

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 Vol 55 no. 9 October 2017 http://dtb.bmj.com/content/55/10](http://dtb.bmj.com/content/55/10)

### Effectiveness of self-management interventions for COPD

A Cochrane systematic review has assessed the efficacy of self-management interventions for COPD (22 studies, 3,854 participants). The review included randomised controlled trials that compared the effectiveness of COPD self-management interventions with usual care. Follow-up time ranged from 2 to 24 months. The review found a statistically significant improvement in HRQoL with self-management interventions over usual care at 12 months, using the St. George's Respiratory Questionnaire (SGRQ) total score, in which a lower score represents better HRQoL (mean difference -2.7 points, 95% CI -4.5 to -0.9; high-quality evidence). However, this did not reach the minimal clinically important difference of 4 points.

*The local COPD guidance advocates the use of respiratory actions plans through educating and supporting patient's knowledge and understanding of their respiratory condition through provision of self-management strategies and action planning.*

### Oral antifungals for toenail onychomycosis

Efficacy and safety of oral treatments for fungal toenail infection have been assessed in a Cochrane review (48 studies, 10,200 participants). The review's authors found that terbinafine was more effective than placebo (8 studies, 1,006 participants) for clinical cure (risk ratio [RR] 6.00, 95% CI 3.96 to 9.08) and mycological cure (RR 4.53, 95% CI 2.47 to 8.33). Azoles (9 studies, 3,440 participants) were also more effective than placebo for clinical cure (RR 22.18, 95% CI 12.63 to 38.95) and mycological cure (RR 5.86, 95% CI 3.23 to 10.62). Azoles studied included itraconazole, fluconazole, albaconazole, posaconazole and ravuconazole.

*The local guidance recommends 1st line: Terbinafine 250mg od for 6 wks-3 months, may need 3-6 months in toe nails. 2nd line: Itraconazole 200mg bd -Toe nails 1 week (7 days) a month (duration of 3 courses).*

### Hospitalisations caused by inappropriate medication use

A study has examined the use of potentially inappropriate medicines (PIMs) on hospitalisation rates, and also estimated the rate of hospitalisation during exposure to individual PIMs in older adults. The authors point out that inappropriate medicines pose a particular risk to older people due to cognitive and physiological changes associated with the ageing process.

The list of drugs that should always be avoided includes oral NSAIDs (used for >15 days), methyl dopa, short acting nifedipine, spironolactone (>25mg/day), citalopram (>20mg/day), escitalopram (>10mg/day) and various tricyclic antidepressants.

The authors estimated that 27,444 (1.7%) fewer hospitalisations would have occurred if there had been no exposure to PIMs.

Comment: This study highlights the problem associated with medicines in an older age group and highlights the need to regularly review the prescribing of high-risk medicines.

*This study adds weight to the Derbyshire deprescribing initiative.*

### Prescribing PPIs

Proton pump inhibitors (PPIs) are very effective for the management of dyspepsia, reflux and peptic ulcer disease, and are generally well tolerated with a low incidence of short-term adverse effects.

It has been suggested that long-term use of PPIs is associated with a number of adverse effects. These include *Clostridium difficile* infection in patients in hospital, bone fractures, hypomagnesaemia and vitamin B<sub>12</sub> deficiency. However, causality is difficult to establish and most of the evidence relates to observational data, which are subject to bias and confounding by indication.

There is concern that some PPIs may inhibit part of the cytochrome P450 system, reducing the effectiveness of clopidogrel. The evidence is conflicting and mostly relates to concomitant use of omeprazole and esomeprazole. Although it is unclear to what extent the interaction is clinically relevant, the MHRA issued advice that concomitant use of clopidogrel and either omeprazole or esomeprazole should be avoided unless considered essential, and that the potential risk of a slight reduction in the efficacy of clopidogrel should be weighed against the potential GI benefits for other PPIs.

*The local PPI guidance will be updated with the emerging evidence regarding the adverse effects associated with long term use of PPI's.*

### Shared decision-making for people with asthma.

Kew KM; Malik P; Aniruddhan K; Normansell R. *Cochrane Database Syst Rev.* 2017 Oct 3; 10:CD012330. doi:10.1002/14651858.CD012330.pub2. (Review) PMID: 28972652

The objective of this Cochrane review was to assess benefits and potential harms of shared decision-making (SDM) for adults and children with asthma.

The review included four studies (three recruited children and care-givers and one recruited adults with asthma) that compared SDM versus control and included a total of 1342 participants.

**AUTHORS' CONCLUSIONS:** Substantial differences between the four included randomised controlled trials (RCTs) indicate that we cannot provide meaningful overall conclusions. Individual studies demonstrated some benefits of SDM over control, in terms of quality of life; patient and parent satisfaction; adherence to prescribed medication; reduction in asthma-related healthcare visits; and improved asthma control. Our confidence in the findings of these individual studies ranges from moderate to very low, and it is important to note that studies did not measure or report adverse events.

#### **Deleted products 2017 | MIMS online** for October 2017

Calchan MR (nifedipine)	Nipatra (sildenafil)	Viskaldix (pindolol/clopamide)
Cibral XL (isosorbide mononitrate)	Oldaram (tramadol)	Voleze (rivastigmine)
ClikStar	Prilotekal (prilocaine)	Revocon (tetrabenazine)
Glybera (alipogene tiparvovec)		

#### **2. Drug safety update** primarily relating to primary care prescribing (For more information see [Drug Safety Update](#)) Volume 11 Issue 3 October 2017

**Methylprednisolone injectable medicine containing lactose (Solu-Medrone 40 mg):** do not use in patients with cows' milk allergy. Solu-Medrone 40 mg may contain trace amounts of milk proteins. Do not use in patients with a known or suspected allergy to cows' milk.

- Solu-Medrone 40 mg uses lactose produced from cows' milk as an excipient and may contain trace amounts of milk proteins; other strengths of Solu-Medrone do not contain lactose.
- serious allergic reactions have been reported in patients allergic to cows' milk proteins
- do not use injectable methylprednisolone medicines that contain lactose in patients with a known or suspected allergy to cows' milk
- if a patient's symptoms worsen or any new allergic symptoms occur, allergic reaction to cows' milk proteins should be suspected; stop administration of the product and treat the patient's condition accordingly

#### **Gabapentin (Neurontin): risk of severe respiratory depression**

Gabapentin has been associated with a rare risk of severe respiratory depression even without concomitant opioid medicines. Patients with compromised respiratory function, respiratory or neurological disease, renal impairment, concomitant use of central nervous system (CNS) depressants, and elderly people might be at higher risk of experiencing severe respiratory depression. Dose adjustments might be necessary in these patients.

Advice for healthcare professionals:

- be aware of the risk of CNS depression, including severe respiratory depression, with gabapentin
- consider whether dose adjustments might be necessary in patients at higher risk of respiratory depression, including elderly people, patients with compromised respiratory function, respiratory or neurological disease, or renal impairment, and patients taking other CNS depressants
- report any suspected adverse reactions on a Yellow Card

#### **Isotretinoin (Roaccutane): rare reports of erectile dysfunction and decreased libido**

Cases of sexual dysfunction, predominantly involving erectile dysfunction and decreased libido, have been reported rarely in patients taking oral isotretinoin for severe acne.

Advice to healthcare professionals:

- be aware of reports of sexual side effects, including erectile dysfunction and decreased libido, in patients taking oral isotretinoin, indicated for severe acne
- the exact incidence of these adverse reactions is unknown but considering the number of patients in the UK taking the medicine, reports are understood to be rare
- report any suspected adverse reactions to isotretinoin or other medicines on a Yellow Card

#### **Clozapine: reminder of potentially fatal risk of intestinal obstruction, faecal impaction, and paralytic ileus**

If constipation occurs during treatment with clozapine (Clozaril, Denzapine, Zaponex), it is vital that it is recognised and actively treated.

Advice to healthcare professionals:

- the antipsychotic drug clozapine has been associated with varying degrees of impairment of intestinal peristalsis; this effect can range from constipation, which is very common, to very rare intestinal obstruction, faecal impaction, and paralytic ileus
- exercise particular care in patients receiving other drugs known to cause constipation (especially those with anticholinergic properties), patients with a history of colonic disease or lower abdominal surgery, and in patients aged 60 years and older
- clozapine is contraindicated in patients with paralytic ileus
- advise patients to report constipation immediately
- actively treat any constipation that occurs

#### **HIV and Influenza Vaccination- HIVPA, October 2017** <http://www.hivpa.org/information-for-healthcare-professionals/>

There have been reports that some GP computer systems are giving a high severity alert about stopping antivirals for 2 weeks after immunisation and not to be immunised until 48 hours after stopping the antivirals.

The HIV Pharmacy Association of the UK would like to advise that there is no interaction between the influenza vaccine and antiretrovirals used to treat or prevent HIV infection and recommend that it is safe to give patients on antiretroviral therapy the influenza vaccine without compromising either the vaccine or the patient's HIV treatment.

We believe the interaction alert some GP systems are showing is with respect to neuraminidase inhibitors used to treat influenza infection and does not apply to antiretroviral agents used to treat HIV. We have reviewed the Summary of Product Characteristics for both Sanofi Quadrivalent and Fluvarix Tetra and confirm that there is no contra-indication to treatment in patients taking antiretroviral agents.

**In summary, HIV patients should :**

**1: Have a flu vaccine**

**2: NOT STOP their antiretrovirals unless advised by the HIV specialist**

*Upon checking our local GP clinical systems (SystemOne and EMIS), there do not appear to be any inappropriate alerts within them with regards to influenza vaccine use in patients with HIV on antiretroviral drugs.*

### **3. Local news/self care and GP/pharmacist queries**

#### **GP Query**

**Question:** We are aware that healthcare assistants (HCAs) are not able to work under a Patient Group Direction (PGD) and so when administering flu jabs there needs to be patient specific direction (PSD) in place. What constitutes an acceptable PSD?

**Answer:** A PSD is the traditional written instruction, signed by a doctor, dentist, or non-medical prescriber for medicines to be supplied and/or administered to a named patient after the prescriber has assessed the patient on an individual basis.

A PSD must be written and signed by the prescriber (by hand or electronically) and includes a prescription or an electronic record made in the patient's notes where it is identifiable to the prescriber.

A PSD can also be an instruction to administer a medicine to a list of named patients where each patient on the list has been individually assessed by that prescriber. The prescriber must have knowledge of the patient's health, and be satisfied that the medicine to be administered serves the individual needs of each patient on that list.

In this situation, the prescriber should review the patients planned to attend the clinic and produce a signed list of those patients that they authorise to be immunised.

See link below for more info on PGDs and PSDs:

<http://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-19-patient-group-directions-pgds-patient-specific-directions>

#### **Other news**

**Public Health England's national campaign: Keep Antibiotics Working** <http://antibioticguardian.com/keep-antibiotics-working/>

It is estimated that 5,000 deaths are caused every year in England because antibiotics no longer work for some infections and this figure is set to rise with experts predicting that in just over 30 years antibiotic resistance will kill more people than cancer and diabetes combined.

Antibiotics help ward off infections during chemotherapy, caesarean sections and other surgery. They also treat serious bacterial infections, such as pneumonia, meningitis and sepsis, but they are being used for everyday viral infections, such as colds or flu, where they are not effective. Taking antibiotics encourages harmful bacteria that live inside you to become resistant. That means that antibiotics may not work when you really need them.

This national campaign aims to support health care professionals by boosting support for alternatives to prescribing antibiotics. TV, radio and social media will be utilised to provide a broad reach in promoting the campaign.

Leaflets and posters will be available for healthcare settings including GP surgeries and pharmacists. Resources are available free to healthcare professionals and are available from the [PHE campaign resource centre](#)

**Care Home Companion (for Southern Derbyshire use)**

[http://www.derbyshiremedicinesmanagement.nhs.uk/non\\_clinical\\_guidelines/social\\_care\\_care\\_homes](http://www.derbyshiremedicinesmanagement.nhs.uk/non_clinical_guidelines/social_care_care_homes)

This is a tool developed by SDCCG quality team designed for Care Home workers. It may help with daily care decisions and reassure you that the little things that you do every day are a really important part of good quality care and vital in keeping the people we look after healthy and well.

**North Midlands Controlled Drugs Newsletter**

[http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Controlled\\_Drugs/NHSE\\_CD\\_Newsletter\\_November\\_17.pdf](http://www.derbyshiremedicinesmanagement.nhs.uk/assets/Controlled_Drugs/NHSE_CD_Newsletter_November_17.pdf)

North Midlands controlled drugs newsletter for November 2017 can be found on the Derbyshire medicines management website. The newsletter contains local and national CD information.

**Guidelines for malaria prevention in travellers from the UK: 2017**

These practical guidelines from the Public Health England (PHE) [Advisory Committee on Malaria Prevention](#) (ACMP) are updated and reissued annually. They are intended for use by healthcare workers who advise UK-based travellers to malaria-endemic areas but may also be of use to prospective travellers who wish to read about the options themselves.

**PHE recommend health professionals stick to using one resource for country specific malaria recommendations to optimise consistency of advice.** PHE recognise that other sources of advice are available; however healthcare professionals working in England, Wales or Northern Ireland are advised to use the ACMP guidelines as their preferred source of guidance for malaria prevention.

**Change to funding for MARs sheets in the community**

Southern Derbyshire CCG has made the decision to withdraw the funding for the production of Medicines Administration Record (MAR) sheets for use in a person's own home. The CCG envisages that there should not be any change to the care of the patient in their own home as the community pharmacist should carry out an assessment under the Equality Act (2010) and any needs including the production of a MAR sheet, should be provided in order to support medicines adherence. This legislation states that there is a requirement for community pharmacists to make 'reasonable adjustments for patients'. This will create a more equitable service as there is no funding for the supply of MAR sheets to patients residing in a care home setting. The funding for community pharmacies will stop from April 2018.

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

##### Highlighting potential QIPP opportunities:

New cost effective methylphenidate brands – Demosart SR and xaggitin SR are recommended for use in children with [ADHD](#).

##### November

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.

Drug	Pack size	Price concession	Drug tariff price
Amiloride 5mg tablets	28	£9.25	£1.04
Amlodipine 5mg tablets	28	£3.75	£0.67
Anastrozole 1mg tablets	28	£11.99	£1.27
Atorvastatin 80mg tablets	28	£1.85	£1.64
Buspirone 10mg tablets	30	£8.00	£7.07
Citalopram 10mg tablets	28	£1.69	£0.66
Dapsone 50mg tablets	28	£37.00	£36.22
Desogestrel 75 microgram tablets	84	£2.45	£2.09
Duloxetine 20mg capsules	28	£8.95	£2.66
Duloxetine 30mg capsules	28	£6.00	£1.77
Duloxetine 60mg capsules	28	£15.00	£2.40
Enalapril 5mg tablets	28	£2.50	£1.13
Enalapril 10mg tablets	28	£2.59	£1.14
Enalapril 20mg tablets	28	£3.05	£1.29
Eplerenone 25mg tablets	28	£38.00	£3.77
Eplerenone 50mg tablets	28	£12.00	£5.00
Gabapentin 600mg tablets	100	£7.20	£5.52
Haloperidol 1.5mg tablets	28	£10.00	£1.12
Hydroxychloroquine 200mg tablets	60	£6.00	£2.78
Mefenamic Acid 500mg tablets	28	£50.00	£13.80
Oxazepam 10mg tablets	28	£19.97	£5.28
Oxazepam 15mg tablets	28	£19.97	£5.65
Pregabalin 100mg capsules	84	£9.50	£2.43
Pregabalin 150mg capsules	56	£8.30	£2.17
Pregabalin 200mg capsules	84	£11.80	£2.93
Pregabalin 50mg capsules	84	£11.50	£1.91
Pregabalin 75mg capsules	56	£6.99	£1.81
Quetiapine 100mg tablets	60	£65.00	£1.62
Quetiapine 150mg tablets	60	£69.50	£2.27
Quetiapine 200mg tablets	60	£65.00	£2.27
Quetiapine 25mg tablets	60	£18.00	£0.91
Sodium Cromoglicate 2% Eye Drops	13.5ml	£9.50	£4.41
Sumatriptan 100mg tablets	6	£17.45	£4.23
Terbinafine 250mg tablets	14	£12.49	£1.18
Tramadol 50mg capsules	30	£1.00	£0.78
Tranexamic Acid 500mg tablets	60	£14.30	£5.86
Trimethoprim 50mg/5ml oral suspension SF	100ml	£3.99	£2.27
Zolmitriptan 2.5mg orodispersible tablets sugar free	6	£17.90	£13.03

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

October NICE guidance - nothing relevant for primary care.

#### 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>
Drugs and Therapeutic Bulletin "Full access to articles available to SDCCG clinicians"	<a href="http://dtb.bmj.com/">http://dtb.bmj.com/</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>

<p>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.</p>	<p><a href="http://www.library.nhs.uk">www.library.nhs.uk</a></p> <p>or</p> <p><a href="http://www.athens.ac.uk">www.athens.ac.uk</a></p>
<p>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.</p>	<p><a href="https://register.athensams.net/nhs/nhseng/">https://register.athensams.net/nhs/nhseng/</a></p>
<p>SPS/UKMI</p> <p>Nathnac NHS evidence Electronic medicines compendium Clinical Knowledge Summaries Medicines Prescribing Centre (Formerly NPC) Medicines for children (patient information leaflets)</p> <p>Drugs in lactation</p> <p>Medicines Compliance aids</p> <p>Fridge excursions Patent expiries New Medicines</p>	<p><a href="https://www.sps.nhs.uk/">https://www.sps.nhs.uk/</a> <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></p> <p><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.nice.org.uk/mpc/">http://www.nice.org.uk/mpc/</a> <a href="http://www.medicinesforchildren.org.uk/">http://www.medicinesforchildren.org.uk/</a></p> <p><a href="http://www.midlandsmedicines.nhs.uk/content.asp?section=6&amp;subsection=17&amp;pageIdx=1">http://www.midlandsmedicines.nhs.uk/content.asp?section=6&amp;subsection=17&amp;pageIdx=1</a> <a href="https://www.sps.nhs.uk/?s=&amp;cat%5B%5D=3008">https://www.sps.nhs.uk/?s=&amp;cat%5B%5D=3008</a> <a href="https://www.sps.nhs.uk/?s=&amp;cat%5B%5D=266&amp;cat%5B%5D=3253">https://www.sps.nhs.uk/?s=&amp;cat%5B%5D=266&amp;cat%5B%5D=3253</a> <a href="https://www.sps.nhs.uk/?s=&amp;cat%5B%5D=3252">https://www.sps.nhs.uk/?s=&amp;cat%5B%5D=3252</a> <a href="https://www.sps.nhs.uk/?s=&amp;cat%5B1%5D=3242">https://www.sps.nhs.uk/?s=&amp;cat%5B1%5D=3242</a> <a href="https://www.sps.nhs.uk/category/new-medicines/">https://www.sps.nhs.uk/category/new-medicines/</a></p>
<p>UK teratology services</p>	<p><a href="http://www.uktis.org/index.html">http://www.uktis.org/index.html</a></p>
<p>Vaccine update- Vaccination newsletter for health professionals and immunisation practitioners</p>	<p><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></p>