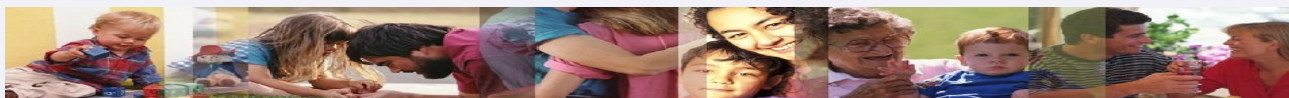


NEWSLETTER



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Vitamin C (Ascorbic Acid) - The Cost to the Health Service



In Northern Ireland (NI) last year, £800,000 was spent on prescriptions for multivitamins, ascorbic acid, Forceval®, Ketovite®, vitamins BPC, Vivioptal®, and cod liver oil. **Over half of this was spent on prescriptions for ascorbic acid (vitamin C).**

Vitamins and minerals are essential nutrients which most people should get from eating a healthy, varied and balanced diet. The prescribing of vitamins and minerals on the Health Service is recommended by the ACBS committee for the prevention and treatment of specific deficiency states or where the diet is known to be inadequate. They must not be prescribed as dietary supplements or a general ‘pick-me-up’. The only indication for ascorbic acid in the BNF is for the prevention and treatment of scurvy. Mega-vitamin therapy with water-soluble vitamins, such as ascorbic acid is unscientific and can be harmful.

Where there is concern that diet is not meeting nutritional needs, patients or carers should be advised to purchase an over-the-counter once-a-day (OTC) multivitamin and mineral preparation. A wide range of complete multivitamin preparations are available OTC at low cost. If ascorbic acid is clinically justified, a nutritionally complete multivitamin should be considered as a course of treatment, and then reviewed.

Action for GP practices:

- Review patients who are prescribed ascorbic acid or multivitamins and ensure that prescribing is in line with ACBS approved indications — see [Drug Tariff](#). Stop if continued use cannot be clinically justified.
- Patients should be provided with information to educate them and help them understand how to eat a healthy, nutritious and balanced diet.
- Patients who wish to continue to take vitamin C or multivitamins should be advised that these products can be bought OTC from a pharmacy.

| Product | Cost for 28 days* |
|------------------------------|-------------------|
| Ascorbic acid 50mg tablets | £15.05 |
| Ascorbic acid 100mg tablets | £14.30 |
| Ascorbic acid 200mg tablets | £19.86 |
| Ascorbic acid 500mg tablets | £26.87 |
| *as per Drug tariff Nov 2017 | |

Cialis® Please Prescribe Generically — Tadalafil

Phosphodiesterase type 5 (PDE5) inhibitors are the recommended first line pharmacological treatment for erectile dysfunction. **Generic Sildenafil** is the first choice treatment, in line with the NI [Formulary](#). The second line choice is tadalafil 10mg and 20mg tablets (Cialis®), which is now off patent and should be prescribed generically. Avanafil (Spedra®), another PDE5 inhibitor, is **NOT** accepted for use in NI by the Managed Entry process.

Action for GP practices:

- Prescribe all PDE5 inhibitors generically in line with the Department of Health generic prescribing policy.
- Review patients currently prescribed branded Viagra® for switch to generic sildenafil or branded Cialis® for switch to generic tadalafil.
- Review patients prescribed avanafil (Spedra®) and switch to generic sildenafil or tadalafil as appropriate.

Note: In Northern Ireland, PDE5 inhibitors (including sildenafil) should currently only be prescribed on HS21 prescriptions in accordance with Schedule 11 of the Drug Tariff http://www.hscbusiness.hscni.net/pdf/DT_PART_11b_1711.pdf. PDE5 inhibitors are categorised as red list drugs when used for ‘erectile dysfunction, severe distress category only’ <http://www.ipnsm.hscni.net/red-amber/>.



“Alzheimer’s Nutrient Drink Falters in Clinical Trial”

Souvenaid[®] made the news last week following a publication in the Lancet Neurology that there is no good evidence that it can actually slow the disease in people with early Alzheimer’s. The results from the latest trial did not find that it preserved memory and thinking. The authors reported that bigger studies are needed to show if the product can work as hoped. And consumers should be aware that the £3.49 per bottle drink “is not a cure”. Further information can be found on the [BBC](#) website and [Lancet Neurology](#) website.



Souvenaid[®] is listed on the HSCB Stop List http://niformulary.hscni.net/PrescribingNewsletters/CEC_S1/Pages/default.aspx. Prescribing of products on the Stop List is not supported by HSCB. Products on the Stop List should be purchased by the patient from community pharmacies or supermarkets, and not prescribed on HS21 prescriptions.

Licensed Magnesium Glycerophosphate (Neomag[®]) Now Available

In the last few months, a licensed preparation, Neomag[®], has become commercially available. Details available at: <https://www.medicines.org.uk/emc/medicine/33475>. This product costs £22.77 for 50 chewable tablets. As per GMC guidance, licensed medicines should be prescribed where possible: https://www.gmc-uk.org/guidance/ethical_guidance/14327.asp.

Action for GP practices:

- Please search for patients prescribed the unlicensed magnesium glycerophosphate 4mmol tablets and change to the licensed product Neomag[®].

Clarification — lidocaine patches

In the August edition of the newsletter, we included an article on safety concerns with lidocaine patches. We would like to clarify that, although one of the lidocaine metabolites, 2,6 xylidine, has been shown to be genotoxic and carcinogenic in rats, and secondary metabolites have been shown to be mutagenic, no new relevant safety information was identified in the evaluation period in relation to genotoxicity or carcinogenicity. A population kinetic analysis of one of the clinical efficacy studies in patients suffering from PHN revealed a mean maximum concentration of 2,6-xylidine of 8 ng/ml after repeated daily applications of three plasters over 12 hours for up to 10 weeks. These concentrations are approx. 120-fold lower than those that caused tumour formation in animals. Therefore, the favourable benefit to risk profile of lidocaine 5% medicated plaster remains unchanged and from a non-clinical point of view, the intended use of the plaster is regarded as safe. However, the currently approved product information contains warnings concerning potential increased tumorigenic risk to patients with long term use and that the product should be used on a long-term basis only by those patients who gain benefit from its use. Further information can be found on the [MHRA](#) website and the SPCs for [Versatis[®]](#) and [Ralvo[®]](#).

NICE GUIDANCE — NORTHERN IRELAND SERVICE NOTIFICATIONS

Service Notifications have been issued in Northern Ireland for the following:

[NICE TA446](#) — Brentuximab vedotin for treating CD30-positive Hodgkin’s lymphoma

[NICE TA449](#) — Everolimus and sunitinib for treating unresectable or metastatic neuroendocrine tumours in people with progressive disease

[NICE TA450](#) — Blinatumomab for previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia

[NICE TA451](#) — Ponatinib for treating chronic myeloid leukaemia and acute lymphoblastic leukaemia

[NICE TA455](#) — Adalimumab, etanercept and ustekinumab for treating plaque psoriasis in children and young people

[NICE TA456](#) — Ustekinumab for moderately to severely active Crohn’s disease after previous treatment

[NICE NG73](#) — Endometriosis: diagnosis and management

MANAGED ENTRY DECISIONS

The following medicines were considered in November as part of the Northern Ireland Managed Entry process. **Please refer to the Managed Entry section of the Northern Ireland Formulary website for full details on Managed Entry decisions:**

<http://niformulary.hscni.net/ManagedEntry/MEDecisions/Pages/default.aspx>

Afibercept (Eylea[®])
Autologous cultured chondrocytes (MACI[®])
Beclometasone dipropionate/formoterol fumarate dihydrate/glycopyrronium bromide (Trimbaw[®])

Bevacizumab (Avastin[®])
Opicapone (Ongentys[®])
Sarilumab (Kevzara[®])
Stiripentol (Diacomit[®])

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy

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