to swap fags for gags. <https://www.gov.uk/government/news/smokers-encouraged-to-swap-fags-for-gags> <Accessed 20/08/15>
2. McNeill A, Brose LS, Calder R et al. E-cigarettes: an evidence update — a report commissioned by Public Health England. August 2015. <https://www.gov.uk/government/publications/e-cigarettes-an-evidence-update> <Accessed 20/08/15>
3. Action on Smoking and Health (ASH) ASH Regulating nicotine products <http://www.ash.org.uk/current-policy-issues/harm-reduction-product-regulation/regulating-nicotine-products> <Accessed 20/08/15>
4. Primary Care Respiratory Society UK Smoking cessation: e-cigarettes <https://www.pcrs-uk.org/sites/pcrs-uk.org/files/files/e-cigarettes.pdf> <Accessed 20/08/15>
5. NHS choices. News analysis: E-cigarettes to be regulated as medicines <http://www.nhs.uk/news/2013/06june/pages/e-cigarettes-and-vaping.aspx> <Accessed 20/08/15>
6. NHS choices. News analysis: E-cigarettes to be regulated as medicines <http://www.nhs.uk/news/2015/08August/Pages/E-cigarettes-95-per-cent-less-harmful-than-smoking-says-report.aspx> <Accessed 20/08/15>
7. RPS. 19/08/2015 - RPS responds to Public Health England's published review of e-cigarettes http://www.rpharms.com/pressreleases/pr_show.asp?id=2735 <Accessed 20/08/15>

Drug Tariff

PRICE CHANGES

August 2015

Top 10 monthly price reductions

- Colecalciferol 40,000unit capsules [1 x 10] £15.00 (-£11.50)
Enoxaparin sodium 150mg/1ml solution for injection pre-filled syringes [1 x 10] £99.91 (-£11.10)
Torasemide 10mg tablets [1 x 28] £8.14 (-£10.53)
Enoxaparin sodium 120mg/0.8ml solution for injection pre-filled syringes [1 x 10] £87.93 (-£9.77)
Enoxaparin sodium 80mg/0.8ml solution for injection pre-filled syringes [1 x 10] £55.13 (-£9.73)
Torasemide 5mg tablets [1 x 28] £5.53 (-£8.96)
Enoxaparin sodium 100mg/1ml solution for injection pre-filled syringes [1 x 10] £72.30 (-£8.03)
Enoxaparin sodium 60mg/0.6ml solution for injection pre-filled syringes [1 x 10] £39.26 (-£6.39)
Betamethasone valerate 0.1%/neomycin 0.5% cream [1 x 30] £13.13 (-£5.75)
Betamethasone valerate 0.1%/neomycin 0.5% ointment [1 x 30] £13.13 (-£5.75)

Top 10 monthly price increases

- Dipipanone 10mg/cyclizine 30mg tablets [1 x 50] £272.02 (+£90.35)
Demeclocycline 150mg capsules [1 x 28] £124.48 (+£42.99)
Carbimazole 20mg tablets [1 x 100] £261.93 (+£21.38)
Menadiol 10mg tablets [1 x 100] £147.60 (+£19.00)
Chloral hydrate 143.3mg/5ml oral solution BP [1 x 150] £219.16 (+£13.76)
Amantadine 50mg/5ml oral solution sugar free [1 x 150] £122.09 (+£11.86)
Amantadine 100mg capsules [1 x 56] £39.90 (+£10.10)
Carbimazole 5mg tablets [1 x 100] £106.65 (+£8.71)
Levothyroxine sodium 100micrograms/5ml oral solution sugar free [1 x 100] £131.62 (+£8.02)
Cloral betaine 707mg tablets [1 x 30] £124.32 (+£7.77)

Top 100 annual price reductions

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviiiia_reductions_201508.pdf

Top 100 annual price increases

http://www.panmerseyapc.nhs.uk/home//tariff_watch/partviiiia_increases_201508.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 August 2015. Please consider the costs of the following drugs before prescribing:

Product	Quantity	Price concession
Celiprolol 200mg tablets	28	£19.83
Chlorphenamine 2mg/5ml oral solution	150ml	£2.49
Cimetidine 400mg tablets	60	£6.29
Diclofenac sodium 50mg gastro-resistant tablets	28	£2.95
Digoxin 125microgram tablets	28	£4.40
Digoxin 250microgram tablets	28	£3.75
Digoxin 62.5microgram tablets	28	£4.45
Fosinopril 20mg tablets	28	£15.40
Lamotrigine 5mg dispersible tablets sugar free	28	£9.38
Mefenamic acid 500mg tablets	28	£12.32

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
Antepsin® tablets 1 gram	Supplier unable to confirm	Manufacturing issue is causing a delay in supply
Aquadrane® cream 10% x 100G	Supplier unable to confirm	Manufacturing issue is causing a delay in supply
Cardicor® tablets 2.5mg	Supplier unable to confirm	Market shortage is causing a delay in supply
Colofac® tablets 135mg x 100	Supplier unable to confirm	Manufacturing issue is causing a delay in supply
Diclofenac EC 50mg tablets (different brands)	Limited supplies ongoing	Supplier issue is causing a delay in supply
Ferrous sulphate tablets 200mg (Teva/Actavis/Almus)	Supplier unable to confirm	Manufacturing issue is causing a delay in supply
Freestyle® 0.5mm/28G lancets	Limited supplies ongoing	Supplier issue is causing a delay in supply
Glucophage® SR tablets 750mg x 56	Supplier unable to confirm	Manufacturing issue is causing a delay in supply
Ichthopaste bandage 4959 7.5cm x 6m (Smith&Nephew)	September 2015	Supplier issue is causing a delay in supply. Medical Information Enquiries - 01482 222 200
Modrasone® cream x 50g (Teva)	Supplier unable to confirm	Manufacturing issue is causing a delay in supply
Mupirocin 2% (Bactroban Nasal®) nasal ointment	Supplier unable to confirm	Manufacturing issue is causing a delay in supply
Premique® Low Dose tablets 300 micrograms/1.5mg	Limited supplies ongoing	Supplier issue is causing a delay in supply. Medical Information Enquiries - 0845 608 8866

Sno Tears® eye drops 10ml (Bausch&Lomb)	Supplier unable to confirm	Manufacturing issue is causing a delay in supply
Synalar® cream/gel x 30G	Limited supplies ongoing	Ongoing supply issue. ? ointment affected
Traxam® gel 3% x 100g	Supplier unable to confirm	Manufacturing issue is causing a delay in supply
Vistamethasone® eye drops x 10ml	Supplier unable to confirm	Manufacturing issue is causing a delay in supply
Zimovane® LS tablets 3.75mg	Supplier unable to confirm	Supplier issue is causing a delay in supply

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

Safety

Buprenorphine transdermal patches prescribing reminder

BuTrans® (buprenorphine) transdermal **weekly (7-day)** patches 5, 10, 20 micrograms/hour

Transtec® (buprenorphine) transdermal **96-hourly** patches 35, 52.5, 70 micrograms/hour

Hapoctasin® (buprenorphine) transdermal **72-hourly** patches 35, 52.5, 70 micrograms/hour

Please note the difference in duration of action between the patches. BuTrans® patches require changing every seven days whilst Transtec® patches are 96-hour patch, which will require changing every 4 days.

Hapoctasin® patches are 72-hour patches, which require changing every 3 days.

Ensure that the dosage interval prescribed is appropriate for the product prescribed in order to prevent either unnecessary changing of patches or potentially leaving patients un-medicated. These preparations should always be prescribed by brand.

Medical device alert: Accu-Chek® Mobile meter and Accu-Chek® Mobile Test Cassette (Roche Diabetes Care)

These devices may give falsely high readings if the correct testing procedures are not followed. As a result of this patients may take a higher dose of insulin when it is not needed. Patients using this device should be identified and should be aware of what action to take if their result is outside the normal range. Patients and carers should be advised to follow the manufacturer's specific testing procedure to avoid falsely high results.

<https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102352>

Long term nitrofurantoin treatment

There have been two significant events in patients receiving long-term nitrofurantoin for recurrent urinary tract infections (UTIs) in another local CCG.

Patients prescribed long term nitrofurantoin should be monitored closely for signs of chronic pulmonary reactions and hepatitis. For full details of contraindications and side effects, see the manufacturer's Summary of Product Characteristics (SPC) at: <http://www.medicines.org.uk>

Reference - NICE Clinical Knowledge Summaries. Urinary tract infection (lower) - women - NICE CKS. Accessed 7.8.15



Prescribing of ciclosporin

A reminder to all that the BNF advice for the prescribing of ciclosporin¹ is as follows:

Patients should be stabilised on a particular brand of oral ciclosporin because switching between formulations without close monitoring may lead to clinically important changes in blood ciclosporin concentration. Prescribing and dispensing of ciclosporin should be by brand name to avoid inadvertent switching. If it is necessary to switch a patient to a different brand of ciclosporin, the patient should be monitored closely for changes in blood ciclosporin concentration, serum creatinine, blood pressure and transplant function.

This is based on advice issued by the MHRA in December 2009².

1. BNF section:

<http://www.evidence.nhs.uk/formulary/bnf/current/8-malignant-disease-and-immunosuppression/82-drugs-affecting-the-immune-response/822-corticosteroids-and-other-immunosuppressants/ciclosporin>

2. MHRA advice:

<http://webarchive.nationalarchives.gov.uk/20141205150130/http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON087726>

MHRA DRUG SAFETY UPDATE

Denosumab (Xgeva[®] ▼, Prolia[®] ▼) and intravenous bisphosphonates: osteonecrosis of the jaw - further measures to minimise risk

Patient reminder cards are now being introduced to give to patients before denosumab or intravenous bisphosphonates are prescribed. The risks of osteonecrosis of the jaw should be explained and patients should be advised on what precautions they can take. Denosumab 120mg is now contra-indicated in those patients with unhealed lesions from dental or oral surgery.

<https://www.gov.uk/drug-safety-update/denosumab-xgeva-prolia-intravenous-bisphosphonates-osteonecrosis-of-the-jaw-further-measures-to-minimise-risk>

Latanoprost (Xalatan[®]) eye drops – increased reporting of eye irritation since reformulation

Xalatan[®] eye drops are a formulation for latanoprost. In 2013, Xalatan[®] eye drops were reformulated to reduce the pH from 6.7 to 6.0 to extend its storage at room temperature. Since this reformulation there have been a number of reports of increased eye irritation, such as excessive watering. Patients should be encouraged to report any symptoms with these eye drops if the irritation is severe enough for them to consider stopping treatment.

<https://www.gov.uk/drug-safety-update/latanoprost-xalatan-increased-reporting-of-eye-irritation-since-reformulation>

New smartphone App for yellow card adverse effects reporting

A new smartphone application has been launched by the MHRA to report adverse effects to the Yellow Card Scheme. This will allow it to be more accessible for healthcare professionals, patients and carers to report any suspected side effects. A watch list can also be set up to receive news and alerts on any medicines of particular interest, including any Yellow Card reports received.

<https://www.gov.uk/drug-safety-update/new-yellow-card-app-for-reporting-suspected-side-effects>



Simeprevir with sofosbuvir: risk of severe bradycardia and heart block when taken with amiodarone

The MHRA have confirmed that concomitant use of amiodarone with simeprevir (Olysio ▼) and sofosbuvir (Sovaldi ▼) combination therapy should be avoided, unless other antiarrhythmics cannot be given. This is due to the severe risk of bradycardia and heart block.

<https://www.gov.uk/drug-safety-update/simeprevir-with-sofosbuvir-risk-of-severe-bradycardia-and-heart-block-when-taken-with-amiodarone>

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