Midlands and Lancashire Commissioning Support Unit

Tablets

Medicines Management News

Issue 25, April 2016

Wirral Drug and Therapeutics Panel March 2016

RECOMMENDATIONS

The following new drug applications were approved at the March Wirral Drug and Therapeutics Panel meeting:

COPD
A number of new inhalers for COPD were submitted and approved along with updated COPD Guidelines, which were also approved following a few minor amendments. These will be launched to GPs in May and will be available on the Medicines Management website when finalised. http://mm.wirral.nhs.uk/guidelines

GREEN **AirFluSal Forspiro® (salmeterol 50micrograms/fluticasone propionate 500micrograms) dry powder inhaler** – APPROVED

GREEN **Anoro Ellipta® (umeclidinium 55micrograms /vilanterol 22micrograms) dry powder inhaler** – APPROVED

GREEN **Duaklir Genuair® (aclidinium 340micrograms/formoterol 12micrograms) dry powder inhaler** – APPROVED

GREEN **Spiolto Respimat® (tiotropium 2.5micrograms/olodaterol 2.5micrograms) inhalation solution** - APPROVED

GREEN **Ultibro Breezhaler® (indacaterol 85micrograms /glycopyrronium 43micrograms) dry powder inhaler** – APPROVED

GREEN **Relvar Ellipta® (fluticasone furoate 92 micrograms/vilanterol 22 micrograms) dry powder inhaler** – APPROVED

GREEN **Incruse Ellipta® (umeclidinium 55 micrograms) dry powder inhaler** – APPROVED

RED **Bortezomib injection (NICE TA370) for treating adults with previously untreated mantle cell lymphoma for whom haematopoietic stem cell transplantation is unsuitable** – APPROVED. This is a RED drug and is funded by NHS England.

RED **Panobinostat tablets (NICE TA380) for use in relapsed myeloma patients who need treatment having already had two previous modes of chemotherapy, including bortezomib and an immunomodulatory agent** – APPROVED. This is a RED drug and is funded by NHS England.

RED **Idelalisib (NICE TA359) for use in combination with rituximab for untreated chronic lymphocytic leukaemia in adults with a 17p deletion or TP53 mutation or for chronic lymphocytic leukaemia in adults when the disease has been treated but has relapsed within 24 months** – APPROVED. This is a RED drug and is funded by NHS England

High Strength Insulin Risk Minimisation Strategies
High strength insulin risk minimisation strategies for Primary and Secondary Care were also approved so the high strength insulin glargine (Toujeo) approved previously by Wirral Drug and Therapeutics Panel (subject to this risk minimisation strategy being in place) can now be prescribed.
Please see under Insulin, at the following address http://mm.wirral.nhs.uk/guidelines/

Current Issues

Antibiotic resistance in children with urinary infections is high and could render some antibiotics ineffective as first-line treatments, warns a study published by The BMJ

Antimicrobial resistance is an internationally recognised threat to health. Throughout the world, children are frequent consumers of antibiotics and such routine use has been shown to increase the probability of antibiotic resistance in adults with urinary tract infections. Yet little is known about the prevalence of bacterial resistance in children or the risk factors of importance in this group.

The results of a study show a high global prevalence of resistance - to some of the most commonly prescribed antibiotics in primary care -- in urinary tract infections in children caused by *E coli*. Results were categorised by the OECD (Organisation for Economic Co-operation and Development) status of the study country as antibiotics tend to be used differently in these groups.

Within OECD countries, half of all samples were resistant to ampicillin (amoxicillin), a third to co-trimoxazole, and a quarter to trimethoprim. Resistance was substantially greater in non-OECD countries.

Journal Reference:
Ashley Bryce, Alastair D Hay, Isabel F Lane, Hannah V Thornton, Mandy Wootton, Céire Costelloe. Global prevalence of antibiotic resistance in paediatric urinary tract infections caused by *Escherichia coli* and association with routine use of antibiotics in primary care: systematic review and meta-analysis. BMJ, 2016; i939 DOI: 10.1136/bmj.i939

Giving GPs feedback on their prescribing habits can reduce excessive use of antibiotics
Sending GPs in England a letter giving feedback on their antibiotic prescribing habits could cut unnecessary prescriptions of antibiotics, according to the first nationwide randomised trial of its kind, involving over 1,500 GP Practices, published in The Lancet.

The results show that giving feedback to GPs with the highest antibiotic prescribing rates cut prescribing by an average of 3.3% over 6 months. There were over 73,000 fewer prescriptions and savings of over £92,000 in prescription costs.

Journal Reference:
Michael Hallsworth *et al*. Provision of social norm feedback to high prescribers of antibiotics in general practice: a pragmatic national randomised controlled trial. The Lancet, February 2016 DOI: 10.1016/S0140-6736(16)00215-4

Topic of the Month

WIRRAL CCG PRESCRIBING QIPP PLAN 2016/17

QIPP stands for Quality, Innovation, Productivity and Prevention. It is a national, regional and local level programme designed to support clinical teams and NHS organisations to improve the quality of care they deliver while making efficiency savings that can be reinvested into the NHS

The prescribing QIPP planning process for 2016/17 commenced in November 2015 to develop the plan for CCG agreement in March 2016 ready for launch in April 2016. This planning process is across the CCGs, supported by Midlands & Lancashire Commissioning Support Unit (MLCSU), in order to maximise learning from elsewhere and source ideas from a wider pool. The QIPP planning team, led by Jasmeen Islam, Deputy Head of Medicines Management for MLCSU, and with a representative from each of the three Medicines Management Team localities – Wirral, Warrington and West Cheshire - have been reviewing numerous potential QIPP work streams to develop a QIPP Plan for the CCG and GP Practices, which will support Primary Care prescribing for the financial year 2016-17.

The process began with a review of the current year's QIPP plan, followed by a consultation with the Medicines Management & Optimisation Team who provided numerous ideas for new areas of work. GP Practices also provided valuable input during various CCG meetings. A number of sources were also reviewed including national key therapeutic topics from NICE, Medicines Optimisation Key Therapeutic Topics (MOKTT), national databases, patent expiries, MHRA guidance and drug safety updates. All areas are linked to local guidance, are evidence based and improve outcomes for patients; most areas also deliver cost savings for the prescribing budget. Other areas are quality focused with potential efficiencies to be made in areas other than the Primary Care prescribing budget.

To develop a final QIPP plan, which has been tailored to meet the requirements of Wirral CCG, Steve Riley, Senior Prescribing Adviser for Wirral Medicines Management team, consulted with key members within the CCG including the CCG Clinical Leads and the CCG Prescribing Lead Dr Saket Jalan. The QIPP areas have been aligned with the local CCG strategic priorities.

The Wirral QIPP Plan links to CCG priorities and is focussed around the following areas;

- Respiratory - new inhaler class (LABA /LAMA) and updated respiratory guidelines from April 2016
- Cardiovascular-review of use of amiodarone for rate control in AF and adherence to local formularies in formulation choice of antihypertensive medications.
- Diabetes - Blood Glucose Testing Strips (BGTS)
- Endocrine - key growth area, liothyronine - linked to clinical evidence

- Gastro-intestinal - PPI, laxatives and anti-diarrhoeal agents
- Enteral feeds - sip feeds - review of process and formulary
- Urinary medications, stoma and incontinence appliances - linked to appropriate use and service review.

The Wirral QIPP plan also encompasses the restrictive prescribing policies, which have been prioritised for development in 2016/17 and were agreed following the October 2015 Medicines Management Recovery Plan paper. The key prescribing policies to be developed are:

- Over-The-Counter (OTC) medicines - Self-care policy***
- Products of Limited Clinical Value Do Not Prescribe Policy***
- Gluten Free Food Restrictions***
- Dental Prescribing Policy
- Infant Formulae Feeds Prescribing Policy and Guidance

*** These policies are linked to public consultation, which will launch in Q1 of 2016/17.

The overall prescribing QIPP plan was approved by the CCG at the end of March and will then be launched to Practices this month.

QIPP prescribing monitoring reports will be available to GP Practices, via the CCG BI Portal, so progress can be monitored. For more information on this, please contact Jo Bradburn, Business Intelligence Analyst on WICCG.WirralBITeam@nhs.net.

Clinician engagement is valuable in every level of the CCG, from CCG GP Prescribing Lead through to Practice level GP trainees and non-medical prescribers. Furthermore the success to the QIPP scheme over 2016/17 will also rely on the continued good collaboration of the Community Pharmacy and acute sector to support value in prescribing across our health economy.

Thank you all for your commitment to QIPP prescribing over 2015/16, which resulted in £2.1 million, annualised prescribing cost efficiencies (subject to a final end-of-year verification). If you have any comments or questions about the QIPP plan, please contact Abigail Cowan, Prescribing Advisor, Wirral Medicines Management Team at; abigailcowan@nhs.net or you can submit feedback through the website, at this link - http://mm.wirral.nhs.uk/qipp/.

Query Corner

WHAT IS THE ANTIDEPRESSANT OF CHOICE IN CORONARY HEART DISEASE (CHD)?

The choice of antidepressant depends on an assessment of the individual patient. The Prescriber needs to take into account the risk:benefit ratio of treatment, type and severity of the depression and the cardiovascular disease, patient preference, past experience and the individual's characteristics, when choosing which agent to use.

- Data on the use of antidepressants in patients with Coronary Heart Disease (CHD) are limited.
- Despite some reported cases of cardiac effects, there is robust data that suggests that Selective Serotonin Reuptake Inhibitors (SSRIs) are generally considered safer to use in cardiac disease.
- Sertraline is the antidepressant of choice in CHD, especially post Myocardial Infarction (MI) or in patients with unstable angina. It also has a lower propensity for interactions.
- Citalopram/escitalopram are associated with dose-dependent QT interval prolongation and are contra-indicated in patients with known QT interval prolongation or congenital long QT syndrome. They are also contraindicated in patients on medication known to prolong QTc. They are cautioned in patients at higher risk of developing Torsades de Pointes, patients with electrolyte disturbances, bradycardia and recent MI.
- Mirtazapine is a suitable alternative in CHD if SSRIs cannot be used, but it should be used with caution. There is evidence of safety post MI.
- Tricyclic antidepressants (TCAs) are best avoided in patients with CHD and are contraindicated in patients who have had a recent MI. TCAs (except for lofepramine) are viewed as highly cardiotoxic in overdose and may therefore worsen outcome in CHD patients.
- Venlafaxine is contraindicated in patients with an identified high risk of a serious cardiac ventricular arrhythmia or with uncontrolled hypertension. It should be used with caution in established cardiac disease that may increase the risk of ventricular arrhythmias (e.g. recent MI). Venlafaxine is associated with a greater risk of death from overdose compared with other equally effective antidepressants.

Reference

UKMI *Q&A 55.7a. What is the antidepressant of choice in coronary heart disease (CHD)? Oct 2014*

Available at: http://www.medicinesresources.nhs.uk/GetDocument.aspx?pageId=504071

Accessed 12th April 2016

Drug Tariff

PRICE CHANGES

Top ten monthly price reductions

Trimipramine 25mg tablets [1 x 28] £103.92 (-£5.87)
Aripiprazole 30mg tablets [1 x 28] £114.75 (-£5.40)
Trimipramine 10mg tablets [1 x 28] £94.03 (-£4.34)
Budesonide 1mg/2ml nebuliser liquid unit dose vials [1 x 20] £33.76 (-£3.31)
Dicycloverine 20mg tablets [1 x 84] £168.82 (-£2.74)
Dicycloverine 10mg/5ml oral solution [1 x 120] £157.24 (-£2.68)
Nortriptyline 25mg tablets [1 x 100] £101.13 (-£2.64)
Nortriptyline 10mg tablets [1 x 100] £71.27 (-£2.41)
Dicycloverine 10mg tablets [1 x 100] £158.41 (-£2.36)
Granisetron 1mg tablets [1 x 10] £35.08 (-£2.19)

Top ten monthly price increases

Glycopyrronium bromide 1mg tablets [1 x 30] £162.50 (+£17.50)
Alimemazine 30mg/5ml oral solution [1 x 100] £132.03 (+£11.98)
Cimetidine 200mg tablets [1 x 60] £40.00 (+£11.67)
Glycopyrronium bromide 2mg tablets [1 x 30] £186.50 (+£11.50)
Menadiol 10mg tablets [1 x 100] £169.00 (+£10.70)
Flutamide 250mg tablets [1 x 84] £97.97 (+£7.98)
Hydrocortisone 20mg tablets [1 x 30] £99.50 (+£5.67)
Alimemazine 10mg tablets [1 x 28] £39.41 (+£5.34)
Selegiline 10mg tablets [1 x 30] £24.95 (+£4.96)
Flurbiprofen 100mg tablets [1 x 100] £50.21 (+£4.54)

Top 100 annual price reductions March 2016

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviiia_reductions_201603.pdf

Top 100 annual price increases March 2016

http://www.panmerseyapc.nhs.uk/home/tariff_watch/partviiia_increases_201603.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 March 2016. Please consider the costs of the following drugs before prescribing:

Product	Pack size	Price concession
Bumetanide 1mg tablets	28	£2.50
Celiprolol 200mg tablets	28	£19.83
Celiprolol 400mg tablets	28	£39.65
Cimetidine 400mg tablets	60	£19.99
Clindamycin 150mg capsules	24	£12.49

Desmopressin 10micrograms/dose nasal spray	60 dose	£25.02
Ferrous Sulfate 200mg tablets	28	£2.85
Flecainide 50mg tablets	60	£5.61
Flecainide 100mg tablets	60	£5.88
Fludrocortisone 100mcg tablets (new)	100	£87.00
Lamotrigine 5mg dispersible tablets sugar free	28	£7.99
Lercanidipine 10mg tablets	28	£5.99
Lercandipine 20mg tablets	28	£9.85
Mefenamic acid 500mg tablets	28	£10.25
Pioglitazone 15mg tablets	28	£24.00
Pioglitazone 30mg tablets	28	£34.99
Pioglitazone 45mg tablets	28	£39.55
Procyclidine 5mg tablets	28	£14.00
Trazodone 50mg/5ml oral solution sugar free	120ml	£140.00
Trazodone 100mg capsules (new)	56	£28.14

Supply of Nebido® (testosterone undecanoate) 1000mg/4ml solution for injection

Bayer, the manufacturer of Nebido®, changed from ampoules to **vials** in 2015. GP clinical systems will advise that Nebido® ampoules have been discontinued.

Action: Prescribers are required to enter Nebido® (testosterone undecanoate) 1000mg/4ml, solution for injection **vials** and **NOT** ampoules.

Reference: Bayer Healthcare Pharmaceuticals Medical Information 01635 563 000.

Availability of fludrocortisone tablets

Aspen Pharmaceuticals have discontinued fludrocortisone 100microgram tablets under the brand name Florinef® and now produce the product as generic fludrocortisone 100microgram tablets. The generic tablets are available to pharmaceutical wholesalers through Movianto, the UK distributor.

There has been a very low volume of branded prescribing across the CCG. Patients being prescribed the branded formulation should be switched to generic.

Indoramin 25mg tablets - manufacturing delay until 2017

The manufacturers of indoramin (AMCo) have advised us of a long-term manufacturing problem. We are aware that residual stocks are now in short supply and are likely to used up in the near future. AMCo currently anticipate availability around April 2017. We will advise further if and when we are informed of any changes to this situation.

Although there are other indormain products available, they differ in strength and licensed indication. In light of this, we would ask GPs to review treatment for patients currently prescribed indoramin 25mg tablets.

Other drugs with long-term supply issues

The following drugs have long-term supply issues. The table below shows the reason for the supply issues, where known, and possible return to stock dates.

Description	Due date	Comment
Aromasin® 25mg tablets x 28	No availability date	Prescribe generically as exemestane 25mg tablets
Cardura® XL 4mg tablets x 28	Due April 2016	Medical Information Enquiries - 0845 608 8866. Prescribe as immediate release doxazosin

Chlorphenamine oral solution 2mg/5ml	No availability date	Piriton® syrup is available and only certain generics are affected.
Codipar ® 15 mg/500mg capsules x 100	No availability date	A supplier issue is causing a delay in supply.
Creon ® 25,000 capsules x 100	Limited supply	A manufacturing issue is causing a delay in supply. Creon® 10,000 capsules are still available
Doxazosin MR 8mg tablets	No availability date	
Erythroped A® 500mg tablets x 28	Due August 2016	Supply issue. Erythromycin 250mg tablets are an alternative
Evorel Sequi ® patch x 8	Limited supply	Limited stock ongoing
Kolanticon® Gel x 500ml	No availability date	A supplier issue is causing a delay in supply
Kwells ® 300 microgram tablets x 12	Long-term out of stock	Out of stock
Nozinan® ampoules 25mg/ml 1ml x 10	Due July 2016	If used as an anti-emetic in palliative care, haloperidol 5mg/1ml injection is an alternative
Premique® low dose tablets 0.3mg/1.5mg 28 x 3	Limited supplies ongoing	A supplier issue is causing a delay in supply. Medical Information enquiries - 0845 608 8866
Sno Tears® 10ml (Bausch&Lomb)	Supplier unable to confirm	A manufacturing issue is causing a delay in supply. Liquifilm® Tears 1.4% drops is an alternative
Traxam® Gel 3% x 100g	Supplier unable to confirm	A manufacturing issue is causing a delay in supply.
Univer® 120g and 240mg capsules x 28	Due July 2016	Half Securon® SR 120mg tablets and Securon® SR 250mg tablets are an alternative
Xailin® Gel 0.2% 10g eye gel	No availability date	Supply issue.
Zomig® Nasal Spray 5mg 2 x 3 (AstraZeneca)	No availability date	Supply issue. Please Call 0844 800 0808. Sumatriptan 10mg /dose nasal spray is an alternative

For any further information regarding supply problems please contact the Medicines Enquiry Service on 0151 541 5400 or through CMCSU.medsmanagementwirral@nhs.net.

Safety

Galantamine - risk of serious skin reactions

Shire, a manufacturer of galantamine, has notified healthcare professionals of a risk of serious skin reactions like Steven Johnson syndrome (SJS), acute generalised exanthematous pustulosis (AGEP) and erythema multiforme (EM). Galantamine is indicated for the treatment of mild to moderately severe dementia of the Alzheimer type.

The product information will be updated with the new information. Healthcare professionals are to advise patients and carers to watch out for:

- Severe rash with blisters and peeling skin, especially around the mouth, nose, eyes and genitals (SJS)
- Red rash covered with small pus-filled bumps that spreads over the body, sometimes associated with fever (AGEP)
- Rash that may blister with spots that look like targets (EM).

Patients should be advised to stop treatment immediately and seek medical attention.

Reference: https://assets.digital.cabinet-office.gov.uk/media/569f7eec40f0b667ce000024/Reminyl_dhpc.pdf

PPI use and CKD

A cohort study (n=10,482, median follow-up 13.9 years) concluded that the risk of chronic kidney disease (CKD) was higher in self-reported proton pump inhibitor (PPI) users than in non-users. Future research should evaluate whether limiting PPI use reduces the incidence of CKD.

This association was also noted in a second large cohort of 248,751 patients using PPIs prescribed in the Geisinger Health System, who were followed for a median of 6 years. In this cohort the researchers found 1,921 incident chronic kidney disease events among 16,900 users (20.1 per 1,000 person years) and 28,226 events among 231,851 non-users (18.3 per 1,000 years); adjusted hazard ratio 1.24 (1.20 to 1.28).

The authors discuss the effects of PPI use on the risk of fractures, hypomagnesaemia, infections (*Clostridium difficile* infection or pneumonia) and cardiovascular events, and conclude that 'it is recommended that patients and clinicians discuss the potential benefits and risks of PPI treatment, as well as potential alternative regimens such as histamine H2 receptor antagonists or lifestyle changes, before PPIs are prescribed'.

In patients with symptomatic gastrointestinal reflux, ulcer disease and severe dyspepsia, the benefits of PPI use likely outweigh the potential harms. However, for less serious symptoms and for prevention of bleeding in low-risk patients, potential harms may outweigh the benefits.

A large number of patients are taking PPIs for no clear reason - often symptoms of dyspepsia or 'heartburn' that have since resolved. In these patients, PPIs should be reduced/stopped to determine if 'symptomatic treatment is needed'.

References:

Benjamin Lazarus *et al* (2016). Proton Pump Inhibitor Use and the Risk of Chronic Kidney Disease. JAMA Intern Med. Published online January 11, 2016. doi:10.1001/jamainternmed.2015.7193.

Schoenfeld AJ & Grady D (2016). Adverse Effects Associated With Proton Pump Inhibitors. JAMA Intern Med. Published online January 11, 2016. doi:10.1001/jamainternmed.2015.7927.

Bleeding risk: antidepressants and NSAIDs

NICE Eyes on Evidence (EoE) article reports a large Korean observational study that found antidepressant use with NSAIDs was associated with increased risk of intracranial bleeding within 30 days of first taking the combination.

No statistically significant differences were seen between individual antidepressant classes. Although neither SSRIs nor NSAIDs alone have been found to be associated with intracranial bleeding, little is known about whether there is a risk of intracranial bleeding when both medicines are used together.

The EoE concludes that evidence supports current BNF and NICE guidance recommending the combination of SSRIs and NSAIDs be prescribed with caution.

Reference: Primary Care Talk Feb 2016 No.170. Available at: *http://psnc.org.uk/community-pharmacy-greater-manchester/wp-content/uploads/sites/98/2015/06/PCTalk_February2016.pdf*

Medicines Management Team contacts:

Victoria Vincent (Wirral) victoriavincent@nhs.net 0151 541 5390

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