

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

[DTB November 2015, Volume 53 Number 11](#)

### Green tea extract for external anogenital warts

DTB [last month](#) published a review of the licensed sinecatechins (Catephen) a herbal medicinal product formulated as a topical preparation for the treatment of external genital and perianal warts in immunocompetent patients from the age of 18 years. There are no studies versus an active comparator and the evidence is derived from studies against placebo. BASH guidelines recognise that evidence to help guide first- and second-line treatments is not strong and no definitive evidence to suggest that any one recommended treatment is superior to another, and no single treatment is ideal for all patients.

[JAPC has classified this product as BLACK on launch and asked that public health as commissioners of sexual health services undertake a review of its place in the treatment pathway. Prescribers in primary care are reminded to refer patients to specialist genitourinary services for all people with anogenital warts some of which will resolve spontaneously.](#)

### Interventions for constipation in pregnancy—absence of evidence

The DTB reports on a Cochrane update which highlights the lack of high quality studies and limits the review to only two studies on treating constipation in pregnancy. These included stimulant laxatives versus bulk-forming laxatives and fibre supplementation versus no intervention. There were no data for a comparison of other types of interventions.

Current advice from the BNF and CKS is to use dietary and lifestyle measures to prevent or manage constipation in pregnancy. If such measures are unsuccessful, the British National Formulary recommends using moderate doses of poorly absorbed laxatives: a bulk-forming laxative should be tried first or an osmotic laxative such as lactulose. Bisacodyl or senna may be suitable if a stimulant effect is necessary. Senna should be avoided near term or if there is a history of 'unstable pregnancy'.

### Subacute Cutaneous Lupus Erythematosus risk with PPIs

In [September 2015 the MHRA](#) issued a warning that proton pump inhibitors (PPIs) are associated with very infrequent cases of subacute cutaneous lupus erythematosus (SCLE), a non-scarring dermatosis that can develop in sun-exposed areas.

[This adds to the growing concern of long term PPI use which includes: osteoporotic fractures, hypomagnesaemia, cancer, clostridium difficile, community- and hospital-acquired pneumonia. Clinicians when considering prescribing long term PPIs should consider if the risks outweigh the benefits and undertake regular medication reviews which includes where appropriate step down doses. It is recommended that the reason for prescribing a PPI is recorded on the patients record e.g. gastro-protection to help clinicians review and stop treatment if e.g. the NSAID is stopped.](#)

Sanofi has notified healthcare professionals of the temporary shortage in supply of insulin human - INSUMAN® BASAL, COMB 25 – suspension for injection in 3 mL cartridges and prefilled pens

With supply expected to return to normal in July 2016.

They suggest switching to an alternative human insulin

Insuman ®	Alternative Human Insulin
Basal	Humulin I ® Insulatard ®
Comb 25	Humulin M3 ®

Switching from Insuman Basal to another basal human insulin may require minimal or no dose adjustment. Switching to premixed human insulin 30 (Humulin M3) may require dose adjustment as the ratio of rapid/basal insulin is slightly different compared with Insuman Comb 25 (30% of rapid insulin instead of 25%).

Any switch to insulin analogues should be done under careful medical supervision as the pharmacokinetic and pharmacodynamic profiles of insulin analogues are different from human insulins, as are the international units used for human insulins and the analogue specific units. As a result, switching patients from Insuman to an insulin analogue may require adjustments in the dose and/or dosing regimen on a case by case basis.

Prescribers are reminded that NPH insulin or twice daily pre-mixed (biphasic) human insulin are the preferred insulins for use in type 2 diabetes. Insulin detemir or insulin glargine (ensure glargine prescribed as brand name) can be considered as an alternative to NPH insulin if:

- the person needs assistance from a carer or healthcare professional to inject insulin and use of detemir or glargine (ensure glargine prescribed as brand name) would reduce the frequency of injections from twice to once daily or
- the person's lifestyle is restricted by recurrent symptomatic hypoglycaemic episodes or
- the person would otherwise need twice-daily NPH insulin injections in combination with oral glucose-lowering drugs.

Nicorandil now firmly second line

The manufacturer of nicorandil (Ikorel®) has written to healthcare professionals advising of new restrictions to the licensed indication and additional contraindications and warnings. The anti-anginal nicorandil must only be used when other treatments are unsuitable owing to a risk of ulceration.

The restriction on use has been introduced following reports of serious skin, mucosal and eye ulceration in patients treated with the anti-anginal. Nicorandil-induced ulcers do not respond to conventional treatment and persist until the drug is withdrawn. Nicorandil is available as Ikorel and as generic tablets.

Clinicians should be aware of the new restrictions and remain vigilant for ulceration in patients taking nicorandil.

Deleted products 2015 | MIMS online for November 2015

Asmasal Clickhaler (salbutamol)	Beta-Cardone (sotalol)	Betnesol Injection (betamethasone)
Binocrit (epoetin alfa)	DressPore	Lasix Injection (furosemide)
Lipostat (pravastatin)	Nebbaro (omega-3-acid ethyl ester)	

**2. Drug safety update** relating to primary care prescribing

(For more information see [Drug Safety Update](#) ) Volume 9, Issue 4, November 2015

The website that hosts the Drug Safety Update has now been moved. You can subscribe to alerts by using the following [sign up link](#). Headlines-

The MHRA has issued advice relating to drugs for secondary care.

- Crizotinib (licensed for the treatment of non-small cell lung cancer) and the risk of cardiac failure.
- Vemurafenib (used to treat some types of advanced melanoma) and the risk of potentiation of radiation toxicity.

### 3. Local news and GP/pharmacist queries

#### GP query

What standard of information we should be getting from local pharmacies when they have administered a flu injection?

Answer from the PSNC website:

3.11 The pharmacy contractor will ensure that a notification of the vaccination is sent to the patient's GP practice on the same day the vaccine is administered or on the following working day. This can be undertaken via post, hand delivery, fax, secure email or secure electronic data interchange. Where the notification to the GP practice is undertaken via hardcopy/fax the national GP Practice Notification Form should be used. The information sent to the GP practice should include the following details as a minimum:

- the patient's name, address, date of birth and NHS number (where known)
- the date of the administration of the vaccine
- the applicable Read V2, SNOMED CT or CTV3 codes – see Table 1 below
- any adverse reaction to the vaccination and action taken/recommended to manage the adverse reaction.

Table 1: Applicable Read V2, CTV3 and SNOMED CT codes for notification to the GP practice

Code	Type	Description
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Read V2 65ED0 Seasonal influenza vaccination given by pharmacist

CTV3 XaZfY Seasonal influenza vaccination given by pharmacist

SNOMED CT 849211000000109 Seasonal influenza vaccination given by pharmacist

Practices should also ensure that they use the recommended read codes to distinguish between vaccinations given by practice staff and those administered externally. An FP34D/PD Appendix or FP10 form should only be submitted for payment to cover the dispensing of a vaccine by personal administration where the vaccine has been purchased by the practice. Practices should take steps to ensure that they do not inadvertently claim for vaccinations administered elsewhere.

### 4. Quality, Innovation, Productivity and Prevention (QIPP)

#### Shingles and flu vaccines in people taking immunosuppressive treatments including cancer therapies

UKMI has issued a statement supporting the Cancer Network on the national immunisation programme for influenza and shingles this can be found in [Chapter 14](#) on the medicines management website.

They advise that cancer patients should continue to be offered the flu vaccine but not the live shingles vaccine.

#### Ascorbic acid

In the last 12 months across Derbyshire we spent the following:

Drug Tariff (December 2015)	Strength	Price £	£ spend in last 12m
Ascorbic acid	50mg	12.42	10,748
	100mg	14.30	13,173
	200mg	18.60	4,870
	500mg	26.87	25,177

The BNF lists ascorbic acid for the indication of preventing and treatment of scurvy. Prophylactic dose of 25-75mg daily with therapeutic dose not less than 250mg daily in divided dose. [Prescribers should review all patients taking ascorbic acid long term and whether clinically it is warranted.](#)

#### Dental prescribing

Prescribing of dental products is an integral aspect of many dental treatment plans. UK, local prescribing data and anecdotal GP reports suggest requests from dentists and patients to prescribe acute or repeat medicines for dental conditions. JAPC supports the view that dentists are usually best placed to assess dental problems, and should prescribe and monitor dental medicines and dental prescribeable products if needed. If a dentist deems that a medicine is needed then they should treat the patient's dental condition and then prescribe or direct the patient to that medicine or dental prescribeable products via an appropriate route which may include purchasing over the counter.

JAPC has classified fluoride mouthwash, oral drops, tablets and toothpaste as BLACK (not recommended or commissioned) for primary care GPs. This is to ensure that they are prescribed appropriately for patients following full oral health assessment, and only continued for the appropriate duration of treatment. GPs within Derbyshire are asked not to prescribe fluoride products. It may be appropriate for clinicians from secondary care e.g. Charles Clifford hospital Sheffield to ask the patient's usual dentist to continue to prescribe dental medicines for the patient if it is required on an on-going basis.

#### Anticoagulation therapy for the prevention of stroke and systemic embolism in atrial fibrillation

Keele University has developed an online decision support tool designed to assist UK healthcare professionals in the appropriate prescribing of anticoagulation therapy for the prevention of stroke in patients with atrial fibrillation. The [tool](#) was developed as part of a joint working group initiative between the National Institute for Health and Care Excellence and Bayer.

#### Antibiotics

In the UK, 80% of antibiotic prescribing occurs in primary care, with over half for respiratory tract infections. The inappropriate use of antibiotics is related to bacterial resistance, so using antimicrobials responsibly should help control it. The Royal College of General Practitioners has published on their website a useful [TARGET Antibiotics Toolkit](#) which includes [Leaflets to share with patients](#). The prescription style leaflet lists common infections, duration, strategy for treatment and when self-referral may be considered.

### **5. NICE evidence summaries: New medicines (relating to primary care prescribing )**

None.

#### Menopause: [diagnosis and management](#). NICE NG23

This guideline covers the diagnosis and management of the menopause, including in women who have premature ovarian insufficiency. The guideline aims to improve the consistency of support and information provided to women in menopause

## 6. Useful resources

BMJ	<a href="http://www.thebmj.com">www.thebmj.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>
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.	<a href="http://www.library.nhs.uk">www.library.nhs.uk</a>  or <a href="http://www.athens.ac.uk">www.athens.ac.uk</a>
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.	<a href="https://register.athensams.net/nhs/nhseng/">https://register.athensams.net/nhs/nhseng/</a>
UKMI  Nathnac NHS evidence Electronic medicines compendium Clinical Knowledge Summaries Medicines Prescribing Centre (Formerly NPC) Medicines for children (patient information leaflets  Drugs in lactation	<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>  <a href="http://www.midlandsmedicines.nhs.uk/content.asp?section=6&amp;subsection=17&amp;pageldx=1">http://www.midlandsmedicines.nhs.uk/content.asp?section=6&amp;subsection=17&amp;pageldx=1</a>
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>