



Tablets

Medicines Management News

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Wirral Medicines Clinical Guideline Sub-group (MCSG)	1
Current Issues.....	1
Topic of the Month.....	2
Query Corner.....	3
Drug Tariff	4
Safety	8
Public Health England.....	8

Wirral Medicines Clinical Guideline Sub-group (MCSG)

The following was approved at MCSG in February:

- Prothrombin Complex Concentrate (octaplex®) Therapy (and addition to any related guidelines)
- Hypertension guidelines
- Hormonal contraception guideline
- Wound dressing guidelines. The main change being using Mediderma S® barrier cream instead of Cavilon® barrier cream.
- High INR pathway for Primary Care
- Carbapenemase Producing Enterobacteriaceae (CPE) Infections guidelines
- Apomorphine shared-care guidelines
- Gonadorelin analogue depots for endometriosis and uterine fibroids guidelines
- All DMARD shared-care guidelines approved.

These guidelines, where appropriate, will be made available on the Wirral Medicines Management Website.

Current Issues

Urinary Catheters and Dipstick Testing

Wirral Community NHS Trust has recently informed us that they have carried out a Post Infection Review for a pre-48 hour MRSA bacteraemia. This was in a 91 year old man with a long term urinary catheter insitu. The patient had been prescribed a course of trimethoprim at the request of the Community Nurses following a urine dipstick, CSU was not obtained and there was no documented evidence of systemic infection. Dipstick testing is not an effective method for detecting urinary tract infections in catheterised adults. This is because there is no relationship between the level of pyuria and infection in people with indwelling catheters (the presence of the catheter invariably induces pyuria without the presence of infection). To ensure that urinary tract infections are diagnosed accurately and to avoid false positive results, dipstick testing should not be used. See [Urinary Tract Infections in Adults NICE Quality Standard 90 June 2015](#). Antibiotics must be prescribed in line with formulary and for patients with a urinary catheter insitu, treatment should be based upon the presence of systemic symptoms/infection not following results of urine dipstick. This issue has been highlighted to the Community Nurses as well.



EMIS Web and EPS

We are aware of an issue where users are receiving a warning message and are unable to forward and complete an EPS prescription. This is due to a defect where EMIS Web is checking the clinician's profile for a DIN/Spurious code instead of the profile of their stamp user. This typically affects tasks being sent to Locums.

EMIS have advised us that the issue has now been resolved. However, if you are still having problems with EPS, please log a call with the IT helpdesk for applications support who will advise accordingly.

Amiodarone stock shortages

There are national intermittent supply problems with amiodarone tablets. The issue is affecting both 100mg and 200mg strengths. Supplies are expected to return to normal at the end of March. In the meantime if pharmacies are unable to supply 100mg strength the Accord brand of 200mg tablet is scored and can be prescribed as an acute until the 100mg becomes available.

Topic of the Month

ACUTE KIDNEY INJURY (AKI)

Published analysis (Kerr *et al*, Nephrology, Dialysis and Transplantation, 2014) suggests that the annual cost of inpatient care related to AKI is more than £1 billion per year – greater than 1% of the NHS budget in England. As AKI is seen increasingly in Primary Care in the absence of any acute illness, there is a need to ensure that awareness of the condition is raised amongst Primary Care health professionals, and that any identified cases of AKI are managed or referred appropriately.

What is Acute Kidney Injury (AKI)?

The kidneys are responsible for the balance of fluids and salts in the body as well as removing waste products and toxins by producing urine. AKI is a term used to describe the rapid reduction in these kidney functions. This can be dangerous as it affects other organs in the body. AKI can occur due to reasons such as blood loss, dehydration and infection as this causes a reduced blood flow. Blockage in the kidneys or in the tubes responsible for directing urine away from the kidneys can cause a build-up of toxins which can also lead to AKI. More rarely, diseases of the kidneys themselves cause AKI.

The identification of patients who are at risk of AKI is crucial to prevent unnecessary harm. Clinicians and healthcare professionals must have an awareness of risk factors for AKI and bear these in mind when ordering investigations, and when planning care and treatments for individual patients, whether in the acute hospital or outpatient setting or within the Primary Care setting.

Risk factors

<ul style="list-style-type: none">Chronic kidney disease (eGFR less than 60ml/min/1.73m² in adults)	<ul style="list-style-type: none">Use of drugs with nephrotoxic potential within the past week, especially if hypovolaemic
<ul style="list-style-type: none">Renal transplant recipients	<ul style="list-style-type: none">Sepsis
<ul style="list-style-type: none">Heart failure	<ul style="list-style-type: none">Deteriorating BP, heart rate, respiratory rate
<ul style="list-style-type: none">Liver disease	<ul style="list-style-type: none">Age 65yrs or more
<ul style="list-style-type: none">Diabetes	<ul style="list-style-type: none">Urological obstruction
<ul style="list-style-type: none">Cognitive impairment that may limit access to fluids	<ul style="list-style-type: none">Use of iodinated contrast agents in the past week
<ul style="list-style-type: none">Oliguria (urine output less than 0.5ml/kg/hour)	<ul style="list-style-type: none">Hypovolaemia



- History of AKI

AKI can be detected using any of the following criteria:

- a rise in serum creatinine of 26 micromol/litre or greater within 48 hours,
- a 50% or greater rise in serum creatinine known or presumed to have occurred within the past 7 days,
- a fall in urine output to less than 0.5 ml/kg/hour for more than 6 hours in adults and more than 8 hours in children and young people,
- A 25% or greater fall in eGFR in children and young people within the past 7 days.

Monitor serum creatinine regularly in all adults, children and young people with or at risk of AKI.

What are the signs of AKI?

• Passing less urine than usual	• Generally unwell
• Headaches	• Confusion
• Feeling tired	• Drowsiness
• Nausea and vomiting	• Abdominal pain
• Itching	• Twitches

It is important to note that patients with mild AKI may not experience any signs.

How should AKI be managed? Think FLUIDS

Fluid balance - check for signs of dehydration and treat and encourage oral fluids.

Low BP - SBP < 110 mmHg, withhold antihypertensives and diuretics (if history of angina/cardiac arrhythmia, reduce beta-blocker).

Urine dip test and microscopy.

bladder palpable - catheterise. If urine output low or obstruction suspected, arrange imaging.

Drugs and toxins: Review NSAIDs e.g. ibuprofen, COX 2 inhibitors, trimethoprim, aminoglycosides, ACE inhibitors, angiotensin receptor blockers, diuretics. Avoid nephrotoxic medication.

Sepsis: look out for signs and treat accordingly.

Refer to NICE Guidance CG169 (2013) for detailed information on the prevention, detection and management of AKI: <https://www.nice.org.uk/Guidance/CG169>

Query Corner

WHAT IS ST MARK'S MIX (SOLUTION) AND IS IT APPROPRIATE TO PRESCRIBE?

St Mark's Electrolyte Mix is a glucose-electrolyte solution, also known as an oral rehydration solution (ORS) which is used in the management of Short Bowel Syndrome.

St Mark's Hospital has produced a unique solution called 'St Mark's Electrolyte Mix'. This is a glucose-electrolyte mix which contains 90mmol/L of sodium and no potassium.

The solution is made up fresh every day using the following measurements:



- 20g (six level 5ml spoonfuls) of glucose powder
- 2.5g (one heaped 2.5ml spoonful) of sodium bicarbonate (or sodium citrate) powder
- 3.5g (one level 5ml spoonful) of sodium chloride (salt).

This is then dissolved in one litre of tap water, and the patient should drink up to the prescribed volume throughout the day. Two to three litres per day may be necessary to maintain hydration. The solution can be stored at room temperature or in the fridge but it must be discarded 24 hours after mixing and a fresh solution prepared the next day.

Patients are normally supplied with a leaflet with the recipe and instructions on how to make up the preparation from the hospital.

The component powders can be prescribed individually. If the patient pays for their prescriptions however, the powders can be purchased from community pharmacies and supermarkets, and all three components will often be cheaper than a single prescription charge.

Another option is that some pharmacies may be able to obtain ready prepared St Mark's Electrolyte Mix in sachet form. These would be classed as a 'special' and may therefore be a more costly option.

Reference

Medicines Q&A 88.5 What is St Mark's Electrolyte Mix (solution)? December 2015:
www.medicinesresources.nhs.uk/GetDocument.aspx?pageId=509256

Drug Tariff

PRICE CHANGES

Top ten monthly price reductions

Dabigatran etexilate 110mg capsules [1 x 60] £51.00 (-£14.90)
Dabigatran etexilate 150mg capsules [1 x 60] £51.00 (-£14.90)
Dabigatran etexilate 75mg capsules [1 x 60] £51.00 (-£14.90)
Mesalazine 400mg gastro-resistant tablets [1 x 90] £19.50 (-£9.91)
Aripiprazole 30mg tablets [1 x 28] £120.15 (-£6.25)
Amlodipine 10mg/5ml oral solution sugar free [1 x 150] £123.07 (-£6.18)
Granisetron 1mg tablets [1 x 10] £37.27 (-£4.37)
Calcium carbonate powder [1 x 500] £4.80 (-£4.20)
Amlodipine 5mg/5ml oral solution sugar free [1 x 150] £80.55 (-£4.05)
Nortriptyline 25mg tablets [1 x 100] £103.77 (-£3.64)

Top ten monthly price increases

Trimipramine 25mg tablets [1 x 28] £109.79 (+£28.10)
Nefopam 30mg tablets [1 x 90] £36.50 (+£25.91)
Trimipramine 10mg tablets [1 x 28] £98.37 (+£23.64)
Tretinoin 10mg capsules [1 x 100] £240.00 (+£16.70)
Risedronate sodium 30mg tablets [1 x 28] £144.85 (+£12.66)
Menadiol 10mg tablets [1 x 100] £158.30 (+£10.70)
Methocarbamol 750mg tablets [1 x 100] £35.61 (+£9.40)
Dihydrocodeine 50mg/1ml solution for injection ampoules [1 x 10] £91.14 (+£8.29)
Povidone-Iodine 2.5% dry powder spray [1 x 100] £9.95 (+£6.90)



Alpha tocopheryl acetate 500mg/5ml oral suspension [1 x 100] £53.50 (+£6.00)

Top 100 annual price reductions February 2016

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviia_reductions_201602.pdf

Top 100 annual price increases February 2016

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviia_increases_201602.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 February 2016. Please consider the costs of the following drugs before prescribing.

Product	Quantity	Price concession
Celiprolol 200mg tablets	28	£19.83
Celiprolol 400mg tablets	28	£39.65
Cimetidine 400mg tablets	60	£19.99
Clindamycin 150mg capsules	24	£11.30
Desmopressin 10micrograms/dose nasal spray	60 dose	£28.50
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
Lercanidipine 20mg tablets	28	£9.00
Mefenamic acid 500mg tablets	28	£10.59
Pioglitazone 15mg tablets	28	£25.83
Pioglitazone 30mg tablets	28	£34.99
Pioglitazone 45mg tablets	28	£39.55
Procyclidine 5mg tablets	28	£14.00
Trazodone 50mg capsules	84	£36.80
Trazodone 100mg capsules	56	£41.99
Trazodone 150mg tablets	28	£35.25
Trazodone 50mg/5ml oral solution sugar free	120ml	£150.00

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
Actos® 15mg, 30mg and 45mg tablets x 28 (Alloga UK Ltd)	Supplier unable to confirm	Manufacturing issue - pioglitazone 15mg, 30mg and 45mg tablets an alternative



Aquadrone [®] cream 10% X 100g (Alliance Pharm)	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Bactroban [®] cream	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Bactroban [®] ointment	Supplier unable to confirm	Manufacturing issue – generic mupirocin 2% ointment an alternative
Cardura [®] XL 8mg tablets x 28	Mid April 2016	Medical Information - 0845 608 8866
Codipar [®] 15mg/500mg capsules x 100	Supplier unable to confirm	Manufacturing issue - codeine 15mg tablets and paracetamol caplets/capsules an alternative
Cyclizine lactate injection 50g/ml ampoules x 5	March 2016	A manufacturing issue is causing a delay in supply
Dovobet [®] ointment x 60g	Supplier unable to confirm	Manufacturing issue
Erythroped A [®] tablets 500mg x 28	Due August 2016	Supply issue - erythromycin 250mg tablets an alternative
Evorel Sequi [®] patch x 8	Limited supply	Medical Information - 0800 333 001
FML [®] eye drops x 2.5ml	Supplier unable to confirm	A manufacturing issue is causing a delay in supply.
Glucophage [®] SR tablets 1000mg x 28 &x 56	Supplier unable to confirm	Manufacturing issue
Havrix [®] Junior Monodose Non-Fixed Needle x 0.5ml	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Insuman Comb [®] 25 100units/ml 3ml cartridge x 5	Supplier unable to confirm	Manufacturing issue - Insuman Comb[®] 25 100 units/ml 3ml pre-filled SoloStar pen alternative.
Kwells [®] 300microgram tablets x 12	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Maxitrol [®] Eye ointment 0.1% 3.5g	Limited Supply	Medical Information Enquiries 0800 854 100
Megace [®] 160mg tablets x 30	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Ovestin [®] cream with applicator x 15g	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Oxis [®] Turbhaler 12 micrograms/dose x 60 dose	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Premique [®] low dose tablets 0.3mg/1.5mg (3 x 28)	Limited supplies ongoing	Medical Information - 0845 608 8866
Questran [®] sachets x 50	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Restandol [®] 40mg capsules x 30 & x 60	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Solpadol capsules x 100	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Solpadol effervescent tablets x 100	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Sno Tears [®] x 10ml	Supplier unable to confirm	Manufacturing issue
Tears Naturale [®] eye drops x	Supplier unable to	A manufacturing issue is causing a delay in



15ml	confirm	supply. Hypromellose 0.3% eye drops alternative
Traxam [®] Gel 3% x 100g	Supplier unable to confirm	Manufacturing issue - Fenbid[®] 5% gel an alternative
Typhim VI [®] vaccine (Typhoid) needle-free	Short-dated stock	Available from supplier
Univer [®] capsules 120mg and 240mg x 28	July 2016	Manufacturing issue - Half Securon[®] SR 120mg tablets and Securon[®]SR 250mg tablets an alternative
Vita-Pos [®] eye ointment x 5g	Supplier unable to confirm	Manufacturing issue - Xialin Night[®] an alternative
Xialin [®] Gel x 10g eye gel	Supplier unable to confirm	
Zapain [®] capsules 30/500mg x 100	Supplier unable to confirm	A manufacturing issue is causing a delay in supply
Zerobase [®] cream x 50g	Supplier unable to confirm	A manufacturing 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.

Licensed preparations now available

These drugs now have licensed equivalents available:

Morphine sulfate 5mg/5ml solution for injection ampoules and morphine sulfate 10mg/10ml solution for injection ampoules have recently been licensed by Torbay Pharmaceuticals. Where appropriate, these products should be used in preference to morphine sulfate 5mg/5ml solution for injection ampoules (Special Order) and morphine sulfate 10mg/10ml solution for injection ampoules (Special Order).

Lisinopril 5mg/5ml oral solution sugar-free x 150ml has now been licensed by Essential Pharmaceuticals Ltd. There should no longer be the need to prescribe the sugar-free solution as a Special and where appropriate, the licensed product above should be preferred to either of the following Special Order options:

- Lisinopril 5mg/5ml oral solution
- Lisinopril 5mg/ml oral suspension.



Safety

MHRA DRUG SAFETY UPDATE

Valproate and of risk of abnormal pregnancy outcomes: new communication materials

Children exposed to valproate in utero are at high risk of developmental disorders and congenital malformations.

New communication materials are being sent to relevant healthcare professionals to further improve awareness of the risks of developmental disorders and congenital malformations associated with valproate use in pregnancy. These materials are aimed at supporting discussion of these risks with women of childbearing potential and girls who take valproate.

Later in 2016, the outer packaging for medicines containing valproate will include a warning for women on the risk of adverse pregnancy outcomes.

Spirolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia

Monitoring of blood electrolytes is essential in patients co-prescribed a potassium-sparing diuretic and an angiotensin converting enzyme inhibitor (ACEi) or an angiotensin receptor blocker (ARB) for heart failure.

There is a risk of potentially fatal hyperkalaemia during concurrent use of spironolactone and renin-angiotensin system drugs in heart failure. It is recommended that the combination is avoided where possible and especially in patients with renal impairment. Where treatment is necessary the lowest effective doses should be used and regular monitoring of blood electrolytes is essential in such patients.

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/500974/DSU_Feb_2016_pdf_2_.pdf

Public Health England

PUBLIC HEALTH RESOURCES

Health Protection Guidance - Zika virus

Public Health England has issued guidance on the Zika virus. The guidance contains information on epidemiology, symptoms, transmission, diagnosis and travel advice.

There are also links to travel advice portals, an algorithm for assessing pregnant women following travel and specific guidance for clinicians working in Primary Care.

The main advice points for Primary Care are:

- All travellers to areas with active Zika virus transmission should practise mosquito bite avoidance measures.
- Pregnant women planning to travel should consider avoiding travel to areas with active Zika transmission.
- All pregnant women who have recently travelled to a country where active Zika transmission is reported should notify their Primary Care clinician, obstetrician or midwife.
- An application of insect repellent containing 50% DEET (N,N-diethyl-m-toluamide) will repel mosquitoes for approximately 12 hours. Such repellents containing 50% DEET can be used by pregnant women, but higher concentrations should not be used.



- To reduce the risk of sexual transmission to woman of child bearing age, including those already pregnant, male partners should use a condom for 28 days after arriving from an affected area or 6 months following recovery if a clinical illness compatible with Zika virus infection or laboratory-confirmed Zika virus infection was reported.

Reference: <https://www.gov.uk/government/publications/zika-virus-infection-guidance-for-primary-care>

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