



Prescribing Points

A NEWSLETTER FOR ALL HEALTH CARE PROFESSIONALS IN OXFORDSHIRE, WRITTEN BY THE MEDICINES MANAGEMENT TEAM, OXFORDSHIRE PCT, JUBILEE HOUSE, OXFORD BUSINESS PARK SOUTH, OXFORD, OX4 2LH.

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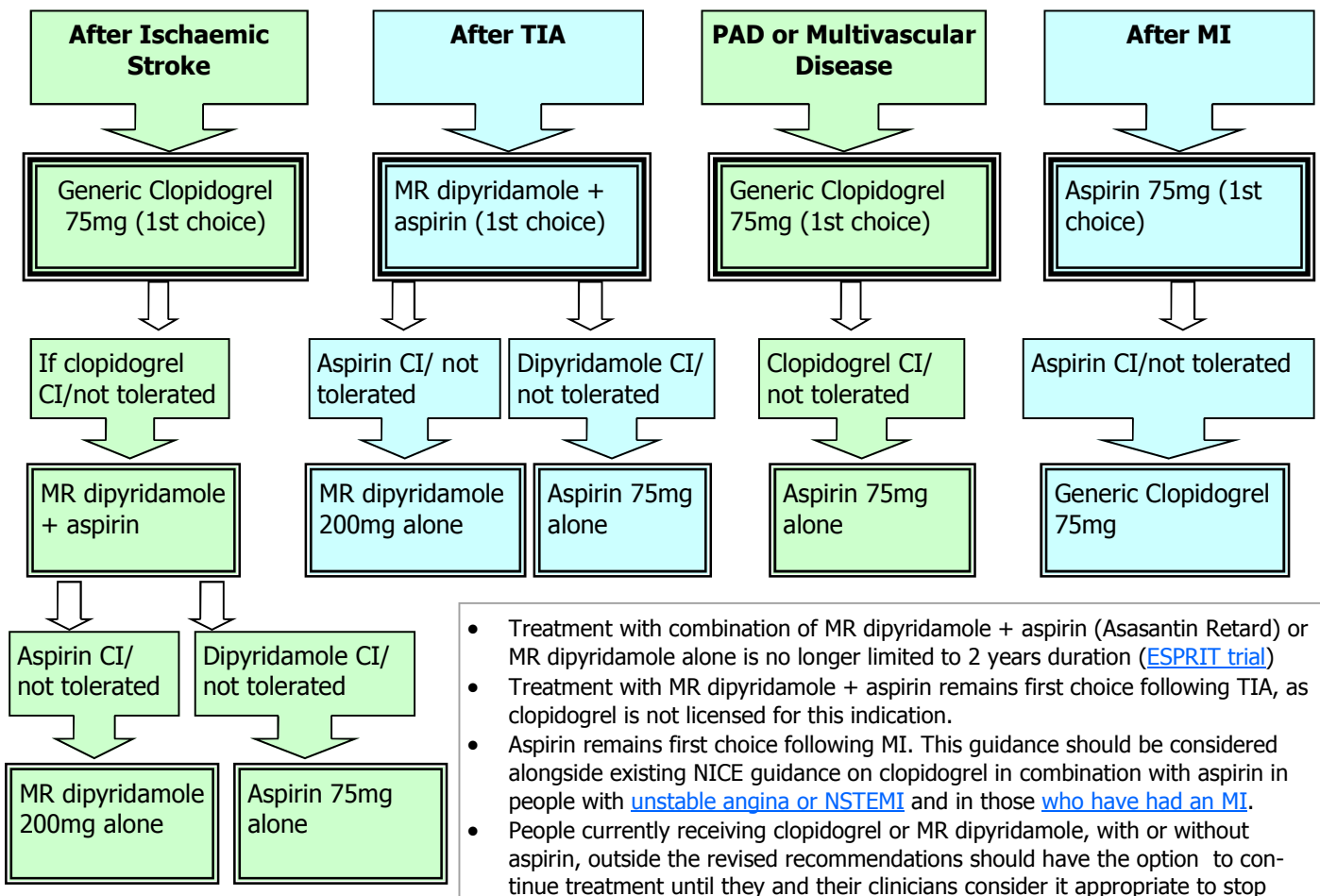
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Changes in the use of clopidogrel and modified-release dipyridamole

Generic clopidogrel is now [recommended](#) by NICE ahead of combination use of aspirin plus modified release (MR) dipyridamole in people who have had an ischaemic stroke. This and other changes in NICE guidance on clopidogrel and MR dipyridamole for the prevention of occlusive vascular events have been introduced in [technology appraisal guidance 210](#) which replaces previous NICE guidance from 2005.

The flowchart below summarises the new guidance:



- Treatment with combination of MR dipyridamole + aspirin (Asasantin Retard) or MR dipyridamole alone is no longer limited to 2 years duration ([ESPRIT trial](#))
- Treatment with MR dipyridamole + aspirin remains first choice following TIA, as clopidogrel is not licensed for this indication.
- Aspirin remains first choice following MI. This guidance should be considered alongside existing NICE guidance on clopidogrel in combination with aspirin in people with [unstable angina or NSTEMI](#) and in those [who have had an MI](#).
- People currently receiving clopidogrel or MR dipyridamole, with or without aspirin, outside the revised recommendations should have the option to continue treatment until they and their clinicians consider it appropriate to stop

So What?

Prescribers should be aware of these changes and bear the updated guidance in mind when reviewing patients.

NHS Oxfordshire intranet: : Prescribing & Medicines Management folder updated

In response to feedback from users finding it difficult to find relevant guidelines, the prescribing and medicines management section of the intranet site has now been improved.

The guidelines section (within general practice; prescribing and medicines management) is now divided into clinical folders in line with the BNF chapters to enable quicker reference to the relevant information.

	Type	Name
Home Oxygen		
IT Training & Clinical Systems Training	▶	
Lavender Statements		
Policy Folder		
Practice Based Commissioning		
Prescribing and Medicines Management	▶	
Priorities Forum		
QOF	▶	
Referrals and Investigations	▶	
Support for Carers		
Weight Management Services		
Document Library		
		01. Gastro-intestinal system
		02. Cardiovascular system
		03. Respiratory System
		04. Central Nervous System
		05. Infections
		06. Endocrine System
		07. Obstetrics, gynae and UT disorders
		08. Malignant Disease and immunosuppression
		09. Nutrition and blood
		10. Musculoskeletal and joint diseases
		13. Skin

Complan Complete

Complan Foods are launching a new ready mixed product called Complan complete in March 2011. This will be a 200ml ready to drink preparation and is significantly more expensive than Complan shake **so the preferred supplement should continue to be COMPLAN SHAKE sachets.**

So What?

Prescribers should ensure Complan SHAKE is selected as the first line prescribed oral nutritional supplement.

Prescribing of flucloxacillin oral suspension

In recent months the cost of flucloxacillin 125mg/5ml Sugar free oral solution and the 250mg/5ml preparations have escalated. It is significantly more cost effective to **prescribe 125mg/5ml oral solution, doubling dose where 250mg strength is needed.**

Flucloxacillin	Price / 100mls (jan 11)
125mg/5ml oral solution	£4.41
125mg/5ml oral solution sugar free	£21.87
250mg/5ml oral solution	£30.72
250mg/5ml oral solution sugar free	£26.87

So What?

Prescribers should use the 125mg/5ml oral solution (non sugar free) when prescribing Flucloxacillin liquid, doubling

Drug safety update – (dextro) propoxyphene

The January Drug Safety Update highlights new clinical data from the USA that (dextro)propoxyphene can have serious effects on the electrical activity of the heart, even at normal therapeutic doses. As a result the FDA is advising healthcare professionals to stop prescribing (dextro) propoxyphene to their patients.

In the UK, dextropropoxyphene and paracetamol was licensed as the painkiller co-proxamol. However, after expert advice in January 2005 that co-proxamol should be withdrawn from the market, all licences were cancelled by the end of 2007.

A small number of patients continue to take co-proxamol as an unlicensed medicine. Prescribers will wish to reassess the balance of risks and benefits in each patient of continuing treatment with co-proxamol, taking into account the individual's other medications and any comorbidities, in the light of the new US data.

So What?

Prescribers should be aware of these risks and review any remaining patients taking co-proxamol.

Hyperprolactinaemia guidelines approved

In line with Good Practice Monitoring Guidelines for Severe Mental Illness patients prolactin levels should be checked as a base line and after 3 months for certain antipsychotic medications. Guidance around next steps where high levels are detected can be found on the PCT intranet within general practice> prescribing & medicines management> prescribing guidelines. [Antipsychotic-induced hyperprolactinaemia Primary care guidelines and recommendations for monitoring](#) (ctrl & click to follow link) .

Inappropriate glucosamine prescribing:

Oxfordshire PCT spent approx **£140,000** on prescribing of Glucosamine products over the last 12 months. Glucosamine was considered by the [Oxfordshire Priorities Forum](#) (ctrl & click to follow link) in November 2008 and was classified as **LOW PRIORITY** due to lack of evidence of clinical effectiveness and of cost effectiveness.

Evidence of effectiveness: There is lack of good quality evidence for clinical effectiveness of glucosamine (sulphate and hydrochloride salt) for adult OA, in relation to improved outcomes of pain; stiffness; and functional mobility.

Cost effectiveness: There is limited economic analysis of the cost-effectiveness of glucosamine for adult OA available for scrutiny. Modelling carried out by the manufacturer of Alateris™, for submission to the Scottish Medicines Consortium, led this body to conclude that there was insufficiently robust evidence to determine cost-effectiveness.

National Guidance: - In February 2008, NICE issued guidelines (CG59) for the care and management of adult osteoarthritis and stated: "*The use of glucosamine or chondroitin products is not recommended for the treatment of osteoarthritis*".

So What?

Prescribers should review all patients taking glucosamine. Glucosamine products are available over the counter as food supplements for those wishing to continue this treatment.

Prescribing incident alerts: Dalteparin near miss.....

The ORH DVT clinic have highlighted a near miss incident which occurred recently within Oxfordshire. A patient with suspected DVT attended her GP practice late afternoon and was given a prescription for the first dose of Dalteparin. She was advised to visit the DVT clinic for further assessment & treatment as per the current DVT LES. Local pharmacies however did not have stock of the strength prescribed and having not been able to obtain this dose she then presented at the DVT clinic within minutes of clinic closing time. The patient was by this stage quite breathless and was diagnosed with a large PE.

This near miss has highlighted the importance of ensuring access to this medication. Under the current DVT LES patients should be diagnosed in primary care and referred to the DVT clinic for treatment . Where a patient is seen outside of the clinic opening hours (or close to closing) however practices should either provide the first dose where possible or confirm stock with a pharmacy before prescribing.

The DVT LES is currently being amended to include this and consideration of a holding stock in selected pharmacies is being reviewed.

So What?

When a DVT is suspected outside of DVT clinic opening hours, prescribers should provide the first dose where possible or confirm stock with a pharmacy before providing a prescription.

Patent expiries:

The following drugs are due to come off patent over the next 6 months:

Month of Expiry (2011)	
January	Pioglitazone hydrochloride , Saquinavir mesylate, Zafirlukast
February	Lamivudine, Tazarotene
March	Sertindole
April	Zalephon, Etoposide phosphate
May	Beractant, Mecasermin, Remifentanil, Stavudine, Valsartan
June	Ibandronic acid, Levofloxacin, Tigabine