

PRESCRIBING BULLETIN

March 2010
From the Primary Care Prescribing Group



Please Circulate to all Staff

Clopidogrel Prescribing and Licensed Indications

Prescribers will be aware that in some cases the generic versions of a medicine may not have exactly the same licensed indications listed in the Summary of Product Characteristics as the original branded medicine. A recent example of this has arisen with the introduction of generic clopidogrel. Plavix® is currently the only version of clopidogrel with an indication to be used for treatment of acute coronary syndrome, a licensed indication which is patent-protected, and this has been highlighted to healthcare professionals by the manufacturers of Plavix®. Generic versions of clopidogrel are considered to be bioequivalent to Plavix® and are licensed for all other indications of clopidogrel. We are aware that some GPs may have been asked by Community Pharmacists to confirm the indication for clopidogrel and to amend to Plavix® when co-prescribed with aspirin. The NHS Borders position is that this is not required, and that clopidogrel prescriptions should be written by generic name.

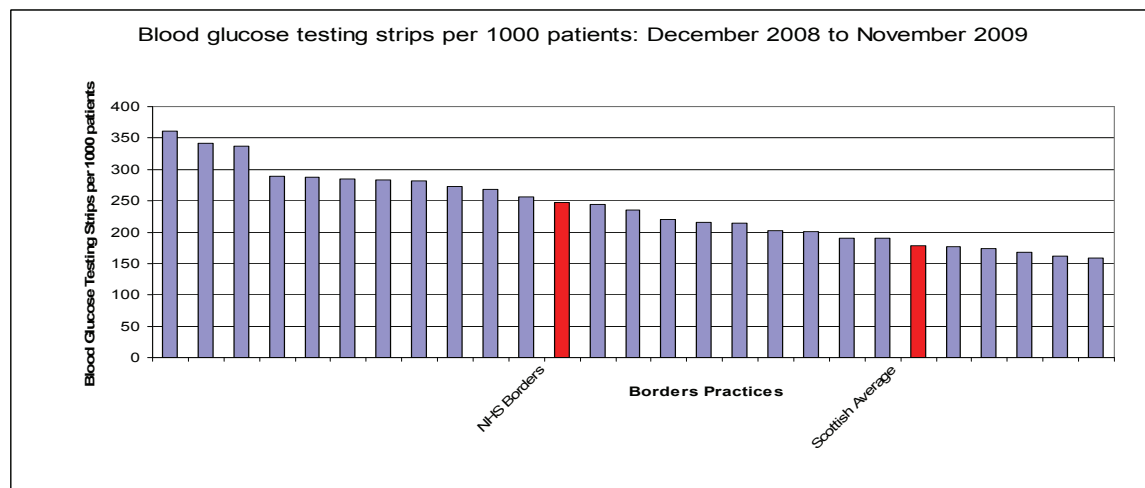
NHS Borders ADTC supports the prescribing and dispensing of generic clopidogrel for **all** of the licensed indications of Plavix®

Self monitoring of Blood Glucose for Non-Insulin Diabetes.

NHS Quality improvement Scotland (NHSQIS) prepared an [evidence note](#) summarising recent evidence on the safety and clinical or cost-effectiveness of patient self-monitoring of blood glucose for non-insulin dependent type-2 diabetes mellitus.

The evidence suggests that “self-monitoring may lack significant benefit, with little or no effect on glycaemic control and is unlikely to be clinically or cost effective in addition to usual care”. The Scottish Health Technologies Group (SHTG) has asked that the findings from this evidence note be applied to practice and that patients with type-2 diabetes not on insulin should be reviewed to identify whether they can stop self-monitoring as “it is not in the interest of the patient or NHS Scotland to undertake unnecessary monitoring”.

NHS Borders has produced guidance, printed in the Borders Joint Formulary to prescribers on the use of blood glucose strips which prescribers should use until the document is next reviewed which in principle supports the recommendations of this report.





Cost efficiencies

Please find detailed below reminders of current pricing anomalies the Prescribing Support Team are aware of:

Metformin Sachets are a more cost effective option for patients with swallowing difficulties. Metformin Sachets should be prescribed in preference to liquid where possible.

Formulation	£ per 500mg
Metformin 500mg tablets	0.04
Metformin Sachets	0.11
Metformin 500mg/5ml solution	3.10

The most cost effective way to prescribe 25mg of **Prednisolone** is to use the 5mg tablets: **not** the 25mg tablets which cost more than double for the equivalent dose.

Formulation	£ per 25mg
Prednisolone 5mg tablets	0.17
Prednisolone 25mg tablets	0.36

Avamys®

The July 2009 edition of The Bulletin reported that the Formulary Committee had recently approved a change to the 2nd line drug for Nasal allergy.

There are still a number of prescriptions for Fluticasone Propionate Aqueous Nasal Spray (Flixonase®). The Fluticasone **Furoate** is an easier to operate device than the Propionate spray and is also slightly cheaper and will reduce prescribing costs (5.4p/spray vs 7.5p/spray). We would ask all prescribers to review their patients receiving Fluticasone nasal sprays with a view to switching them to the **Furoate** salt.

Beclazone Easi-breathe®

Also in July, the Bulletin reported the discontinuation of Beclazone Easi-breathe® inhalers. Many pharmacies are now out of stock so if there are any remaining patients with this still on repeat, now is the last chance to swap them. The preferred alternatives for patients are both currently available in the Borders Joint Formulary.

Asmabec Clickhaler- (50, 100 and 250mcg) licensed from age 6 - this contains the same steroid: **beclometasone**

Budesonide Easyhaler- (100, 200 and 400mcg) licensed from age 6 - this contains **budesonide**.

Other formulary options:

Beclometasone Easyhaler® is not licensed for children and only available in 200 microgram strength. This is however the least costly option for stable adults who can be managed with this strength (£4.55/30 days for 1 puff bd). Patients and prescribers may prefer to stay with the same steroid although the Easyhaler® is slightly cheaper. (£5.65 Asmabec vs £5.39 Budesonide for 30 days). Prices based on 200mcg twice daily.

Neither Qvar or Qvar Easibreathe® are licensed in under 12s and require dose reduction.

Since there will be a need to change all existing patients, this is an opportunity to review symptoms and control and to consider the preferences in relation to device and steroid.



Abnormal bleeding risk with concomitant NSAID and SSRI

Concomitant use of non-steroidal anti-inflammatory drugs (NSAID's) and selective serotonin re-uptake inhibitors (SSRI's) increases the risk of abnormal bleeds.

Using a SSRI with a NSAID can increase the risk of gastrointestinal (GI) bleeds six-fold due to depletion of platelet serotonin levels. People aged over 80 years or with a history of GI bleeds are at greatest risk.

SSRI's are first choice anti-depressants in most patients. This is particularly true for elderly patients, because of SSRIs' low cardiotoxicity, lack of anticholinergic effect, easy dosing and lack of side effects.

Patients on a SSRI with a NSAID should be reviewed, especially if other risk factors for a GI bleed are present. There are several options for at-risk patients:

- Stop NSAID or switch to an alternative analgesic treatment.
- Co-prescribe a proton pump inhibitor.
- Prescribe a different anti-depressant.

The increased risk of GI bleeding correlates to increased inhibition of serotonin reuptake, thus among the different antidepressants: SSRI's and Clomipramine are high risk, Venlafaxine and Tricyclics intermediate risk, and Mirtazapine lower risk.

For patients considered to be high risk for bleeds (multiple risk factors, active ulceration), Mirtazapine may be considered. It is a sedative medicine and could, in theory, lead to falls, but empirical experience has not found this to be a problem. Mirtazapine increases appetite and is associated with weight gain, which may be a problem for overweight or diabetic patients.

Toxicity, overdose risk, side effect profile and dosing schedule of different antidepressants should be considered when deciding on a course of action.



ASPIRIN – NOT RECOMMENDED FOR PRIMARY PREVENTION:

The MHRA have provided advice on the indications for aspirin (Drug Safety Update – October 2009). This article advises that aspirin is only licensed for secondary prevention of vascular events.

Recent studies have shown that the risks of gastrointestinal bleeds outweighed the small reduction in risk of a cardiovascular event. The MHRA advises:

Advice for healthcare professionals:

- The results of these recent studies lend support to the licensed indications for Aspirin in secondary prevention of vascular events only.
- Aspirin is not licensed for the primary prevention of vascular events. If aspirin is used in primary prevention, the balance of benefits and risks should be considered for each individual, particularly the presence of risk factors for vascular disease (including conditions such as diabetes) and the risk of gastrointestinal bleeding.

NHS Borders is currently reviewing actions that need to be taken as a result of this guidance and this will be published in due course.



MRSA Eradication Regime

In response to requests for clarity, NHS Borders' current recommendations for MRSA eradication are:

Skin: Chlorhexidine cleansing solution 4% (Hibiscrub®) used daily for the body and twice weekly for hair washing. Brand prescribing will assist the location and ordering of the appropriate product, which is available in a 500ml bottle.

Nasal: Mupirocin 2% nasal ointment (Bactroban®) three times a day. Available as a 3 gram tube.

Treatment course is 7 days.

Both skin and nasal treatments should be given even if only one site gives a positive result.

A reminder about Sibutramine (Reductil®)

The marketing authorisations for the anti-obesity drug Sibutramine have been suspended across Europe. Evidence suggests that there is an increased risk of non-fatal heart attacks and strokes with this medicine that outweighs the benefits of weight loss, which is modest and may not be sustained in the long term after stopping treatment. Prescribers are advised not to issue any new prescriptions for Sibutramine and to review the treatment of patients taking the drug. Pharmacists should not dispense any prescriptions for Sibutramine and should advise patients to make a routine appointment with their doctor to discuss alternative measures to lose weight.

There are no health implications if patients wish to stop treatment before seeing their doctor. For further information please see the [MHRA website](#).



Please contact the NHS Borders Medicines Management and Prescribing Support Team on 01896 827702 with suggestions/contributions for the next bulletin.



Gluten-free foods

Quite often a difficult area; a survey conducted by Coeliac UK in 2006 found that over 90% of people with Coeliac disease obtained gluten-free food on prescription. It is important that prescribers are aware of adequate amounts and types of foods they should be prescribing for their patients.

There is an excellent downloadable prescribing guideline and product list which can be found at www.coeliac.org.uk/healthcare-professionals/prescriptions. Please be aware that Dieticians advise that there may be a requirement to prescribe extra amounts if patients are underweight when first diagnosed. Also as a cost-efficiency; some gluten-free products are not stocked by pharmaceutical wholesalers and have to be ordered directly from the manufacturers who may have a minimum order fee, e.g. Barkat® coffee biscuits (RRP £2.25): if only one packet is ordered on a prescription, it will cost £20 by the time the minimum order fee is applied.

We would encourage pharmacists to highlight this to prescribers who may wish to discuss this with their patient, amend the quantity prescribed or add other items to the prescription to make the cost up to the minimum order value. Some gluten-free products do have a very long shelf life so the patient may only need to order a regularly used product less frequently.

Manufacturers who may apply handling/minimum order fees are: Orgran, Natures Path, Ener-G, Barkat, Tritamyl, Genius, Heron Foods, Aproten, Bi-Aglut, France Aglut, Lifestyle Healthcare, Ultra, Valpiform, Allergycare, Livwell, Wellfoods, and Antionette Savill.