

The purpose of the Medicines Management newsletter is to deliver succinct, evidence-based advice and information on primary care prescribing issues. Aimed at busy prescribers wanting to know key messages from the many publications in the previous month.

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## 1. What's in the news

Articles relevant to primary care

For full access to the DTB articles login via Open Athens those without accounts: <https://openathens.nice.org.uk/>

[DTB | Vol 52 | No 8 | August 2014](#)

### 1. High risk medication

A systematic literature review has identified the drugs and drug classes that are the most common causes of serious medication errors. This systematic literature review revealed that 47 % of all serious medication errors were caused by seven drugs or drug classes: methotrexate, warfarin, non-steroidal anti-inflammatory drugs (NSAIDs), digoxin, opioids, acetylic salicylic acid, and beta-blockers; 30 drugs or drug classes caused 82 % of all serious medication errors. The top ten drugs involved in fatal events accounted for 73 % of all drugs identified

The authors of the review concluded that increasing focus on seven drugs/drug classes can potentially reduce hospitalizations, extended hospitalizations, disability, life-threatening conditions, and death by almost 50 %

### 2. Guidance on infection control in schools and other childcare settings (PHE publication)

This document provides guidance for schools and other childcare settings, such as nurseries, on infection control issues. This resource can support clinicians when dealing with parent and school queries.

## 2. Drug Safety Update relating to primary care prescribing (For more information see [Drug Safety Update : MHRA](#) ) Volume 8, Issue 1, Aug 2014

### Levonorgestrel and ulipristal acetate remain suitable emergency contraceptives for all women, regardless of body weight or body mass index

A European review of available studies on the relationship between increasing body weight or BMI and efficacy of emergency contraceptives considered the data to be inconclusive. [MHRA advice is that emergency contraceptives are suitable for all women regardless of body weight or body mass index.](#)

## 3. Local News and GP queries

### GP query

I wish to prescribe acetazolamide for my patient as a prophylaxis against mountain sickness, is this allowed and what is the dosing regimen, please advise.

### Answer

No medicines are licensed in the UK for Acute Mountain Sickness (AMS) so any prescribing would be off-licence. Practical advice and the most effective preventative measure is an ascent rate that allows for acclimatisation .UKMI provides useful information on acetazolamide in adults and children on dosing, timing this can be found [here](#). Please note that prescribing medicines solely in the anticipation of the onset of an ailment while outside the UK is outside NHS funding. GPs wishing to issue acetazolamide prescriptions for AMS should only do so on private prescriptions as per our local ["Guidance on Prescribing in Primary Care"](#)

### Comment

Across Derbyshire between we spent approximately £45k for the period July 2013 to June 2014. Prescribers should ensure that they are prescribing for its licensed indications.

#### 4. QiPP

##### **Sodium content of medicines (UKMI Aug 2014)**

The maximum recommended daily amount of sodium is approximately 100mmol for adults. Patients with hypertension, heart failure or renal impairment or in those following a salt-restricted diet should avoid regular use of effervescent or soluble analgesics, indigestion remedies or other medicines containing high levels of sodium. UKMI lists commonly prescribed and over the counter medicines that clinicians may find useful.

##### **Interchangeability of oral mesalazine preparations (UKMI Q&A 67.5)**

The British National Formulary states that 'following a review of the literature, changes have been made to the recommendations on interchangeability of oral mesalazine preparations. There is no evidence to show that any one oral preparation of mesalazine is more effective than another; however, the delivery characteristics of oral mesalazine preparations may vary. When switching a patient to a different brand of mesalazine, the patient should be advised to report any changes in symptoms'. CRH and RDH have supported the transition from appropriate generic prescriptions and Asacol and Octasa.

#### 5. **NICE Evidence summaries: New medicines and unlicensed/off-label** relating to primary care prescribing

##### **New medicines**

##### **Erectile dysfunction: avanafil [ESMN 45](#)**

NICE reviewed evidence from three randomised controlled trials (RCTs; total n=1334) evaluating, avanafil, in men with erectile dysfunction (ED) in the general population. Compared with placebo, they found that avanafil statistically significantly improved the percentage of sexual attempts in which an erection of sufficient duration was maintained to enable successful intercourse; the percentage of sexual attempts in which vaginal penetration was achieved; and International Index of Erectile Function erectile function domain scores.

**Comment.** In May 2014 JAPC classified generic sildenafil GREEN as the preferred drug choice to treat erectile dysfunction. Given that there are no direct head to head comparisons of PDE5 inhibitors and indirect comparisons are limited by differences in study design all the other PDE5 inhibitors to treat ED including avanafil were given BROWN status, the choice between these products should be driven by cost and patient factors as well as meeting the SLS eligibility criteria .

Cost chart of PDE5 inhibitors (source [MTRAC](#))

Generic name daily dose range*	Brand name	Cost per year, based on one tablet/ week
Sildenafil 25-100mg	Generic	£14-£16
	Nipatra	£178-£244
	Viagra	£216-£305
Tadalafil 10-20mg	Cialis	£351 all doses
Vardenafil 5-20mg	Levitra	£99-£305
Avanafil 50-200mg	Spedra	£142-285

\*The doses shown do not represent the full range that can be used and they do not imply therapeutic equivalence  
Price calculations based on MIMS May 2014

##### **JAPC advice**

Generic sildenafil tabs is the preferred first line treatment option for erectile dysfunction. From 1st August 2014 restrictions on the prescribing of generic sildenafil for erectile dysfunction (ED) have been lifted following new legislation meaning that generically written prescriptions for sildenafil no longer require the annotation "SLS". However, SLS regulations still apply to branded products for the treatment of ED. The remaining PDE5 Inhibitors are classified as BROWN and are considered to be equally effective; therefore choice should be based on cost:

##### **Unlicensed/ off-label reviews**

None for August 2014

## 6. Useful resources

BMJ	<a href="http://www.bmj.com">www.bmj.com</a>
JAMA: The Journal of the American Medical Association	<a href="http://jama.ama-assn.org/">http://jama.ama-assn.org/</a>
The Lancet	<a href="http://www.thelancet.com">www.thelancet.com</a>
The New England Journal of Medicine	<a href="http://content.nejm.org/">http://content.nejm.org/</a>
<p>BMJ, JAMA and NEJM can be accessed in full-text directly through your NHS Athens Account via:            National Library for Health:            search via My Journals            MyAthens:            via National Library for Health Resources or Local Resources.            Current Lancet articles are sometimes available with free registration from <a href="http://www.thelancet.com/content/register">http://www.thelancet.com/content/register</a>.            Print copies of The Lancet are available at DCGH library.</p>	<p><a href="http://www.library.nhs.uk">www.library.nhs.uk</a></p> <p>or</p> <p><a href="http://www.athens.ac.uk">www.athens.ac.uk</a></p>
<p>If you have not already registered for an NHS Athens Account, please register at:            NB: It is recommended that you register on a Trust (NHS) PC for speedy confirmation of your username a password. Once registered, your account can be accessed from any computer with online access.</p>	<a href="https://register.athensams.net/nhs/nhseng/">https://register.athensams.net/nhs/nhseng/</a>
<p>UKMI</p> <p>Nathnac            NHS evidence            Electronic medicines compendium            Clinical Knowledge Summaries            Medicines Prescribing Centre (Formerly NPC)            Medicines for children (patient information leaflets)</p> <p>Drugs in lactation</p>	<p><a href="http://www.ukmi.nhs.uk/">http://www.ukmi.nhs.uk/</a>  <a href="https://www.evidence.nhs.uk/search?om=%5B%7B%22srn%22%3A%5B%22%20ukmi%20%22%5D%7D%5D">https://www.evidence.nhs.uk/search?om=%5B%7B%22srn%22%3A%5B%22%20ukmi%20%22%5D%7D%5D</a>  <a href="http://www.nathnac.org/">http://www.nathnac.org/</a>  <a href="http://www.evidence.nhs.uk/">http://www.evidence.nhs.uk/</a>  <a href="http://www.medicines.org.uk/emc/">http://www.medicines.org.uk/emc/</a>  <a href="http://www.cks.nhs.uk">www.cks.nhs.uk</a>  <a href="http://www.nice.org.uk/mpc/">http://www.nice.org.uk/mpc/</a>  <a href="http://www.medicinesforchildren.org.uk/">http://www.medicinesforchildren.org.uk/</a></p> <p><a href="http://www.midlandsmedicines.nhs.uk/content.asp?section=6&amp;subsection=17&amp;pageIdx=1">http://www.midlandsmedicines.nhs.uk/content.asp?section=6&amp;subsection=17&amp;pageIdx=1</a></p>
UK teratology services	<a href="http://www.uktis.org/index.html">http://www.uktis.org/index.html</a>
Vaccine update- Vaccination newsletter for health professionals and immunisation practitioners	<a href="https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update">https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update</a>