



Produced by the
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Medicines Management
Team

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Bite Size Prescribing News

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**Rotherham
Clinical
Commissioning
Group**

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>

Bactroban®	AVAILABLE	Use in MRSA only seek advice from microbiology OR infection control team at RFT
Betnovate®	UNAVAILABLE	Prescribe generic betamethasone 0.1% crm / oint
Betnovate® 0.025% RD	UNAVAILABLE	Prescribe Audavate 0.025% RD (intermittent stock availability)
Eumovate®	UNAVAILABLE	Use steroid of equivalent potency that is tolerable for patients. See BNF for alternatives.
Trimovate®	UNAVAILABLE	Prescribe individually
Cutivate®	AVAILABLE	
Dermovate®	AVAILABLE	
Trimethoprim	INTERMITTENT AVAILABILITY	Nitrofurantoin caps 1st choice <i>If contra-indicated use sensitivities to treat or seek advice from microbiology at RFT</i>
Lymecycline caps	AVAILABLE	Prescribe generically
Nitrofurantion capsules	AVAILABLE	UNICHEM now sole stockist
Metformin M/R tabs	AVAILABLE	Prescribe generically
Mefenamic Acid (all)	UNAVAILABLE	Use naproxen

Topical treatments for Anal Fissures

Following on from March's PLT event, many GPs have asked which topical preparations should be prescribed to avoid enormous varying specials costs.

- 1st LINE: **Rectogesic® (glyceryl trinitrate) 0.4% ointment 30g** has a Drug Tariff price of £39.30
- 2nd LINE: For patients unable to tolerate or with contraindications to GTN. **Anoheal® (diltiazem) 2% cream 30g** has a Drug Tariff price of £74.34

It is recommended to prescribe by brand to avoid any confusion and to take advantage of fixed prices.

Metformin sachets / oral solution

Glucophage® (metformin) 500 mg & 1000 mg powder for oral solution in sachets have been discontinued. Metformin 500mg/5ml SF oral solution is available at a costly £69.80 for 150mls

It is worth reassessing the patient's ability to take the tablets. Surprisingly many patients can swallow tablets but state they struggle with metformin due to their size.



Some standard release tablets are small e.g. Actavis or RelonChem while others are oval shaped e.g. Teva

Dual prescribing in Dementia

Individual shared care protocols exist for the prescribing of acetylcholinesterase inhibitors (donepezil, galantamine, rivastigmine) OR memantine. Dual prescribing is unlicensed and must be undertaken in secondary care. Any requests should be referred back to the memory clinic.

Rizatriptan oral lyophilisates (wafers) / Maxalt Melt® switch

The availability of rizatriptan orodispersible SF tablets has provided the opportunity for a 72% cost saving. Prescribers are advised to prescribe orodispersible SF tablets going forward. If practices require any help with this please contact the Medicines Management Team.

HRT and Risk of Stroke and VTE – The advice remains the same

A recent Cochrane review of new and existing evidence has concluded that overall the risk of stroke and VTE is raised with the use of HRT¹. This is alongside no benefit of a reduction in risk of deaths of any cause or from cardiovascular causes. Six RCTs have been published since the last Cochrane review (published in 2013) which has made a total of nineteen RCTs (featuring 40,410 postmenopausal women) which were systematically reviewed. Generally, speaking the quality of the RCTs was good.

The researchers (from the University of Oxford and other research centres in the UK and Spain) only included RCTs in women followed up for at least 6 months and the hormone therapy was a mixture of oestrogen only and oestrogen/progestogen given orally as opposed to topical. Meta-analysis of the trials found that hormone therapy did not affect women's risk of death from any cause or death from cardiovascular disease during follow up, or non-fatal heart attacks, compared to placebo or no treatment.

Hormone therapy increased the risk of stroke compared to placebo or no treatment-with an extra six women per 1,000 experiencing a stroke. Across the studies, approximately 31 women per 1,000 taking hormone therapy experienced stroke during follow up, compared to 25 women per 1,000 not taking hormone therapy. This equates to an NNH of 165 over an average of about four years. The risk of VTE was also increased-with an extra eight women per 1,000, on average, experiencing clots with hormone therapy. On average across the trials about 19 women per 1,000 taking hormone therapy had a clot during follow-up compared to 10 women per 1,000 not taking hormone therapy.

1. Cochrane database of systematic reviews (2015). *Hormone therapy for preventing cardiovascular disease in post-menopausal women*. [Online] Available from <http://onlinelibrary.wiley.com/enhanced/doi/10.1002/14651858.CD002229.pub4> [Accessed: 24th March 2015].

HRT and ovarian cancer risk

A recent meta-analysis of 52 epidemiological studies was recently published in the Lancet assessing the risk associated between hormone therapy and ovarian cancer². The Collaborative Group on Epidemiological Studies of Ovarian Cancer analyses data from all epidemiological studies of ovarian cancer, assessing the risks associated with just a few years of hormone therapy use, or with past use. Overall information was provided for 21,488 post-menopausal women with ovarian cancer from 52 studies (17 prospective and 35 retrospective).

About half the postmenopausal women with ovarian cancer had used hormone therapy. Ovarian cancer risk was significantly raised in current users, even those with less than 5 years usage. In ex-users, risks decreased the longer ago therapy had ceased, but the risks during the first few years after stopping remained appreciable. Indeed, approximately ten years after stopping long-term use (6 or more years) there still remained a small excess risk. There appeared to be no difference in risk between oestrogen-only and oestrogen/progestagen preparations (in current or recent users) or between women who had started therapy before the age of 50 years or during their 50s.

Current hormone guidelines (which are due to be revised) in the UK indicate that there is a risk only with long-term use. The clear association between hormone therapy and ovarian cancer and indeed stroke and VTE require careful consideration when prescribing on an individual basis. The MHRA advice is to use the lowest dose for the shortest duration of time. Current usage (previous 12 months) across the CCG of the top 10 most prescribed HRT is detailed below.

2. Collaborative Group on Epidemiological Studies of Ovarian Cancer. (2015) Menopausal hormone use and ovarian cancer risk: individual participant meta-analysis of 52 epidemiological studies. *The Lancet*. [Online] Available from [http://www.thelancet.com/journals/lancet/article/PIIS0140-6736\(14\)61687-1/abstract](http://www.thelancet.com/journals/lancet/article/PIIS0140-6736(14)61687-1/abstract) [Accessed: 24th March 2015].

Top Ten HRT Expenditure-Feb '14-Jan '15

Drug	Total items	Total cost
Tibolone_Tab 2.5mg	790	£15,907.98
Evorel Conti_Patch	361	£9,831.98
Ethinylestr_Tab 10mcg	15	£8,349.41
Ethinylestr_Tab 50mcg	10	£7,437.21
Elleste Duet Conti_Tab	322	£5,379.83
Climesse_Tab	135	£4,028.63
Raloxifene HCl_Tab 60mg	307	£3,488.66
Evorel Sequi_Patch	135	£3,445.97
Elleste Duet_Tab 1mg	336	£3,240.94
Climagest_Tab 1mg	204	£3,091.97

As a starting point guide prescribers may like to consider the following products as first line but are reminded to consult the BNF for a full list:

Women with a uterus- 'EllesteDuet[®] 1 or 2mg tabs (Bleed-free- 'Elleste-Duet Conti[®])

Women without a uterus-- 'Elleste Solo[®] 1 or 2mg tabs