

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 2016, Volume 54, Issue 11

Rubella immunisation

1st April 2016 Public Health England has stopped routine screening of pregnant women for rubella susceptibility. The evidence has proved that screening for rubella susceptibility during pregnancy does not meet the UK National Screening Committee criteria for a screening programme. High (97%) immunity in pregnant women and the rarity of congenital rubella syndrome are reasons for this change. Department of Health has advised that women who are attending family planning pregnancy clinics or planning pregnancy and who do not know whether they have had two MMR vaccinations, approach their GP to verify their vaccination status prior to conception. GPs are also tasked with asking new patients about their MMR vaccination status.

[GP's are advised to check MMR status of new patients.](#)

Prescribing information sources for healthcare professionals.

DTB reports that studies have estimated potential errors relating to prescribing and monitoring of medicines to occur in 5% of items prescribed in general practice. In hospitals, a cross-sectional study across nine hospitals reported an error rate of 11%. The most common cause of prescribing errors identified by foundation trainee doctors was a lack of knowledge and inappropriate extrapolation of knowledge about medicines. This DTB article highlights freely accessible resources that provide prescribing information about medicines and other sources of specialised information that may be needed when more detail is required.

[Prescribing resources can be found in section 6 of the newsletter.](#)

Exhaled nitric oxide levels to guide treatment for adults with asthma

A Cochrane review examined whether exhaled nitric oxide (a marker in the breath which can show a type of lung inflammation) is useful in adjusting asthma medications in adults in comparison to the usual ways that asthma medications are adjusted. In this review involving 1700 adults with asthma, researchers found that guiding the dose of asthma medications based on exhaled nitric oxide (compared to a control group) was beneficial in reducing the number of exacerbations (flare-ups) during the study period. However, they did not find a difference between groups for other asthma outcomes that impact on day-to-day clinical symptoms, hospitalisations, or inhaled steroid dose. Thus, using exhaled nitric oxide levels to adjust asthma therapy may reduce the risk of adults having an asthma flare-up but did not impact on day-to-day symptoms. The quality of evidence ranged from moderate when comparing the two groups for the exacerbation outcomes, to very low when comparing the groups for inhaled corticosteroid dose at final visit.

[The clinical and cost effectiveness of nitric oxide in the diagnosis of asthma is currently under review by NICE. The local asthma guidance will be updated in line with National recommendation regarding nitric oxide on publication.](#)

Derby and Derbyshire LMC website

Derby and Derbyshire LMC are launching a new [website](#). Over the next 2 months the website will be further developed and will eventually become restricted access (username and password) with priority registration given ONLY to LMC levy paying practices/organisations and partner stakeholders.

To register for access to the website, please go to <https://www.derbyshirelmc.org.uk/account/register>. Failing to register will result in loss of access to valuable resources for example the monthly e-newsletter, latest news regarding LMC position within STPs, funding, commissioning decisions and local and national contract negotiations.

If you have any queries, please email office@derbyshirelmc.nhs.uk

Allewyn Cavity	Anugesic-HC	Naprateg (naproxen/misoprostol)
Allewyn Lite	Fentazin (perphenazine)	Ratiograstim (filgrastim)

2. Drug safety update primarily relating to primary care prescribing
(For more information see [Drug Safety Update](#)) Volume 10 Issue 4 November 2016

Not relevant to primary care
Brimonidine gel (Mirvaso): risk of exacerbation of rosacea – RED drug

Show your support for reporting suspected adverse – MHRA are running a social media campaign to promote the reporting of suspected adverse drug reactions to the Yellow Card Scheme in support of an awareness week from 7 to 11 November 2016. The main message of the campaign is that reporting helps make medicines safer and saves lives.

Letters sent to healthcare professionals in October 2016

- Teva levothyroxine: reintroduction to market and introduction of new tablet strengths (letter for [Clinical Commissioning Groups](#), and for [pharmacists and dispensers](#));

3. Local news and GP/pharmacist queries

Query from GP practice:
How do I manage threadworm in a woman who is pregnant or breastfeeding?

Answer: <https://cks.nice.org.uk/threadworm#!scenario>

- During pregnancy, physical removal of eggs combined with hygiene methods is the preferred treatment.
- Mebendazole should not be used in the first trimester of pregnancy. However, it can be considered in the second or third trimester if drug treatment is considered necessary. This indication is off-label.
- For more details, contact the UK Teratology Information Service ([UKTIS](#)), formerly the National Teratology Information Service (NTIS), on 0844 892 0909.
- Some women who are pregnant may be anxious to eradicate the worms as soon as possible (for example if it is proving difficult to prevent reinfection by hygiene methods alone). In this situation drug treatment may be preferred, provided the woman is not in the first trimester of pregnancy.
- A patient information leaflet describing the hygiene methods above can be found at <http://www.medicinesinpregnancy.org/Medicine--pregnancy/Treatment-of-threadworms-during-pregnancy/>

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

QIPP tips
Isomol Gel
Isomol gel has been included into the formulary as a cost effective emollient. Isomol (liquid paraffin 15% & isopropyl myristate 15%) is identical to Doublebase gel and zerodouble gel, but significantly cheaper. Isomol is used in eczema, psoriasis and other dry skin conditions. It may also be used as a soap substitute.

Isomol gel liquid paraffin 15% isopropyl myristate 15%	Doublebase Gel liquid paraffin 15% isopropyl myristate 15%	Zerodouble Gel liquid paraffin 15% isopropyl myristate 15%
100g = £1.99	100g = £2.65	100g = £2.25
500g = £2.92	500g = £5.83	475g = £4.71 (equivalent 500g cost = £4.96)

Prices obtained from MIMs Dec 2016

Past 12 months (Oct 15-Sep 16) of prescribing of doublebase gel across Derbyshire = £116,717
Switching to ismol gel with the same level of prescribing across Derbyshire = £57,965
Therefore generating saving of = **£58,752.**

Tiotropium
New brand of tiotropium - Braltus has been launched in the UK. Braltus uses the new Zonda inhaler to deliver the same dose of tiotropium as Spiriva HandiHaler for patients with COPD.

- Spiriva capsules for inhalation contain 18 microgram of tiotropium, but the delivered dose is 10 microgram of tiotropium.
- Braltus capsules for inhalation contain 13 microgram of tiotropium, but the delivered dose is 10 microgram of tiotropium.

However note the

- tiotropium devices are not interchangeable.
- Before a product is prescribed, patients should have an inhaler technique assessment and be able to demonstrate that they are able to use the chosen device effectively. The device should not be changed without a full review of technique.

Drug name	Dose	Cost
Braltus (tiotropium 13mcg hard caps)	One inhalation daily	£25.80 x 30 caps (& zonda inhaler)
Spiriva (tiotropium 18mcg caps)	One inhalation daily	£34.87 x 30 (& handihaler)

Past 12 months (Oct 15-Sep 16) of prescribing of Spriva across Derbyshire = **£105,967**

Assuming a swap to braltus at the same prescribing level would cost = £76,136

Therefore generating savings = **£29,831**

Iron preparations

The choice of iron preparations is based on cost and incidence of side effect. There is little difference in efficiency of absorption of iron between the different salts. Modified release preparations have no therapeutic advantage and the low incidence of side effects are related to the lower absorption of iron.

Ferrous fumarate 305mg is the preferred oral iron product. Iron salts should be given orally until haemoglobin has reached reference range and then maintained for 3 months, to replenish iron stores before stopping.

Iron preparation	Content of ferrous iron	Cost	therapeutic dose	28 day cost of therapeutic dose
Ferrous fumarate 305mg	100mg	£4.50 x 250	One cap twice daily	£1.01
Ferrous fumarate 322mg	100mg	95p x 28	1 tablet twice daily	£1.90
Ferrous fumarate 201mg	65mg - 70mg	£3.50 x 84	1 tablet two to three times a day	£2.33 - £3.50
Ferrous sulphate 200mg	65mg	£2.23 x 28	1 tablet three times daily	£6.69

Past 12 months (Oct 15-Sep 16) of prescribing of ferrous sulphate across Derbyshire = **£224,961**

Assuming 28 day therapeutic dosing was used and ferrous fumarate had been prescribed instead this would have resulted in £39,492

Therefore generating savings = **£185,469**

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.

December 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
Bumetanide 1mg tablets	28	£1.43	£1.95
Candesartan 2mg tablets	7	£1.03	£2.25
Desmopressin 10micrograms/dose nasal spray	60 dose	£23.16	£23.49
Exemestane 25mg tablets	30	£5.75	£9.60
Ethosuximide 250mg capsules	56	£73.20	£173.00
Flecainide 100mg tablets	60	£7.23	£10.93
Flecainide 50mg tablets	60	£6.82	£10.70
Fludroxycortide 4mcg/sq cm tape 7.5cm	20	£8.19	£12.49
Leflunomide 20mg tablets	30	£4.59	£10.99
Lorazepam 1mg tablets	28	£2.35	£6.05
Lorazepam 2.5mg tablets	28	£2.95	£12.50
Metronidazole 400mg tablets	21	£1.47	£7.88
Mirtazapine 15mg tablets	28	£1.22	£4.65
Mirtazapine 30mg tablets	28	£1.24	£1.50
Mirtazapine 45mg tablets	28	£1.50	£5.95
Ropinirole 0.25mg tablets	12	£1.21	£4.50
Ropinirole 0.5mg tablets	28	£2.23	£14.85
Ropinirole 1mg tablets	84	£2.06	£56.71
Ropinirole 2mg tablets	28	£2.78	£31.51
Ropinirole 5mg tablets	84	£4.08	£160.00
Trospium Chloride 20mg tablets	60	£5.80	£15.47

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

NICE [TA418](#) Dapagliflozin in triple therapy for treating type 2 diabetes is recommended as an option for treating type 2 diabetes in adults, only in combination with metformin and a sulfonylurea. Local guidance has been updated to reflect this change.

NICE have released an update on [CG127](#) Management of hypertension, November 2016 to include recommendations from MHRA drug safety alerts on angiotensin-converting enzyme inhibitors during pregnancy & breastfeeding. Local guidance is strengthened to reflect this.

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	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
Nathnac	http://www.nathnac.org/
NHS evidence	http://www.evidence.nhs.uk/
Electronic medicines compendium	http://www.medicines.org.uk/emc/
Clinical Knowledge Summaries	https://cks.nice.org.uk/#?char=A
Medicines Prescribing Centre (Formerly NPC)	http://www.nice.org.uk/mpc/
Medicines for children (patient information leaflets)	http://www.medicinesforchildren.org.uk/
Drugs in lactation	http://www.midlandsmedicines.nhs.uk/content.asp?section=6&subsection=17&pageldx=1
Livertox database	https://livertox.nih.gov/index.html
Credible meds – QT interval prolongation	https://crediblemeds.org/index.php
Herbal products	https://www.gov.uk/government/publications/herbal-medicines-granted-a-traditional-herbal-registration-thr http://naturaldatabase.therapeuticresearch.com/home.aspx?cs=&s=ND&AspxAutoDetectCookieSupport=1
UK teratology services Toxbase (reviews of drugs in pregnancy) Factsheets for patients regarding drugs in pregnancy	http://www.uktis.org/index.html http://www.toxbase.org/ http://www.medicinesinpregnancy.org/
Vaccine update- Vaccination newsletter for health professionals and immunisation practitioners	https://www.gov.uk/government/organisations/public-health-england/series/vaccine-update