

Bite Size Prescribing News

July 2015



Known stock Shortages:

Community Pharmacies: Please note, rather than referring a patient back to the prescriber when a prescribed product is unavailable; it is good practice to contact the GP practice with in-stock alternatives.

Product	Information	Alternatives
Dosulepin 25mg caps / 75mg tabs	NOT recommended for use	Review patient
Gastrocote Liq / Tabs	DISCONTINUED	Peptac liquid is still the antacid of choice.

Glaxo-Smith-Kline (GSK) dermatology products:

Up-to-date info on GSK website; http://hcp.gsk.co.uk/supply.html

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Bactroban® Cream	UNAVAILABLE	Use in MRSA only seek advice from microbiology OR infection control team at RFT
Betnovate®		Prescribe generic betamethasone 0.1% crm / oint
Betnovate 0.025% RD	UNAVAILABLE	Prescribe synalar 1 in 4 (intermittent stock availability)
Eumovate®	INTERMITENT AVAILABILITY	Use steroid of equivalent potency that is tolerable for patients. See BNF for alternatives.
Trimovate	UNAVAILABLE	Prescribe individually
Cutivate®	AVAILABLE	
Dermovate®	AVAILABLE	
Duac®	AVAILABLE	
Trimethoprim	UNAVAILABLE	Nitrofurantoin caps 1 st choice If contra-indicated use sensitivities to treat or seek advice from microbiology at RFT
Lymecycline Capsule/ Tetrasyl ®	AVAILABLE	Prescribe generically
Nitrofurantion capsules	AVAILABLE	UNICHEM now sole stockist
Metformin M/R tabs	AVAILABLE	Prescribe generically
Tegretol PR 200/400mg	AVAILABLE	

SGLT2 inhibitors (Flozin's) & risk of diabetic ketoacidosis (DKA).

The MHRA have issued a safety alert for all SGLT2 inhibitors (Flozins = canagliflozin, dapagliflozin, empagliflozin) as there have been cases of diabetic ketoacidosis associated with their use.

Prescribers are advised to test for raised ketones if acidosis symptoms are present, even if plasma glucose levels are near normal. In several of the reports blood glucose levels have only been moderately elevated which is atypical for diabetic ketoacidosis.

The MHRA recommend

- Test for raised ketones in patients with symptoms of DKA
- If you suspect DKA stop the SGLT2 inhibitor treatment
- If DKA confirmed, take appropriate measures to correct the DKA and to monitor glucose levels
- Inform patients of the symptoms of DKA (listed below) and advise them to get immediate medical help if these occur.
 - Nausea, vomiting, anorexia, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue, sleepiness
- Be aware SGLT2 inhibitors (Flozins) are not approved for treatment of type 1 diabetes.

Half the reported cases occurred within the first two months of starting treatment and a third of cases occurred in patients with type 1 diabetes, these drugs are not licensed for use in type 1 diabetes.

Diabetes drugs and Risk of Heart Failure Hospitalisation

Both DPP-4 inhibitors (gliptins) and sulphonulureas have been associated with an increase in the risk of hospitalisation for heart failure but no increase in heart failure mortality, however, there has never been a study that has compared the heart failure hospitalisation risk between the two agents. An Italian retrospective observational study of 127,555 patients has done just that and concluded that the use of DPP-4i is associated with a reduced risk of heart failure hospitalisation compared to sulphonylureas. (euro heart journal online 25/06/15)

Pregabalin

Nationally since 2011 pregabalin prescribing has increased by 53%

In Rotherham since 2011 pregabalin prescribing has increased by 126%

There have been three serrious incidents involving pregabalin in

- 1. Completed prescriptions waiting for collection were stolen, from a practice, the perpetrator obtained pregabalin. He and his partner were found comatosed and admitted to hospital.
- 2. A patient has died from a pregabalin overdose after accessing pregabalin from his practice at a frequency higher than expected.
- 3. A pharmacy was broken into and only pregabalin was taken.

The majority of pregabalin is initiated for neuropathic pain.

There are 1333 patients taking pregabalin for pain in Rotherham, only 4 of these patients had their pregabalin initiated whilst in prison.

45% of the pregabalin prescribed for pain has been initiated by the patients GP There are 121 drug misuse clients taking pregabalin in Rotherham, in 78% of these patients pregabalin was initiated by the GP.

NHS Rotherham CCG prescribing guidance

- Consider gabapentin or amitriptyline ahead of pregabalin
 - No large robust trials have ever shown that pregabalin is better at reducing pain than gabapentin.
 - Up to 12% of patients taking pregabalin have reported feeling euphoria(1)
 - After discontinuation of short-term and long-term treatment with pregabalin, withdrawal symptoms have been observed in some patients(2).
 - Pregabalin has been listed as a recreational psychoactive substance by the European Monitoring Centre for Drugs and Drug Addiction in 2010.
 - Unlike Gabapentin, pregabalin has no ceiling of absorption after oral dosing meaning meaning that accidental or deliberate overdose may be easier to achieve.
 - Currently, pregabalin appears to be more sought after for misuse than gabapentin (3).
- Be very cautious about anyone requesting pregabalin by name.
- Avoid in patients with a history of substance misuse.
- Be very cautious in co-prescribing with opioids and other drugs that affect the CNS as there are reports of respiratory failure and coma in patients taking pregabalin and CNS depressant medicinal products. Pregabalin also appears to be additive in the impairment of cognitive and gross motor function caused by oxycodone (2).
- Prescribe initially for a test period and always review effectiveness.
- Ensure prescribers and repeat prescription clerks check for pregabalin over-ordering.
- Patients should be informed of potential harms and benefits of pregabalin and gabapentin including dependency and withdrawal issues. The prescriber should record that they have informed the patient.
- Filipetto FA, Zipp CP, Coren JS. Potential for pregabalin abuse or diversion after past drug-seeking behavior. J Am Osteopath Assoc. 2010;110(10):605–607
- (2) Lyrica capsules SPC, http://www.medicines.org.uk/emc/medicine/14651
- (3) Advice for prescribers on the risk of the misuse of pregabalin and gabapentin:PHE NHS; https://www.gov.uk.