

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 September 2016 Volume 54 Issue 9](#)

The Royal College of Obstetricians and Gynaecologists (RCOG) on nausea and vomiting in pregnancy

The RCOG has issued its first UK [guidance](#). Within its executive summary the following points are relevant to primary care

- Nausea and vomiting of pregnancy (NVP) should only be diagnosed when onset is in the first trimester of pregnancy and other causes of nausea and vomiting have been excluded.
- Women with mild NVP should be managed in the community with anti-emetics.
 - first-line anti-emetics include antihistamines (H1 receptor antagonists- cyclizine, promethazine) and phenothiazines (e.g. prochlorperazine, chlorpromazine)
- Clinicians should use anti-emetics with which they are familiar and should use drugs from different classes if the first drug is not effective.

Women who have vomiting but are not dehydrated can be managed in the community with anti-emetics, support, reassurance, oral hydration and dietary advice. Prescribers should take account of a Cochrane review that there is 'little high quality and consistent evidence supporting one intervention' and should be aware the limitations of the recommendations.

Nalmefene—time for last orders? DOI: 10.1136/dtb.2016.9.0421

A brief stand-alone article written by DTB informs its readers that nalmefene introduced in 2013 and with a positive NICE technology appraisal to reduce alcohol consumption has had a varying uptake across CCGs. Further research in addition to the limited evidence base has been revealed relating to issues of licensing and approval. These include studies not including the targeted population for which it became licensed with licensing criteria on an unplanned subgroup analysis, no comparison versus other drugs with outcomes not pre-specified, questionable relevance of trials to primary care, no direct evidence on quality of life measures and questions over the level of psychological support questioning the cost effectiveness of adding nalmefene.

Stopping Over-Medication of People with Learning Disabilities

NHSE has produced a concise resource to support primary and secondary care in reducing or stopping inappropriate psychotropic drugs in people with a learning disability ([link](#)). The aim of which is to improve the quality of life of people with a learning disability, by reducing the harm of inappropriate psychotropic drugs which may be used as a "chemical restraint" in place of other more appropriate care and treatments. Strategies on how to reduce, time intervals and required monitoring are included and it is accepted that the reduction may take some time and will be difficult from time to time.

Emergency supplies: Myths and Facts

The National Pharmacy Association has produced a very brief and useful [guidance](#) on the emergency supply of medicines by community pharmacists.

New sepsis toolkit designed to support GPs with sepsis identification and treatment

The Royal College of General Practitioners (RCGP), in partnership with Health Education England and NHS England, has launched a new sepsis toolkit to support GPs and healthcare professionals to identify and manage the condition in patients. The sepsis toolkit which includes a decision support tool can be [accessed online](#).

Escherichia coli (E. coli)

Nationally and locally [five measures](#) are being monitored to improve patient health outcomes and reduce inequalities in health outcomes and improve access to services.

These are: early cancer diagnosis, GP access and experience, continuing healthcare, mental health and bloodstream infections. With bloodstream infections there is a drive to reduce the number of gram negative blood stream infections (GNBSI) across the whole health economy, reduction of inappropriate antibiotic prescribing for urinary tract infections (UTI) in primary care. E.coli bacteraemia is the largest most prevalent group of Gram Negative Bloodstream Infections which supports the focus on these bacteraemia over the next 2 years. A 10% reduction (or greater) in all E coli BSI reports (reported at CCG level), a 10% reduction (or greater) in the trimethoprim: nitrofurantoin prescribing ratio and a 10% reduction (or greater) in the number of trimethoprim items prescribed to patients aged 70 years or greater is the target threshold. To support this local [relevant guidance](#) should be followed.

Deleted products 2016 | MIMS online for September 2016

Haelan Tape (fludroxycortide)	Norprolac (quinagolide)	Sportvis (hyaluronate)
Victrelis (boceprevir)	Voltarol Rapid (diclofenac)	

2. Drug safety update primarily relating to primary care prescribing

(For more information see [Drug Safety Update](#)) Volume 10, Issue 2 September 2016

1. Levonorgestrel-containing emergency hormonal contraception: advice on interactions with hepatic enzyme inducers and contraceptive efficacy. Women seeking emergency contraception who have used CYP3A4 enzyme inducers within the last 4 weeks, should preferably use a non-hormonal emergency contraceptive—ie, a copper intrauterine device. If this is not an option, these women should take double the usual dose of levonorgestrel; increasing from 1.5 milligrams to 3 milligrams (i.e., 2 packs)
2. Posaconazole (Noxafil): tablets and oral suspension are not directly interchangeable

3. Local news and GP/pharmacist queries

Query from GP practice:

Theophylline and ciprofloxacin interaction: A GP raises concern about who will monitor theophylline levels whilst patient is co-prescribed ciprofloxacin. The patient is on their second course of ciprofloxacin this month and takes theophylline and is therefore concerned that it may affect their theophylline levels. Whilst the GP could look out for signs of toxicity the query was whether they should also check levels.

Answer: Answer from a provider trust:

The interaction between ciprofloxacin and theophylline does not develop in all patients. In practice we reduce/recommend that the dose of theophylline is reduced by 50% for the duration of the ciprofloxacin course and would not do any levels. However Stockley's drug interactions suggests that another method would be to take theophylline concentrations on day 2 of ciprofloxacin use and adjust theophylline if needed. Our local Pathology lab informs me that they do accept theophylline level requests from GPs.

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

QIPP tips

Reminder- Trimipramine is indicated for depressive illness particularly where sedation is required. Its BNF price is listed under Surmontil but the generic drug tariff price is as follows:

Drug	Quantity	DT price
Trimipramine 10mg	28	£179.63 (cat A)
Trimipramine 20mg	28	£200.50 (cat A)
Triimipramine 50mg	28	£190.00 (cat C Zentiva)

October drug tariff prices

Advice: Prescribers should think carefully before initiating any patient on trimipramine and consider an alternative cost effective treatment. If a TCA is needed with added sedative effects – consider- amitriptyline or clomipramine
In the last 12 months Sept 2015- August 2016, Derbyshire CCGs spent approx. **£155k with just 799 items dispensed**

Recording medicines prescribed and issued by other Healthcare Providers on GP clinical systems

There are many medications which are prescribed and/or supplied directly to patients by healthcare providers outside of the GP practice. Typically these include specialist drugs which have been designated as 'red' by the JAPC. Practices are actively encouraged to ensure that the prescribing of 'red' drugs remains with the specialist to ensure patient safety is maintained. [Practical guidance](#) written by the medicines management team shows how practices can record this on their clinical systems (System One and Emis) and ensure the Summary Care information is kept up to date.

Levodopa+ carbidopa+ entacapone combination product

Stanek brand is the most cost effective option to prescribe this combination of drug treatment with around 50% cost savings to the CCGs. Across Derbyshire last year we spent approximately £185,000 on the Stalevo brand.

Strength (mg) Levodopa + carbidopa + entacapone	Units	Stalevo	Staneek
50/12.5/200	30	£20.79	£10.34
50/12.5/200	100	£69.31	£34.65
75/18.75/200	30	£20.79	£10.34
75/18.75/200	100	£69.31	£34.65
100/25/200	30	£20.79	£10.34
100/25/200	100	£69.31	£34.65
125/31.25/200	30	£20.79	£10.34
125/31.25/200	100	£69.31	£34.65
150/37.5/200	30	£20.79	£10.34
150/37.5/200	100	£69.31	£34.65
175/43.75/200	30	£20.79	£10.34
175/43.75/200	100	£69.31	£34.65
200/50/200	30	£20.79	£10.34
200/50/200	100	£69.31	£34.65

Generic shortages (NCSO and price concessions)

Prescribers should note that the re-imburement 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.

October 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	£3.25
Bumetanide 1mg tablets	28	£1.37	£2.10
Dapsone 50mg tablets	28	£21.69	£46.19
Lamotrigine 5mg dispersible tablets sugar free	28	£5.58	£7.45
Leflunomide 20mg tablets	30	£4.80	£5.10
Lorazepam 1mg tablets	28	£2.14	£6.25
Metronidazole 400mg tablets	21	£1.13	£8.00
Naratriptan 2.5mg tablets	6	£1.90	£24.55
Nitrofurantoin 100mg tablets	28	£2.46	£14.02
Nitrofurantoin 50mg tablets	28	£7.50	£16.00
Ropinirole 0.5mg tablets	28	£2.12	£14.85
Ropinirole 1mg tablets	84	£1.80	£56.71
Valsartan 160mg capsules	28	£0.89	£5.30
Valsartan 40mg capsules	28	£0.87	£4.90
Valsartan 80mg capsules	28	£0.88	£4.14

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

1. Multimorbidity: clinical assessment and management ([NG56](#))
This guideline covers optimising care for adults with multimorbidity (multiple long-term conditions) by reducing treatment burden (polypharmacy and multiple appointments) and unplanned care.
2. Mental health problems in people with learning disabilities: prevention, assessment and management ([NG54](#))
This guideline covers preventing, assessing and managing mental health problems in people with learning disabilities in all settings (including health, social care, education, and forensic and criminal justice).

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&pageIdx=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