Tablets
Medicines Management News

NHS North West Commissioning Support Unit

Issue 23, February 2016

Wirral Drugs and Therapeutics Panel – January 2016

Edoxaban (NICE TA355) for prevention of stroke and systemic embolism in adult patients with non-valvular Atrial Fibrillation – **APPROVED**. This is a GREEN Drug for this indication. GREEN

Edoxaban (NICE TA354) for prevention of VTE – **APPROVED**. This is an AMBER drug for this indication. AMBER

Rivaroxaban (NICE TA335) for secondary prevention of acute coronary syndrome – **APPROVED**. This is an AMBER drug for this indication. AMBER

Idarucizumab (Praxbind®▼) for rapid reversal of anticoagulant effect in patients taking dabigatran who require emergency surgery or are having a life-threatening bleed – **APPROVED.** This is a RED drug. RED

Xultophy®▼ (DegLira – Insulin degludec and liraglutide) for Type 2 Diabetes Mellitus – **NOT APPROVED**.

Current Issues

Wirral Community Trust - Mucosal ulceration in perianal area associated with nicorandil

Nicorandil (Ikorel®) is now only indicated for the treatment of stable angina in patients whose angina is not adequately controlled by first-line anti-anginal therapies, or who have a contraindication or intolerance to first-line anti-anginal therapies such as beta-blockers and/or calcium antagonists. These restrictions to the use of nicorandil follow reviews by European drug regulatory agencies which highlighted the risk of nicorandil causing skin and mucosal ulceration.

Wirral Community Trust have highlighted that in December one of the community nursing teams submitted a Yellow Card for a patient who had been prescribed nicorandil and had suffered from a perianal ulcer that was not healing. The Tissue Viability Nurse identified that this was an adverse drug reaction. The patient's GP was informed who subsequently discontinued the nicorandil.

Practitioners are reminded to consider potential adverse drug reactions in patients who have ulcers, pressure areas or wounds that are not responding to treatment. This is especially important for patients prescribed nicorandil.

In this reported adverse drug reaction the patient avoided significant harm, because the community nursing team followed the Trust clinical protocol for wound management standards CP04 and referred the patient to the Tissue Viability Service.

https://www.gov.uk/drug-safety-update/nicorandil-ikorel-now-second-line-treatment-for-angina-risk-of-ulcer-complications

Acknowledgement – Wirral Community Trust

Changes to Lithium Monitoring

Recommendations for lithium monitoring have changed. Some patients can now change to 6 monthly lithium monitoring after the first year of treatment.

NICE Guidance (CG185), Bipolar disorder: assessment and management, https://www.nice.org.uk/guidance/cg185 states that **plasma lithium levels** are to be measured every 3 months for the first year and then after the first year, every 6 months, or every 3 months for the following groups;

- Older people
- People taking drugs that interact with lithium
- People who are at risk of impaired renal or thyroid function, raised calcium levels or other complications
- People who have poor symptom control
- People with poor adherence
- People whose last plasma lithium level was 0.8 mmol per litre or higher.

Suitability of patients for 6 monthly monitoring should be assessed by the specialist, documented in the clinical notes and on the lithium register and communicated to the GP.

Patients on lithium transferred to their GP by shared care, will need the following regular blood tests;

Laboratory test minimum frequency

- Lithium 3 Monthly (for 1st year/after 1st year 6 monthly or 3 monthly for groups specified)
- Thyroid Function Test (TFTs) 6 Monthly
- Urea and Electrolytes (U&Es) - including calcium and estimated glomerular filtration rate (eGFR) 6 Monthly

Monitor the person at every appointment for symptoms of neurotoxicity, including paraesthesia, ataxia, tremor and cognitive impairment, which can occur at therapeutic levels of lithium.

In conjunction with the above monitoring, patients with bipolar disorder should also have an annual physical health check undertaken by the GP. This should include:

- Lipid levels, including cholesterol in all patients over 40 even if there is no other indication of risk.
- Plasma glucose levels.
- Weight or BMI.
- Smoking status and alcohol use.
- Blood pressure and pulse.

All lithium levels, eGFR, TFTs and weight must be written in the patient's lithium record booklet by the GP. Lithium information booklets, record books and alert cards can be ordered through supplies from the current NHS Forms and Print contract (telephone 0845 610 1112, email nhsforms@mmm.com). It is recommended that GP practices keep supplies of them. Copies of these be found on http://www.nrls.npsa.nhs.uk/resources/type/alerts/?entryid45=65426

BNF 70 and BNFC - action plan

You may be aware that a number of clinically significant errors have been identified in the paper version of BNF 70 and BNFC 2015. Serious patient safety incidents have been reported as a consequence, some of which have been recorded on the National Reporting and Learning System (NRLS).

Following discussions between UKMi, BNF and the Neonatal and Paediatric Pharmacists Group (NPPG) last year, a list of these issues was circulated for slotting into paper versions if practicable.

A further meeting was held on 22/1/16 involving representatives from UKMi, BNF, NICE, NPPG and NHS England (patient safety) at which an action plan was agreed. This plan was agreed by the BNF board on 28/1/16.

National action plan:

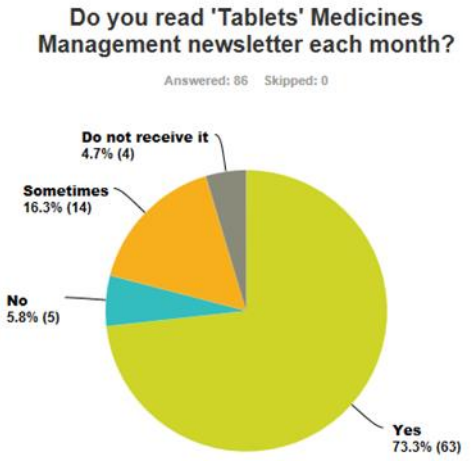
- Emphasise use of on-line versions as preferred medium.
- BNF Board to issue stickers for the front cover of paper BNF 70 and BNFC highlighting errors.
- UKMi provide support on appropriate wording for the stickers. Timescale for issue is mid February.
- Stickers will be distributed by Binley's who are contracted to distribute paper copies to NHS staff.
- NHS England (patient safety) to look at issuing an alert.

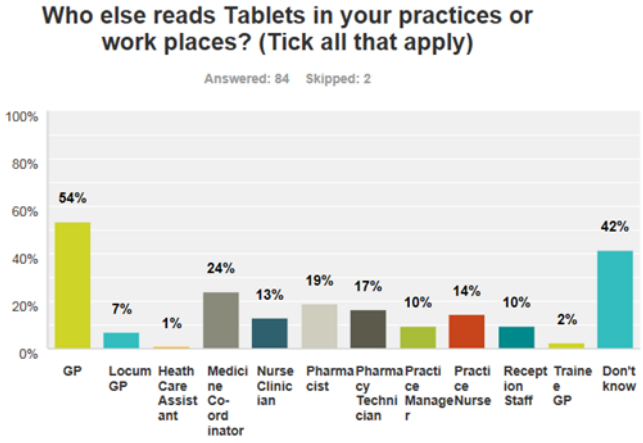
Organisation/Trust action:

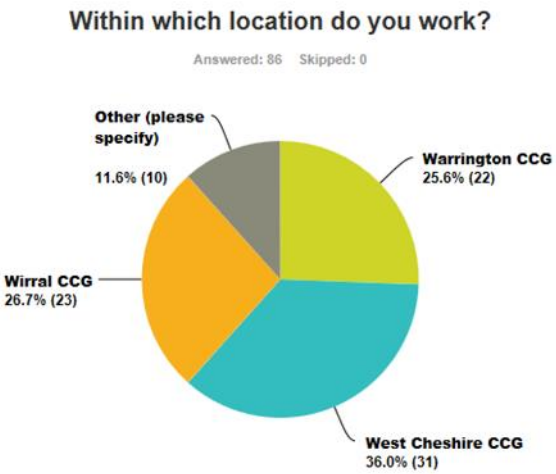
- If BNF 70 paper copies have not yet been distributed it will be relatively easy for BNF-issued stickers to be attached before distribution.
- If BNF 70 has been distributed with in-house stickers, Trusts should compare with BNF-issued stickers and consider whether in-house information is sufficient to mitigate risk. If not, a mechanism for recall should be considered.
- If BNF 70 has been distributed without in-house stickers, a mechanism for recall should be considered.
- BNFC – as for BNF 70, although it is more likely that these could have been distributed without in-house stickers.
- Any incidents identified as being related to BNF errors or misinterpretation of content should be reported via your organisation's incident reporting system.

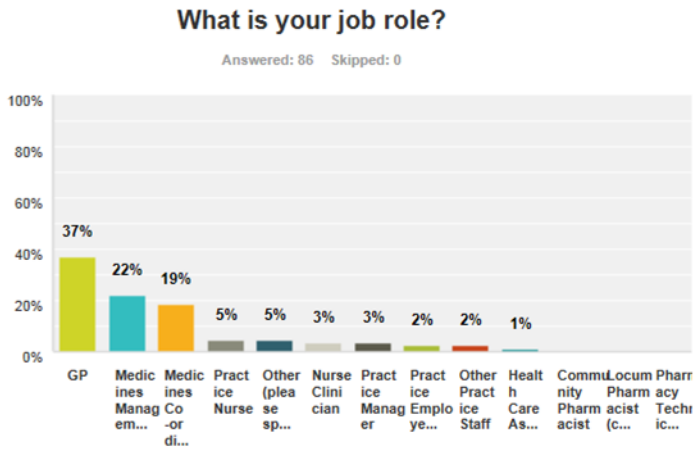
Tablets Newsletter Survey Jan 2016

Thanks you for all the feedback received about Tablets Newsletter recently. The Editorial team will be looking at all the comments and feedback received in the coming weeks. So watch this space!! If there is any further feedback then please email Victoria Vincent at victoriavincent@nhs.net.









Topic of the Month

DOSULEPIN PRESCRIBING AND SAFETY ADVICE

Reducing dosulepin prescribing has been included as a national prescribing indicator in the Medicines Optimisation Key Therapeutic Topics (MOKTT) since April 2015. It is measured as:

Dosulepin: % items	Number of prescription items for dosulepin as percentage of the total number of prescription items for 'selected' antidepressants (sub-set of BNF 4.3)

Dosulepin, a tricyclic antidepressant, is licensed for the treatment of depression, particularly where sedation is required. In December 2007 the MHRA [(1)] advised that as dosulepin has a small margin of safety between the (maximum) therapeutic dose and potentially fatal doses, its use in new patients should be avoided. The MHRA restricts initiation of treatment, for patients who have not previously received dosulepin, to specialists, and provides advice on safe quantities, storage and potential drug interactions. The BNF[(2)] marks it as a drug considered to be 'less suitable for prescribing'.

NICE and Cheshire and Wirral Partnership (CWP) NHS Foundation Trust recommend that it is not used. NICE CG90[(3)], Depression in adults: recognition and management, contains the following statement: 'Do not switch to, or start dosulepin, because evidence supporting its tolerability relative to other antidepressants is outweighed by the increased cardiac risk and toxicity in overdose'.

Although often prescribed to aid sleep (unlicensed), it disrupts rapid eye movement (REM) sleep and there is no evidence that it has sleep promoting effects. Nevertheless, dosulepin continues to be prescribed. Every year, up to 200 people in England and Wales fatally overdose with dosulepin. Of these about 20% are accidental [(1)].

CWP NHS Foundation Trust has produced a two page guidance document for reducing the risks with dosulepin, which can be accessed from Wirral Medicines Management Website:

http://mm.wirral.nhs.uk/document_uploads/guidelines/CWPDosulepinGuidanceJuly2015.pdf

The guidance contains information on withdrawal regimes and switching from dosulepin to another antidepressant. When reviewing existing patients to assess their ongoing need and suitability for dosulepin, consider a reduction in dose, a change to another antidepressant or to stop dosulepin. However, dosulepin should not be stopped abruptly unless serious side effects have occurred. Slow tapering of the dose over 3 to 4 weeks can help prevent discontinuation symptoms. Some patients may require a more gradual tapering of the dose if withdrawal symptoms such as anxiety, flu-like symptoms or insomnia occur. Dose reduction and speed of reduction needs to be individualised for each patient.

Patients switched from dosulepin to another antidepressant should be monitored very closely as there are no published guidelines to determine how the switch should take place. Any switch will need to be tailored to the individual patient taking into account the reason for the switch, how severe the depression is and which drug the patient is going to be switched to. Gradual cross tapering of the doses is usually recommended but sometimes a washout period between drugs is required. More detailed guidance is included in the CWP NHS Foundation Trust Guidance.

1. http://webarchive.nationalarchives.gov.uk/+/http:/www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON084687
2. British National Formulary 70- Sept 2015- March 2016
3. http://www.nice.org.uk/Guidance/CG90

PRICE CHANGES

Top-ten monthly price reductions

Sevelamer 800mg tablets [1 x 180] £104.02 (-£31.79)
Wild cherry syrup [1 x 2000] £27.10 (-£28.81)
Tizanidine 2mg tablets [1 x 120] £3.67 (-£24.30)
Aripiprazole 5mg tablets [1 x 28] £20.63 (-£23.36)
Aripiprazole 15mg tablets [1 x 28] £20.24 (-£23.13)
Aripiprazole 10mg tablets [1 x 28] £20.81 (-£23.00)
Nebivolol 2.5mg tablets [1 x 28] £47.34 (-£22.51)
Dicycloverine 20mg tablets [1 x 84] £166.07 (-£10.97)
Eplerenone 50mg tablets [1 x 28] £22.66 (-£10.92)
Dicycloverine 10mg/5ml oral solution [1 x 120] £154.56 (-£10.72)

Top-ten monthly price increases

Lithium carbonate 250mg tablets [1 x 100] £48.18 (+£44.96)
Trazodone 50mg/5ml oral solution sugar free [1 x 120] £74.68 (+£33.01)
Naproxen 375mg gastro-resistant tablets [1 x 56] £26.82 (+£20.40)
Trimipramine 50mg capsules [1 x 28] £90.00 (+£15.00)
Diamorphine 500mg powder for solution for injection vials [1 x 5] £209.00 (+£12.79)
Clonazepam 2mg tablets [1 x 100] £22.64 (+£11.12)
Clonazepam 500microgram tablets [1 x 100] £20.40 (+£11.05)
Famciclovir 500mg tablets [1 x 14] £128.91 (+£9.64)
Hyoscine hydrobromide 600micrograms/1ml solution for injection ampoules [1 x 10] £40.21 (+£8.28)
Co-danthramer 75mg/1000mg/5 ml oral suspension sugar free [1 x 300] £285.92 (+£7.71)

Top 100 annual price reductions, January 2016

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviiia_reductions_201601.pdf

Top 100 annual price increases, January 2016

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviiia_increases_201601.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 January 2016. Please consider the costs of the following drugs before prescribing.

Product	Pack size	Price concession
Celiprolol 200mg tablets	28	£19.83
Celiprolol 400mg tablets	28	£39.65
Cimetidine 400mg tablets	60	£10.30
Clindamycin 150mg capsules	24	£11.80
Ferrous sulfate 200mg tablets	28	£2.85
Flecainide 50mg tablets	60	£5.05
Flecainide 100mg tablets	60	£5.29

Lamotrigine 5mg dispersible tablets sugar free	28	£8.50
Lercanidipine 10mg tablets	28	£5.70
Lercandipine 20mg tablets (new)	28	£9.85
Mefenamic acid 500mg tablets	28	£10.80
Nefopam 30mg tablets	90	£35.00
Pioglitazone 15mg tablets	28	£25.83
Pioglitazone 30mg tablets (new)	28	£35.89
Pioglitazone 45mg tablets	28	£39.55
Procyclidine 5mg tablets	28	£14.00
Trazodone 50mg/5ml oral solution sugar free	120ml	£140.00
Trazodone 50mg capsules	84	£32.00
Trazodone 100mg capsules	56	£28.14
Trazodone 150mg tablets	28	£30.00

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
Adcal D3® Chewable tablets x 56 (Prostrakan)	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Balneum Plus® pump Cream x 500g (Almirall Ltd)	No availability date	A manufacturing issue is causing a delay in supply, Medical Information Enquiries - 02071 602 500
Bumetanide tablets 1mg x 28	No availability date	A manufacturing issue is causing a delay in supply
Cardura® XL tablets 4mg x 28 (Pfizer)	Feb 2016	Medical Information Enquiries - 0845 608 8866
Codipar® 15mg/500mg capsules x 100 (Amco/Mercury)	No availability date	A supplier issue is causing a delay in supply
Dovobet® ointment x 60g (Leo Pharma Ltd)	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Erythroped A® tablets 500mg x 28 (Amco/Mercury)	Due August 2016	Supply issue
Evorel Sequi® patch x 8 (Janssen-Cilag)	Limited supply	Limited stock ongoing
Juvela® GF Cream Crackers X 125g (Juvela)	No availability date	A manufacturing issue is causing a delay in supply
Macrobid® capsules 100mg x 14 (Amco/Mercury)	No availability date	A manufacturing issue is causing a delay in supply
Maxitrol® eye ointment 0.1% x 3.5g (Alcon Eye Care)	No availability date	A supplier issue is causing a delay in supply
Pioglitazone tablets 30mg x 28	Due early 2016	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	Limited supplies ongoing	A supplier issue is causing a delay in supply.

Tablets0.3mg/1.5mg (28 x 3) (Pfizer)		Medical Information Enquiries - 0845 608 8866
Sno Tears® eye drops x 10ml (Bausch&Lomb)	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Traxam® gel 3% x 100g (Amco Rwa Mercury Pharma)	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Univer® capsules 120mg and 240mg x 28	Due July 2016	A manufacturing issue is causing a delay in supply
Xailin® gel 0.2% x 10g (Nicox Pharma)	No availability date	Supply issue
Xarelto® tablets 20mg x 28 (Bayer)	No availability date	Supply issue

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

Safety

MHRA DRUG SAFETY UPDATE

Reminyl® (galantamine hydrobromide) and serious skin reactions

In December 2015, a letter was sent out to healthcare professionals regarding Reminyl® (galantamine hydrobromide) and serious skin reactions. For further information and a copy of letter sent to healthcare professionals see: https://www.gov.uk/drug-safety-update/letters-sent-to-healthcare-professionals-in-december-2015

Levonorgestrel-releasing intrauterine systems: prescribe by brand name

Levonorgestrel-releasing intrauterine systems should always be prescribed by brand name because products have different indications, durations of use, and introducers. For further information about the different available brands see: https://www.gov.uk/drug-safety-update/levonorgestrel-releasing-intrauterine-systems-prescribe-by-brand-name

Nicorandil (Ikorel®): now second-line treatment for angina - risk of ulcer complications

Advice for healthcare professionals:

- Use nicorandil for treatment of stable angina, only in patients whose angina is inadequately controlled by first line anti-anginal therapies, or who have a contraindication or intolerance to first line anti-anginal therapies such as beta-blockers or calcium antagonists.
- Nicorandil can cause serious skin, mucosal, and eye ulceration, including gastrointestinal ulcers which may progress to perforation, haemorrhage, fistula, or abscess.
- Stop nicorandil treatment if ulceration occurs - consider the need for alternative treatment or specialist advice if angina symptoms worsen.

Please continue to report suspected adverse drug reactions to nicorandil or any other medicines on a Yellow Card.

For further information and a copy of the letter sent to healthcare professionals see: https://www.gov.uk/drug-safety-update/nicorandil-ikorel-now-second-line-treatment-for-angina-risk-of-ulcer-complications

Thalidomide: reduced starting dose in patients older than 75 years with untreated multiple myeloma

Advice for healthcare professionals:

- In patients older than age 75 years, a 100mg/day starting dose of thalidomide is now recommended to minimise the risk of adverse drug reactions.
- In these patients, the starting dose of melphalan should be 0.1-0.2mg/kg daily, according to baseline bone-marrow reserve and renal function.

- Prescribers should be aware that even with a reduced starting dose of thalidomide, this age group may be at higher risk of serious adverse reactions compared with younger patients.

Suspected adverse reactions to thalidomide should be reported on a Yellow Card.

For further information and a copy of letter sent to healthcare professionals see:
https://www.gov.uk/drug-safety-update/thalidomide-reduced-starting-dose-in-patients-older-than-age-75-years

Medicines Management Team contacts:

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For any feedback or suggestions on content, please email nwcsu.tabletsnewsletter@nhs.net

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