

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.

This issue	Item 1	DTB
	Item 2	Drug Safety Update- MHRA and Drug deletions
	Item 3	Local news
	Item 4	QIPP
	Item 5	NICE evidence summaries: unlicensed/off-label medicines
	Item 6	Useful resources

1. What's in the news

[DTB August 2016 Volume 54 issue 8](#)

What role for capsaicin in diabetic peripheral neuropathy?

Both the capsaicin patch and cream are locally classified as RED for diabetic peripheral neuropathy remaining under the supervision/care of a specialist or consultant. A DTB review concludes that the evidence suggests:

- The cream is not very effective in reducing peripheral neuropathic pain where evidence from small trials with questions over adequate blinding
- The evidence for the high-dose patch for diabetic peripheral neuropathy has not been published in full and licensing supported only by a short-term placebo controlled efficacy study of a single application and one open 52-week safety study that used repeated applications.

On the balance of adverse effects (loss of sensory function), cost and the application recommended to be done under special conditions by a suitably trained healthcare professional the local classification of RED seems appropriate.

Canagliflozin and risk of lower limb amputation

The DTB reports on a recently published MHRA alert where a study designed to assess long term cardiovascular outcomes noted a higher incidence of lower limb amputations with canagliflozin. They cite that an interest in the use of SGLT2 inhibitors (empagliflozin) following a reported improved cardiovascular outcomes in those at high risk of cardiovascular event. [Prescribers should be cautious and vigilant when prescribing this class of drug since they have limited long-term safety and post marketing data.](#)

Antidepressants and young people

The DTB reports on the results of a meta-analysis of antidepressants used in children and adolescents diagnosed with major depression. The results support current NICE recommendation with the use of fluoxetine. The use of this drug follows psychological therapy and careful assessment and diagnosis by an adolescent psychiatrist. [Prescribers are reminded of our local advice. Fluoxetine is GREEN after consultant/specialist initiation when used in children and adolescents in primary care at the licensed dose. This group of patients will be initiated with treatment by the Children Adolescent Mental Health Services \(CAMHS\) and prescribing handed over to primary care under patient specific management plans.](#)

COPD: LABA plus LAMA versus LABA plus ICS

A Novartis funded 52 week study in COPD patients who had experienced and exacerbation in the previous year were enrolled to compare LABA plus LAMA (indacaterol 100mcg plus glycopyrronium used once daily) against LABA plus ICS (salmeterol and fluticasone used twice daily). The annual rate of exacerbation (primary outcome) was lower in the LABA/LAMA group and non-inferiority was demonstrated. A reduction in the rate of all exacerbations (secondary outcome) was also shown. [The DTB review cites though 75% of the exacerbations were mild and that the net benefit would be equivalent to a reduction of one exacerbation every two years, furthermore those requiring hospital admissions were not significant. It is not clear from the article whether any bias resulted from a once daily against a twice daily inhaler.](#)

Medicines, excipients and dietary intolerances

The DTB covers adverse immune response and food intolerances to medicines. Concluding that medicines containing lactose in oral dose form are unlikely to cause severe gastrointestinal symptoms in patients with lactose intolerance. Most prescribed medicines are gluten free and suitable for coeliac patients. Pharmaceutical grade arachis oil should not contain allergic peanut proteins, however they remain contraindicated in people with peanut allergy in the unlikely event traces remain.

Combination inhaled steroid and long-acting beta2-agonist in addition to tiotropium versus tiotropium or combination alone for chronic obstructive pulmonary disease

A Cochrane review looked to assess the effectiveness of the long acting muscarinic antagonist (LAMA) tiotropium versus long acting beta agonist (LABA) in combination with an inhaled corticosteroid (ICS) and also as triple therapy LABA+LAMA+ICS. The authors concluded that new moderate-quality evidence that combined tiotropium+ LABA/ICS therapy compared with tiotropium plus placebo decreases hospital admission. Low-quality evidence suggests an improvement in disease-specific quality of life with combined therapy. However, evidence is insufficient to support the benefit of tiotropium + LABA/ICS for mortality and exacerbations (moderate and low-quality evidence, respectively). Of note, not all participants enrolled in the included studies would be candidates for triple therapy according to current international guidance. Compared with the use of tiotropium plus placebo, tiotropium + LABA/ICS-based therapy does not increase undesirable effects such as adverse events or serious non-fatal adverse events.

<http://onlinelibrary.wiley.com/doi/10.1002/14651858.CD008532.pub3/full> Authors-Rojas-ReyesMX, García Morales OM, Dennis RJ, Karner C

JAPC in the past has questioned the cost effectiveness of triple therapy (LABA+LAMA+ICS). This adds to the view that patients considered for such a combination be carefully selected in the presence of persistent exacerbations despite other treatment.

Deleted products 2016 | MIMS online for August 2016

Bravelle (urofollitropin)	Climagest (estradiol/norethisterone)	Optaflu (influenza vaccine)
Pandemrix (influenza vaccine)		

2. Drug safety update primarily relating to primary care prescribing (For more information see [Drug Safety Update](#)) Volume 10, Issue 1 August 2016

Not relevant to primary care

- Riociguat (Adempas): not for use in patients with pulmonary hypertension associated with idiopathic interstitial pneumonias- RED drug

[Letters sent](#) to healthcare professionals in July 2016

- Posaconazole tablets and suspension are not interchangeable- RED drug

3. Local news and GP/pharmacist queries

[NICE news](#): A fault on the BNF and BNFC apps has been detected affecting some Apple iOS devices. A small amount of content may be out of date. Please delete the app and [reinstall it from the App store](#). Android devices and all online [web versions](#) of the BNF and BNFC are unaffected.

If you have any questions please contact nice@nice.org.uk”

For the attention of Community Pharmacists working across Derbyshire (*Erewash CCG area, Southern Derbyshire CCG area, North Derbyshire CCG area & Hardwick CCG area*).

Fosfomycin is sometimes prescribed for more resistant urinary tract infections (UTIs) in primary care. Thus, we felt it was important to explain how to obtain fosfomycin (**as it is preferable for pharmacies to obtain a supply within 24 hours, as patients usually need prompt treatment**).

Local guidance on fosfomycin for treatment of resistant UTIs in primary care patients

http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Clinical_Guidelines/Formulary_by_BNF_chapter_prescribing_guidelines/BNF_chapter_5/Fosfomycin_proforma.pdf

Please see advice below on ‘How to obtain Fosfomycin’

Oral fosfomycin is not routinely stocked by community pharmacies. However, one preparation is now licensed as a Parallel Import Product (**Monuril**, which is imported and distributed as **fosfomycin granules** for oral solution) and is available from most of the wholesalers. Thus, if a prescription is received in the morning, the pharmacy should receive a supply by the afternoon.

Note. Other fosfomycin preparations are only available from specialist drug importers (e.g. IDIS), which can cause a delay in obtaining supplies. However, if wholesalers are out of stock, fosfomycin (MON108 Monuril 3000 3g Grans 1x8g) can be ordered direct from IDIS and if ordered before 4pm it will be next day delivery (by courier).

Patients should be advised to consult their GP if symptoms become worse whilst awaiting supply.

CRH Process - if a pharmacy is unable to obtain a prompt supply i.e. within 24 hours.

To avoid undue delays in treatment, the **Chesterfield Royal Hospital Pharmacy will hold stock which can be dispensed against an FP10 prescription.** Patients can choose to take their prescription to Chesterfield Royal Hospital Pharmacy to be dispensed, opening hours: 8.30am – 6pm Monday to Friday, 9am – 1pm Saturday and 10-12pm Sundays.

RDH Process - if a pharmacy is unable to obtain a prompt supply i.e. within 24 hours.

To avoid undue delays in treatment, the community pharmacist should provide a **signed order**, for Royal Derby Hospital to supply it to them, to enable them to dispense it promptly for the patient. The community pharmacy will later receive an invoice from the hospital. Please note that there is a hospital pharmacist on site, on duty 24 hours per day for 7 days per week, so this can be dealt with at any time. The telephone number for Monday – Friday (until 5pm) is [01332 340131](tel:01332340131), ext 85361. At weekends and evenings, please ask switchboard to bleep the on-call pharmacist.

Further resources:

A translated (English) Patient information leaflet (PIL) is available.

Fosfomycin Patient Information Leaflet:

<http://www.mhra.gov.uk/home/groups/spcpil/documents/spcpil/con1450417219966.pdf>

Summary of Product Characteristics

<http://www.mhra.gov.uk/home/groups/spcpil/documents/spcpil/con1450417220625.pdf>

Query from GP practice:

None this month

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

QIPP tips

The most cost-effective way to prescribe ibuprofen 5% gel is a 100g Fenbid gel:

	Drug tariff price (September 2016)	Prescribed as Fenbid
ibuprofen 5% gel	- £2.31 50g £4.62 100g	£2.10 30g £2.65 50g £1.50 100g

Reminder of the most cost effective way to prescribe valsartan is in capsule form:

Drug name (quantity)	Formulation	Drug tariff price
Valsartan 160mg (28)	Capsules	89p
	Tablets	£14.69
Valsartan 80mg (28)	Capsules	88p
	Tablets	£13.69
Valsartan 40mg (28)	Capsules	87p
	Tablets	£10.64
Valsartan 320mg (28) Prescribe as Valsaran 160mg capsules take 2 daily (56)	Tablets	£14.30
	Capsules	£1.78

BNF online

Dose equivalence and conversion

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. Prescribe brand initiated by consultant (Octasa (MR 400mg, 800mg) is a cost-effective brand of mesalazine but not all brands are equivalent. Existing patients prescribed generic mesalazine MR or Asacol MR can be switched to Octasa MR)

	September 2016 Drug tariff price
Asacol MR 400mg tablets	£27.45 (84)
Octasa MR 400mg tablets	£19.50 (90)
Ipocol MR 400mg tablets	£17.68 (120)

Generic shortages (NCSO and price concessions)

Prescribers should note that the re-imbursed price on FP10 may not necessarily reflect the Drug Tariff price as a result of a drug shortage. These concessionary prices are set by the Department of Health to reflect actual market prices.

A concession only lasts until the end of the month in which it was granted. If there is an on-going supply problem, it is possible that a new concession will be granted by the Department of Health the following month, however this is not guaranteed.

September 2016

Note- The PSNC is still in discussion with the Department of Health on a number of generic medicines in short supply

Drug	Pack size	Current months Drug tariff price	Price concession
Amitriptyline 50mg tablets	28	£0.94	£3.44
Bumetanide 1mg tablets	28	£1.37	£2.20
Dapsone 50mg tablets	28	£21.69	£46.19
Desmopressin 10micrograms/dose nasal spray	60 dose	£21.66	£25.00
Flecainide 100mg tablets	60	£4.24	£12.95
Flecainide 50mg tablets	60	£3.39	£11.57
Gabapentin 600mg tablets	100	£6.74	£9.75
Isosorbide mononitrate 10mg tablets	56	£1.50	£3.31
Isosorbide mononitrate 20mg tablets	56	£1.19	£4.00
Lamotrigine 5mg dispersible tablets sugar free	28	£5.58	£7.45
Lorazepam 2.5mg tablets	28	£2.98	£11.50
Metronidazole 400mg tablets	21	£1.13	£8.10
Naratriptan 2.5mg tablets	6	£1.90	£24.55
Nitrofurantoin 100mg tablets	28	£2.46	£13.99
Nitrofurantoin 50mg tablets	28	£7.50	£16.00
Ropinirole 0.25mg tablets	12	£1.22	£6.05
Ropinirole 0.5mg tablets	28	£2.12	£14.00
Ropinirole 1mg tablets	84	£1.80	£55.25
Ropinirole 2mg tablets	28	£2.66	£31.51
Ropinirole 5mg tablets	84	£3.97	£170.00
Tropium Chloride 20mg tablets	60	£5.06	£18.50
Valsartan 160mg capsules	28	£0.88	£5.30
Valsartan 40mg capsules	28	£0.87	£4.99
Valsartan 80mg capsules	28	£0.88	£4.14

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

Nothing to note

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