Prescribing Newsletter April 2014

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1. Panacea, our new guest editor

According to Wikipedia - so it must be true - in Greek mythology, Panacea was a goddess of universal remedy. Panacea was said to have a poultice or potion with which she healed the sick. This brought about the concept of the panacea in medicine, a substance meant to cure all diseases. We thought it suitable to ask Panacea to edit the CCG prescribing newsletter as her Roman peer, Minerva does such a good job on the back pages of the BMJ. Whether she is an omnipotent God or just qualified in this area, it matters not. The modern meaning of her name so aptly fits the expectations of modern medicines we were delighted she accepted and this is Panacea’s first edition. The illustration on the left shows her supervising the administration of a potion to a child. Her and her assistant’s clothing clearly shows these are pre-GMC days. To maintain decorum the right side illustration will adorn further editions.

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2. Joint CCGs and York Hospitals Formulary

www.yorkandscarboroughformulary.nhs.uk

Have you looked at the joint formulary website yet? Panacea is keen you do. Just click on the subtitle. It’s a link! If you are not sure if a medicine is commissioned please check there before emailing Rxline. There is a list of all up to date Shared Care Guidelines too (and more are being added soon). The site will give you the first, second and third line choices that we occasionally publish as our ‘medal rankings’ Gold, Silver and Bronze recommendations, based on the cost effectiveness of the options available.

The formulary isn’t complete and will take some time for all areas to be reviewed so if you spot content that doesn’t feel right to you or isn’t clear do let Rxline know.

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3. Dabigatran, in the dock?

On 18th February the BMJ reported this story: *Drug company staff fretted when in-house paper’s conclusion clashed with marketing claims*

Panacea knows readers are aware of the countless stories of drugs not turning out to be as good as they were promised to be and of patients being harmed. Could the same happening with dabigatran? This information might help patients make a choice between the new anticoagulants and established warfarin options. The article is summarised here.

A US court has released internal company documents that show when employees at Boehringer Ingelheim (BI) learnt that the conclusions of a company study clashed with the marketing claim that its new anticoagulant did not need monitoring, they sought to have the paper revised and even questioned whether it should be published at all. Of course, one of the drug’s main marketing claims is that, dabigatran does not require much monitoring compared to warfarin.

However, **in 2012 dabigatran was the most frequently cited drug in direct reports of adverse events to the US Food and Drug Administration**, second only to warfarin. With both drugs haemorrhage was the most commonly cited side effect, but, unlike warfarin, whose effect can be reversed with vitamin K, dabigatran has no antidote.

One analysis of the data key study of the drug, the Randomized Evaluation of Long-Term Anticoagulation Therapy (RE-LY) study, from the found considerable variation in plasma concentrations of the drug among patients, with lower levels being associated with a significantly increased risk of ischaemic stroke and higher levels with a significantly increased risk of “major bleeding.” The internal report concluded, “While a fixed dose of dabigatran has significant advantages in both safety and efficacy compared to warfarin, adjusting the dose at steady-state to attain an optimal plasma concentration range may further improve the benefit-risk ratio.”

However suggesting the need for monitoring undercut an essential element of planned marketing that monitoring was unnecessary, so would “undermine our efforts to compete” with other novel oral anticoagulants competing for market share.

A revised paper was published late last year in the Journal of the American College of Cardiology. BI is now battling thousands of lawsuits which claim the company did not adequately warn prescribers and patients of the bleeding risk and the case continues.

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4. Further NOAC concern
The BMJ has recently published letters from specialists anxious about the safety of the NOACs. Readers can access both here if you are a BMA member or have an OpenAthens password. If you need an OpenAthens password you can get one here (and put your organisation as NHS Vale of York CCG).

Safety of new oral anticoagulants in high risk patients
The lack of antidotes for new oral anticoagulants

5. Bohemian Polypharmacy Video
Panacea is a great fan of good rock music, after all her father Apollo was a god of music. She was amused to see this educational video parody of Queen’s great Bohemian Rhapsody. It’s a helpful reminder of the perils of polypharmacy, written by the James McCormack Professor of Pharmaceutical Sciences, Columbia University, Canada. Click on the image to watch.
There are some useful slides on conducting medication reviews at the very end.

6. Delivery Methods
We appreciate there is no, er, panacea for delivery methods of CCG communications. Some like links in emails, others like to just be able to open an attachment and others are happy to ignore both. Panacea herself though is keen that as many prescribers as possible see the missives she and colleagues prepare. To start with this newsletter will be sent out as a personal HTML that might enable more of a conversation with the authors. She will work hard to ensure it’s no bigger than necessary, and if there is a groundswell of opposition she’ll revert to links in an email. She promises too that an email entitled Prescribing Newsletter will contain, just the prescribing newsletter, so you can readily file and save them all for posterity. All specific drug information though will also be listed in the Drug A-Z on the website.
7. Prescription Charges

Panacea laments the DH’s increase in the price of an NHS prescription in England - by 20p to £8.05 with effect from April 2014. Reform of this iniquitous taxation does not seem to be imminent given it is also intended that an additional 20p increase will be added in April 2015 bring the price per item to £8.25.

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8. St John’s Wort again – reducing the effectiveness of oral contraceptives

Briefly…St John’s wort interacts with hormonal contraceptives. This interaction reduces the effectiveness of these contraceptives and increases the risk of unplanned pregnancy. This applies to all hormonal contraceptives except intrauterine devices, for which there are currently no data. For more information see the March 2014 MHRA Drug Safety Update though Panacea assumes most prescribers need to know little more to be able to advise patients!

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9. Orlistat may reduce the absorption of HIV medicines

Again in the March MHRA’s Drug Safety Update there is a warning to colleagues when considering orlistat treatment in those on anti-retroviral HIV medicines as it reduces their efficacy. Panacea’s can’t recall an obese patient on anti-retrovirals which surely can’t be a sign of insufficient worldliness! She is worried though that prescribers may not be aware of some patients taking such drugs because they are not prescribed by GPs and so do not appear on GP repeat medication lists. It’s a good example of why medicines reconciliation is important, recording that a patient is on a medicine, even if it’s not being prescribed by GPs.

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Healthy Skepticism UK (HSUK) is a network of concerned and motivated health professionals and other interested individuals who work together to improve the health of the UK population. It aims to improve health by reducing harm from inappropriate, misleading or unethical marketing of health products or services, especially misleading pharmaceutical promotion in the UK. In addition, it aims to support evidence-based health care, provided according to need, to ensure optimal health outcomes in the UK.
11. Safer Medication Use – Mefenamic Acid

Mefenamic acid is a non-steroidal anti-inflammatory drug (NSAID) licensed for the treatment of mild to moderate pain, arthritis, dysmenorrhoea and menorrhagia. Despite popular misconception there is no evidence that mefenamic acid is more effective than other NSAIDs. It has a narrow therapeutic window, which increases the risk of accidental overdose, and is more likely than other NSAIDs to cause seizures in overdose. Mefenamic acid should therefore not be a first-line choice for analgesia (including dysmenorrhoea), and should be avoided in individuals at risk of self-harm.


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12. High Salt levels in soluble drugs

A study in the BMJ highlighted the often overlooked fact that 'everyday' soluble drugs such as painkillers contain high levels of salt (sodium) which may cause health problems if taken on a long-term basis. Researchers found a link between the use of soluble medications and high blood pressure and non-fatal stroke, though no significant link was found with heart attacks. The study focused on sodium intake from medicines only, and did not account for potentially large differences in dietary salt intake as well as other factors that influence disease risk. So at present there is currently no evidence that soluble drugs directly cause cardiovascular diseases but this research serves to open a debate about whether more vigilance or consideration is needed before prescribing sodium containing medicines for certain groups at already high risk of diseases such as hypertension or stroke.

Panacea asks should pharmaceutical companies have a duty of care to provide clear labelling about salt intake for consumers, who might otherwise be unaware that some medicines may be contributing significantly to their daily consumption?

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13. Controlled Drug matters and reporting of CD incidents

The Controlled Drug Accountable Officer for North Yorkshire and Humber is Dr Paul Twomey. Any serious CD incidents may be reported to him via his PA at kathy.palmer1@nhs.net Routine reporting of CD incidents should be to: england.nyhat-controlleddrugsnyincidents@nhs.net

Advice on all matters relating to CDs can be obtained from: stuart.kerr2@nhs.net or ken.latta@nhs.net

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14. Clopidogrel: Reports of acquired haemophilia

The MHRA has received reports of acquired haemophilia in association with clopidogrel. This very rare but serious condition may be missed because of the established bleeding risk associated with clopidogrel.

The MHRA advises:
- prescribers should be aware of this risk
- prompt diagnosis is required to minimise the time the patient is at risk of bleeding and to avoid any major bleeding.
- acquired haemophilia should be considered in the event of an isolated prolonged aPTT.
- patients with confirmed acquired haemophilia should be managed by specialists and clopidogrel should be stopped. Invasive procedures should be avoided.

Panacea suggests it may be prudent to warn patients of the risk and checking clotting if a patient on clopidogrel reports abnormal bleeding or bruising. To date the benefits seem to be much greater than the risks so patients shouldn’t be so alarmed they stop it.

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15. Vaccinations Update
– Extracts from PH England Dec 13 Newsletter


Green Book
Several updated chapters have recently been uploaded – Cholera, Hepatitis A, Hepatitis B, Japanese encephalitis, and Pneumococcal.

Vaccine Storage
A reminder about the importance of good practice in storing and handling vaccines comes from the Health Protection Agency’s publication ‘Vaccine incident guidance – actions to take in response to vaccine errors’. Following a number of serious incidents in vaccine storage over the past few months, readers might like to ensure their practice’s awareness of the guidance in the recently updated chapter 3 Storage, distribution and disposal of vaccines. Both this chapter, and the ‘Protocol for ordering, storing and handling vaccines’ will provide all the information you need on how to care for these valuable medical products.

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16. Emergency Contraception – Cost savings

Please endeavour to prescribe Levonorgestrel 1.5mg (£5.20) rather than Levonelle One Step (£13.83)

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17. Domperidone – restricted use

The European Medicines Agency (EMA) has completed a review of the safety of domperidone and has recommended changes in the way it is prescribed, due to concerns about serious cardiac effects. The EMA recommends that the dose of domperidone in adults and adolescents weighing 35kg or more should be reduced to 10mg given up to three times a day. These patients can also be given domperidone as suppositories in a dose of 30mg twice a day. In children and adolescents weighing less than 35kg, the dose of domperidone should be 0.25mg per kg of body weight, given up to three times a day. Domperidone should not normally be used for more than one week. We anticipate the MHRA will recommend similarly.

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18. Drugs for IVF Treatment

Just a reminder that all drugs forming part of IVF treatments are classed as red drugs (i.e. secondary care only) and should therefore not be prescribed in primary care in Vale of York CCG practices.

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19. Hayfever Drug Ranking

Revised guidance on prescribing in hayfever has just been issued by the Vale of York CCG. This is called the Hayfever Drug Ranking and replaces the Hayfever Traffic Lights issued in 2013. It’s available here.

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20. Fosfomycin - prescribing information for primary care

Fosfomycin is an oral antibiotic which is currently unlicensed in the UK. However it has been shown to be a useful oral treatment option for patients with multi-drug resistant urinary tract infection (UTI) who may otherwise require hospital admission for intravenous antibiotics. Fosfomycin will be recommended by a Consultant Microbiologist from York Teaching Hospital for primary care patients whose urine sample grows a multi-drug resistant organism that is sensitive to fosfomycin. It should not be used without consultant microbiologist recommendation.
Following such recommendation, if the patient has symptomatic UTI (no fever or flank pain) GPs can prescribe fosfomycin on an FP10. The pharmacies at York and Scarborough hospitals have agreed to stock fosfomycin for primary and secondary care patients as it is considerably more expensive to obtain in primary care. In order to ensure the patient obtains their fosfomycin in a timely manner the GP surgery can fax the prescription to the nearest hospital pharmacy (York 01904 725736) where it will be dispensed and returned to the surgery on the next hospital transport. Alternatively patients can take the prescription to the hospital themselves. Until fosfomycin is licensed, community pharmacies and community hospitals in our area will not be stocking this antibiotic.

This is a link to the drug’s use and supply information.

21. Palliative care – switch from using diamorphine to morphine injection

York Hospitals NHS Trust has made morphine its first line opiate of choice across all sites, (i.e. York, Scarborough hospital and hospices), for use in palliative care in syringe drivers and injections for breakthrough pain, rather than diamorphine. All prescribers should therefore use morphine first line if initiating an injectable opiate in palliative care and be aware that this is now first line across all primary and secondary care sites in the Vale of York and Scarborough.

Prescribers are always urged to take great care in making conversions between different opiate drugs and formulations. Familiarisation with dosing information for injectable morphine is vital. Useful dosing information is available on the York palliative care website via the following link:
http://www.yacpalliativecare.co.uk/documents/download134.pdf

If you have any clinical questions regarding this you can contact the Palliative Care Team and Pharmacy York Teaching Hospital NHS Foundation Trust on:
Palliative Care 01904 725835
Pharmacy 01904 725960

This is a link to the letter sent to practices in March.
23. Cardiovascular risks with strontium

The European Medicines Agency (EMA) has concluded its review of the risks and benefits of strontium ranelate (Proteus). The EMA considered that strontium should only be used by people for whom there are no other treatments for osteoporosis. In summary,

- Strontium ranelate is now restricted to the treatment of severe osteoporosis in postmenopausal women and adult men at high risk of fracture who cannot use other osteoporosis treatments due to, for example, contraindications or intolerance.
- Treatment should only be started by a physician with experience in the treatment of osteoporosis.
- The risk of developing cardiovascular disease should be assessed before starting treatment. Treatment should not be started in people who have or have had:
  - ischaemic heart disease
  - peripheral arterial disease
  - cerebrovascular disease
  - uncontrolled hypertension.
- Cardiovascular risk should be monitored every 6–12 months.
- Treatment should be stopped if the individual develops ischaemic heart disease, peripheral arterial disease, or cerebrovascular disease, or if hypertension is uncontrolled.

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24. Vitamin D Deficiency and Insufficiency in Adults

A helpful flow chart of how to manage Vitamin D Deficiency and Insufficiency is available here. Please note checking Vitamin D levels is one of the most expensive lab tests so please restrict testing as per the guidelines. Panacea has old bones and is happy just to take her Calcium supplements rather than know her Vitamin D level.

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25. New Prescribing Website

The new Prescribing Website within the Referral Support Service webpage is a reflection of the work that the Prescribing team is carrying out. There is currently a host of information on the site and it keeps growing so please keep checking it out! It is best viewed within Google Chrome browser but will work with any browser. There is still more information to add but we wanted to share what is here now.
The website is easy to navigate. Starting with the Homepage, there are links to various checklists and guidance’s, as well as important information that is updated here on a regular basis.

### Commissioning Position

The CCG’s Commissioning Position on various drugs describes whether they are Green for GP and hospital prescribing, Red for hospital only prescribing, Amber for shared care or not commissioned at all. You may find it faster to check here than email Rxline. The shared care guidelines are all on the formulary website. Please tell us if they’re not followed.
Email Contacts

Also on the prescribing homepage there are links to useful email contacts. These are essential for contacting the Medicines Management Team with any medicines commissioning enquiries; or the regional drugs and therapeutics centre for any Drugs Information Support. Please do not use Rxline line for drug information queries.

Important Links

At the bottom of each subsequent page, there are links to the various bits of information, policies, committee papers as well as useful links. Please browse these links to view what other information is on the website.

Contact Us

Do you have any feedback, suggestions or ideas for the Prescribing Website? If so, please get in touch by contacting us on valeofyork.contactus@nhs.net

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