

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 — November 2014, Volume 52, Number 11](#)

1. [Dyspepsia and gastro-oesophageal reflux disease- NICE](#)

This is an updated guideline from NICE with new recommendations added about investigation and referral, Helicobacter pylori eradication therapy, specialist management, and surveillance of Barrett's oesophagus in people with dyspepsia. Although the costs associated with treating dyspepsia are decreasing the overall use of treatments is increasing. As a result, the management of dyspepsia continues to have potentially significant costs to the NHS. Previous guidance highlighted some concerns about the drug regimens that were recommended for Helicobacter pylori eradication, because some bacterial resistance has developed, this section is now updated with advice on treatment failure and previous antibiotic exposure.

[Local guidelines are being updated in line with recommendations of NICE](#)

2. [Colchicine for acute gout: limited evidence](#)

Colchicine is second line treatment (after non-steroidal anti-inflammatory drug) for treating patients with acute gout. Evidence for colchicine is limited and is associated with adverse effects. DTB reports on a Cochrane review comparing colchicine with placebo at high and low doses. It appears that higher doses of colchicine failed to provide any additional clinical benefit over low-dose colchicine but did increase the risk of gastrointestinal adverse effects.

[Clinicians would be advised to follow BNF recommendations rather than the licensed dose.](#)

[For acute gout the dose is 500mcg 2-4 times daily until symptoms resolved, max 6mg per course; course not to be repeated within 3 days.](#)

[BMJ – November 2014](#)

[Don't use antipsychotics routinely to treat agitation and aggression in people with dementia](#)

BMJ 2014;349:g6420 doi: 10.1136/bmj.g6420 (Published 3 November 2014)

This article adds to what is known that there is limited meaningful evidence of antipsychotics to treat agitation and aggression in people with dementia. The potential harms of antipsychotic use (including increased cerebrovascular events and mortality) outweigh the benefits. Prescribers are reminded that risperidone is licensed for short term treatment (up to 6 weeks) of persistent aggression in patients with moderate to severe Alzheimer's dementia unresponsive to non-pharmacological interventions when there is a risk of harm to self or others. The maximum 12 week prescription period is off-license but appears in major best practice guidelines. This article includes a list of non-drug treatments (first line approaches for behavioural and psychological symptoms of dementia) to support prescribers.

[Deleted products from MIMS](#) for November

Crystapen (benzylpenicillin), Lysovir (amantadine) and Symmetrel (amantadine)

The stop press section

Desiccants in blister packs: reminder of risk of ingestion

Take care to tell people receiving blister packs containing a desiccant that the desiccant should not be swallowed. During the past two months the MHRA has received two reports of people swallowing the desiccant that came with their Nicorandil tablets instead of the tablet itself. Neither person suffered any adverse effects. The foil of blister packs containing desiccant is clearly labelled to show which blister pocket contains the desiccant. The accompanying patient information leaflet also advises people not to swallow the desiccant

3. Local News and GP queries

GP query

Local guidance advises that when prescribing sildenafil a quantity of one tablet per week would suffice for most patients. A patient is requesting more, can we split the prescribing to allow 4 tablets on the NHS and the rest privately?

Answer

If the quantity being requested is reasonable then the whole quantity should all be supplied on the NHS. It is not recommended to split prescribing between NHS and private when there is a clinical need. The prescriber will need to consider risks associated with misuse and diversion. The cost of sildenafil has fallen significantly since its launch and led to a relaxation of the SLS criteria.

4. QiPP

UKMI Medicines Compliance Aid Database

UKMI has made recommendations on the suitability of solid dose forms for transfer from the manufacturers' original packaging to multi-compartment compliance aids (MCAs). The database does not endorse the routine use of MCA but for some patients, there may not be an alternative way to achieve safe medicine administration.

Generic launches

The patent for Seroquel XL (quetiapine) has recently ended which means that alternative brands of prolonged release quetiapine are now available which are considerably cheaper than the drug tariff price. Extended release formulations are still more expensive than immediate release formulations and local agreement with the DHcFT is that the XL form will only be recommended if:

- There are genuine difficulties with taking medicines more than once a day and/or
- A twice a day dose is not tolerated

DHcFT supports generic prescribing in this area and CCGs may decide to prefer to choose one branded generic over another.

- Lyrica (pregabalin) and Abilify (aripiprazole) are shortly becoming available as generic medicines. Prescribers should note that the generics forms are not licenced for all of the same indications. JAPC is aware of this situation and will be issuing a statement of advice in the New Year.

Reminder-Shingles vaccination advice

Last year we reported that there have been a small number of incidents locally involving inappropriate administration of shingles vaccine to immunosuppressed patients. Practices may be vaccinating for shingles alongside seasonal flu clinics and are advised to review individual clinical records and check for contraindications. Zostavax is a live vaccine and as such is contraindicated in patients with immunosuppression. Please ensure care when administering live vaccines and ensure contraindications are checked against the patient record and prior to vaccination. Further information can be found in the Green book

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/233012/Green_Book_Chapter_28a_v2.pdf.

In the case of doubt advice should be sought from the individual's specialist and/or Public Health England centre on 0844 2254524. Vaccine incidents and errors should be reported to the Area Team Immunisation Coordinator on 01332 868745 For supporting information please see [PHE](#)

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

New medicines

COPD: umeclidinium/vilanterol combination inhaler (Anoro Ellipta)

This is a combination inhaler (LABA+ LAMA) licensed as a maintenance bronchodilator treatment to relieve symptoms in adult patients with COPD. NICE summary “The combination inhaler has been compared in randomised controlled trials (RCTs) with its individual components, tiotropium monotherapy and placebo. Studies suggest that there are benefits for forced expired volume in 1 second (FEV1) with the umeclidinium/vilanterol combination inhaler. However, the clinical relevance of these benefits is unclear. There is limited evidence on patient-orientated outcomes such as shortness of breath, quality of life outcomes or exacerbation rates”

JAPCs came to a similar conclusion and classified this as BLACK (not routinely recommended or commissioned) in October 2014

Unlicensed/ off-label reviews

Nothing relevant to primary care

6. Useful resources

BMJ	www.thebmj.com
JAMA: The Journal of the American Medical Association	http://jama.ama-assn.org/
The Lancet	www.thelancet.com
The New England Journal of Medicine	http://content.nejm.org/
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 http://www.thelancet.com/content/register . Print copies of The Lancet are available at DCGH library.	www.library.nhs.uk or www.athens.ac.uk
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.	https://register.athensams.net/nhs/nhseng/
UKMI Nathnac NHS evidence Electronic medicines compendium Clinical Knowledge Summaries Medicines Prescribing Centre (Formerly NPC) Medicines for children (patient information leaflets) Drugs in lactation	http://www.ukmi.nhs.uk/ https://www.evidence.nhs.uk/search?om=%5B%7B%22srn%22%3A%5B%22%20ukmi%20%22%5D%7D%5D http://www.nathnac.org/ http://www.evidence.nhs.uk/ http://www.medicines.org.uk/emc/ www.cks.nhs.uk http://www.nice.org.uk/mpc/ http://www.medicinesforchildren.org.uk/ http://www.midlandsmedicines.nhs.uk/content.asp?section=6&subsection=17&pageldx=1
UK teratology services	http://www.uktis.org/index.html
Vaccine update- Vaccination newsletter for health professionals and immunisation practitioners	https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update