

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 December 2015, Volume 53 Number 12](#)

Interventions for heartburn during pregnancy

The DTB reports on a [Cochrane](#) review that looked at interventions for treating gastrointestinal symptoms of heartburn during pregnancy. Many interventions include advice on diet, lifestyle modification and medications. However, there has been no evidence-based recommendation for the treatment of heartburn in pregnancy

[From the little evidence there is medication seems to help relieve heartburn but there is not enough data to say which medication is preferred over another. Further research is needed to fully evaluate the effectiveness of interventions for heartburn in pregnancy.](#)

[Locally and despite a lack of evidence, antacids and alginates would be considered first line as they are considered safe in pregnancy, well tolerated with few adverse effects when used at the correct dosage.](#)

Macrolides for chronic asthma

It has been suggested that macrolides, which have antimicrobial and immunomodulatory properties, may be beneficial in the treatment of chronic asthma.

[An updated Cochrane review finds that macrolides are no better than placebo for most outcomes \(e.g. exacerbations, hospital admissions\). They may have a benefit on some measures of lung function \(e.g.Fev1\) but the evidence is of very low quality. Their use in the management of chronic asthma is not supported.](#)

SSRIs, venlafaxine and birth defects

The aim of this study was to assess the safety of taking SSRIs or venlafaxine in early pregnancy. This large population based Nordic study found no substantial increase prevalence of overall cardiac birth defects among infants exposed to SSRIs or venlafaxine in utero. Although the prevalence of septal defects and right ventricular outflow tract defects was higher in exposed infants, the lack of an association in the sibling controlled analyses points against a teratogenic effect of these drugs. [The DTB though goes on to recommend that before starting, stopping or switching antidepressant treatment during pregnancy the prescriber seek advice from the UK Teratology service.](#)

Opioids Aware: A resource for patients and healthcare professionals to support prescribing of opioid medicines for pain

A [new resource](#) has been developed to support the safe and rational use of opioid medicines for pain by the faculty of pain. Development of the resources included healthcare professionals and policy groups with contributions from several medical royal colleges, the Royal Pharmaceutical Society, the British Pain Society, Public Health England, NHS England, NICE, the CQC and the NHS Business Services Authority.

Aredia (pamidronate disodium)	Disipal (orphenadrine)	Losec Injection (omeprazole)
Prestim (timolol/bendroflumethiazide)	Pulvinal Beclometasone (beclometasone)	Pulvinal Salbutamol (salbutamol)

2. Drug safety update relating to primary care prescribing
(For more information see [Drug Safety Update](#)) Volume 9, Issue 5, December 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:

- Thalidomide: reduced starting dose in patients older than age 75 years
- Mycophenolate mofetil, mycophenolic acid: new pregnancy-prevention advice for women and men
- Antiretroviral medicines: updated advice on body-fat changes and lactic acidosis
- Bisphosphonates: very rare reports of osteonecrosis of the external auditory canal
 - The possibility of osteonecrosis of the external auditory canal should be considered in patients receiving bisphosphonates who present with ear symptoms, including chronic ear infections, or in patients with suspected cholesteatoma
 - Patients should be advised to report any ear pain, discharge from the ear, or an ear infection during bisphosphonate treatment
 - Possible risk factors include steroid use and chemotherapy, with or without local risk factors such as infection or trauma

3. Local news and GP/pharmacist queries

Query from GP practice:

The intermediate care team are supporting a patient who is on a number of medicines and is willing to self-administer. They have assessed the patient and identified that he has trouble accessing the medication packaging and the number of doses during the day is too complex for him to manage. The intermediate care team would like to liaise with the community pharmacist to discuss the option of a medicines compliance aid. Is there a database that we can look at to determine whether the patient's medicines would all be stable in an MCA?

Answer:

The UKMi Medicines in Compliance Aid Database has been reviewed over recent months and the new guidance uploaded onto UKMi website. This database makes recommendations on the suitability of solid dose forms for transfer from the manufacturers' packaging to multi-compartment compliance aids.

The new database can be accessed here <http://www.ukmi.nhs.uk/applications/mca/>

The link can also be found on the medicines management website under non-clinical guidelines/ social care and care homes.

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

[Interventions to facilitate shared decision making to address antibiotic use for acute respiratory infections in primary care](#)

A Cochrane review cites that acute respiratory infections are one of the most common reasons for consulting in primary care. Antibiotics are often prescribed unnecessarily as systematic reviews conclude that antibiotics have little benefit for reducing symptom duration or complications in acute otitis media, sore throat, bronchitis, and sinusitis, and no benefit for laryngitis or colds.

Shared decision making is an important component of patient-centred care. It is a set of communication and evidence-based practice skills that elicits patients' expectations, clarifies any misperceptions and discusses the best available evidence for benefits and harms of treatment. There is moderate quality evidence that interventions that aim to facilitate shared decision making reduce antibiotic use for ARIs in primary care (immediately after or within six weeks of the consultation), compared with usual care, from 47% to 29%. Reduction in antibiotic prescribing occurred without an increase in patient-initiated re-consultations (moderate quality evidence) or a decrease in patient satisfaction with the consultation (low quality evidence).

The authors conclude that interventions that aim to facilitate shared decision making reduce antibiotic prescribing in primary care in the short term. Effects on longer-term rates of prescribing are uncertain and more evidence is needed to determine how any sustained reduction in antibiotic prescribing affects hospital admission, pneumonia and death.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD010907.pub2/full>

Prescription Strategies in Acute Uncomplicated Respiratory Infections: A Randomized Clinical Trial

JAMA reports of an open label study (n=405) to address the efficacy and safety of delayed strategies in acute, uncomplicated respiratory infections.

The authors conclude that delayed strategies were associated with slightly greater, but clinically similar, symptom burden and duration, as well as substantially reduced antibiotic use when compared with an immediate prescription strategy. They suggest that in case of uncertainty, delayed strategies should become standard practice as they reduce antibiotic use and patient belief in antibiotic effectiveness

<http://archinte.jamanetwork.com/article.aspx?articleid=2475025>

Dental prescribing - a reminder

The Derbyshire Joint Area Prescribing Committee (JAPC) recognises that prescribing of dental products is an integral aspect of many dental treatment plans. UK, local prescribing data and anecdotal GP reports suggest increasing 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 any medicines needed. If a dentist deems that a medicine is needed to treat the patient's dental condition, they should then prescribe or direct the patient to obtain that medicine via an appropriate route (which may include purchasing over the counter).

JAPC classifies fluoride mouthwash, oral drops, tablets and toothpaste as BLACK medicines (not recommended or commissioned) for primary care GPs. If these products are required they should be prescribed by their dentist on form FP10D, or on a private basis for private patients. 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.

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

Diabetes mellitus type 1 and type 2: insulin glargine biosimilar (Abasaglar) (ESNM64)

Summary

In 2 randomised controlled trials (RCTs) insulin glargine biosimilar (Abasaglar) was as effective as insulin glargine (Lantus) at reducing HbA1c levels in people with type 1 and type 2 diabetes. The safety profile of Abasaglar is comparable to that of Lantus

In October 2015 JAPC classified Abasaglar as GREEN positioned ahead of insulin glargine (Lantus), when a long-acting insulin analogue is indicated and only to be considered in new patients.

External genital and perianal warts: green tea (Camellia sinensis) leaf extract 10% ointment (ESNM66)

Summary

Green tea (Camellia sinensis) leaf extract 10% ointment (Catephen) is a self-administered topical treatment for external genital and perianal warts. In 2 randomised controlled trials (RCTs) involving a total of 1005 adults, green tea leaf extract 10% ointment was 2-fold more effective than vehicle (placebo) ointment in terms of complete clearance of all baseline and new warts over maximum treatment duration of 16 weeks. Most reported adverse events were local skin reactions, and were mild or moderate in severity. There are no published comparisons with other active treatments for genital and perianal warts

JAPC has classified Cataphen as BLACK based on the following: a lack of evidence versus active comparators, a significantly more expensive option than imiquimod and podophyllotoxin per treatment and likely to be delivered by specialist genitourinary services

Type 2 diabetes mellitus in adults: high-strength insulin glargine 300 units/ml (Toujeo)

Summary

High-strength insulin products such as insulin glargine 300 units/ml (Toujeo) have been developed for people with type 1 or type 2 diabetes who have large daily insulin requirements to reduce the number and volume of injections. Similar to the type 1 diabetes review efficacy and safety have been shown to be broadly similar to Lantus. The drugs are not interchangeable and dosing adjustments are necessary.

JAPC in consultation with diabetologists have agreed a limited place allowing prescribing following consultants/specialists initiation. Use is allowed :

- In patients on insulin Degludec or
- In patients being considered for insulin pump therapy or
- In patients currently on high dose of insulin (>150units/day) who would otherwise have been started with Humulin R U-500)) or Degludec

Restless legs syndrome: Oxycodone/naloxone prolonged release

Summary

In a 12 week randomised controlled trial (RCT) in people with severe restless legs syndrome (RLS), there was a moderate improvement in the score on the International RLS study group severity rating scale with oxycodone/naloxone prolonged release tablets compared with placebo. Adverse effects such as fatigue, constipation and nausea were very common. As with all opioids, there is a risk that people may develop opioid dependence. There are no published studies which compare oxycodone/naloxone with other possible treatments for restless legs syndrome and there is limited long-term efficacy and safety data for its use in this indication

The Costs for 28 days treatment with oxycodone/naloxone for restless legs syndrome ranges from £21.16 to £126.94 depending on the dose. JAPC will be undertaking a review of this drug shortly.

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