NORTHERN IRELAND MEDICINES MANAGEMENT

Health and Social Care Board

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NEWSLETTER

LIFESTYLE CHANGES POST MYOCARDIAL INFARCTION: UPDATE TO NICE GUIDANCE [3]

NICE has updated the clinical guideline on 'Secondary prevention in primary and secondary care for patients following a myocardial infarction' to include the following:

Do not routinely recommend eating oily fish for the sole purpose of preventing another MI. If, following a MI, individuals choose to consume oily fish, be aware that there is no evidence of harm, and fish may form part of a Mediterranean-style diet.

Do not offer or advise people to use the following to prevent another MI:

- Omega-3 fatty acid capsules
- Omega-3 fatty acid supplemented foods.

Action

Practices are asked to review their prescribing for post-MI patients. In particular prescribers should search for patients taking omega 3 fatty acid capsules and consider if it is appropriate to stop. Please refer to NICE website for full version of the guideline (http://www.nice.org.uk).

In This Issue

TEMAZEPAM PRICE INCREASES [7]

The price of temazepam has risen significantly in recent months due to supply problems earlier in the year. Although the supply problems appear to have resolved, the Drug Tariff price of temazepam remains high, with a month's supply of temazepam 10mg tablets currently costing £27.60.

Action

- Prescribers are reminded that benzodiazepines are indicated for the short-term relief (2-4 weeks only) of anxiety that is severe, disabling or subjecting the individual to unacceptable distress and that treatment should be limited to the lowest possible dose for the shortest possible time.
- Non-drug treatments including sleep hygiene and stimulus control are recommended as first line interventions.
- The HSCB Benzodiazepine Resource Pack provides tools and information that can assist health care professionals in helping their patients to reduce or discontinue benzodiazepines. Users of the Intranet can locate the Resource Pack at the link: http://primarycare.hscni.net/PharmMM_Resources_Clinical%20Resources_Benzos_ZDrugs.htm

FLUENZ® - CHECK EXPIRY DATES

Fluenz® has a limited shelf-life and, like all vaccines, needs to be used before it exceeds its expiry date. Some Fluenz® supplied for the children's programme for two and three year olds has an expiry date in December 2013. So, please ensure you check the vaccine is within its expiry date before using it. Fluenz® is available to order with an expiry of 13th January 2014 but remember only to order as much as you require on a weekly basis.

SIMVASTATIN 80MG USE — LOCAL CARDIOLOGY ADVICE

In May 2010 the MHRA advised on "increased risk of myopathy associated with use of high-dose simvastatin (80mg daily)." Local cardiologists have raised concerns that over three years later, there is still a significant number of patients on this strength.

To reduce patient risk, their advice is that patients currently taking simvastatin 80mg once daily do now switch to generic atorvastatin 20-40mg once daily, re-checking lipids in 4-6 weeks to ensure adequate LDL-C control.

However, between March and August 2013 there were 2,739 items for simvastatin 80mg in Northern Ireland (equating to approximately 450 patients). Sometimes these were in combination with interacting drugs.

Prescribers are reminded of MHRA advice from May 2010:

- Simvastatin 80mg should be considered only in patients with severe hypercholesterolaemia and high risk of cardiovascular complications who have not achieved their treatment goals on lower doses, when the benefits are expected to outweigh the potential risks
- Prescribers treating patients who are taking simvastatin 80mg or who are being considered for an up-titration to that dose may need to review their treatment during their next visit, to take into account the new evidence
- Patients who are currently taking simvastatin 80mg should not stop taking their medicine. However, they should be advised to contact their doctor immediately if they experience unexplained muscle pain, tenderness, or weakness.

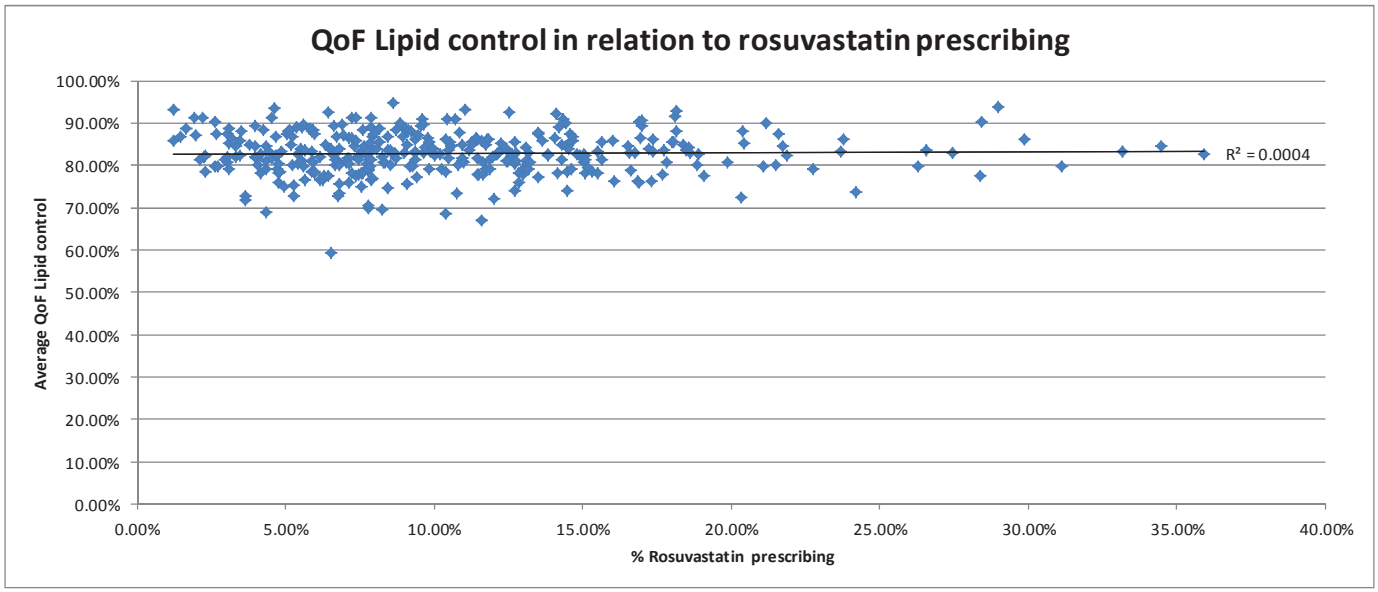
Action for practices

- Identify the patients currently on simvastatin 80mg (including Inegy® 80mg/10mg).
- Switch to atorvastatin 40mg (or atorvastatin 20mg, if tolerability an issue), where appropriate.
- Inform the patient of the reason for the change and the need for monitoring after 4 to 6 weeks.
- Document changes and reminder for monitoring.

HIGHER ROSUVASTATIN USE DOES NOT IMPROVE QOF DATA [4,12]

The Northern Ireland Formulary recommends generic simvastatin as first line statin. Atorvastatin is available generically and is the preferred option if a higher intensity statin than simvastatin 40mg is required.

The scatter graph shows the average percentage QoF lipid control for practices in Northern Ireland against percentage rosuvastatin use for April 2011 to March 2012.



This shows that high use of rosuvastatin did not result in statistically significant higher achievement of QoF lipid control indicators. In terms of cost, the NHS could treat 100 to120 patients with atorvastatin 20-40mg for every 10 patients treated with rosuvastatin 10mg.

Action

- Practices should continue to implement NICE guidance on lipid modification.
- Practices should use the HSCB SOP to review rosuvastatin use and switch to atorvastatin where appropriate. http://primarycare.hscni.net/PharmMM_Resources_Clinical%20Resources_LipidLowering.htm

BRANDED STATIN USE [7,12,13]

Between September 2012 and August 2013, it is estimated that approximately £250,000 was spent in Northern Ireland on the branded statins Lipitor®, Lipostat® and Zocor®, despite generic options being available for all of these.

If these prescriptions had been prescribed as the generic, it would have cost the NHS just under £20,000. This represents a potential saving of approximately £230,000.

The DHSSPS policy position is that medicines should be prescribed generically instead of by their branded name in all appropriate circumstances, irrespective of whether a generic medicine is currently available.

Statins are not on the generic exceptions list and should be prescribed generically.

Action

Practices should search for patients on Lipitor®, Lipostat® and Zocor® and where possible switch patients to the generic version.

NEW STRENGTH ATORVASTATIN TABLETS

Northern Ireland prescribing data shows some prescribing of atorvastatin 30mg and 60mg tablets. These are much more expensive to the NHS than combinations of 10mg and 20mg tablets.

Tablet strength	Price for 28 days*	Price for same strength using conventional tablets	Saving to NHS per patient per year
Atorvastatin 30mg	£24.50	(10mg tablets = £1.17 + 20mg tablets = £1.47) Total = £2.64	£284.18
Atorvastatin 60mg	£28.00	(20mg tablets = £1.47 x 3) Total = £4.41	£306.67

*This is an approximate price based on invoices submitted to BSO for payment between September 2012 and August 2013.

Action

Prescribers should review patients on these strengths of atorvastatin. Consider switching patients onto the alternative combination of tablets above, where appropriate.

CHANGE TO USA STATIN GUIDELINES [10,14]

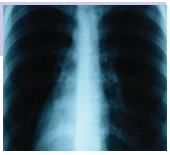
The recently updated American College of Cardiology / American Heart Association Guideline on the Treatment of Blood Cholesterol to Reduce Atherosclerotic Cardiovascular Risk in Adults has generated much debate.

In an important shift from current practice, the guideline does not recommend titration or combination therapy (e.g. statin plus fibrate or ezetimibe) to try to reach specific LDL or non-HDL cholesterol concentration targets. The Expert Panel stated that they were unable to find RCT evidence to support continued use of specific LDL–C and/or non-HDL–C treatment targets. It is therefore now recommended in the US that statin therapy of the appropriate intensity is used to reduce atherosclerotic cardiovascular disease risk in those most likely to benefit.

Another controversial decision is the use of a risk calculator to help guide the decision whether a patient should be prescribed a statin. The guideline recommends a statin for the primary prevention of atherosclerotic cardiovascular events if the calculator indicates that a patient has a 10 year risk between 5% and 7.5%. This has been criticised by some for having the potential to put millions of Americans on cholesterol lowering drugs unnecessarily.

The NICE Clinical Guideline on Lipid Modification is currently under development (expected 2014).

INHALED CORTICOSTEROIDS IN COPD AND RISK OF SERIOUS PNEUMONIA [8]



Inhaled corticosteroids are known to increase the risk of developing pneumonia in patients with chronic obstructive pulmonary disease (COPD). A recent study in Thorax investigated whether this risk varies for different agents, in particular, fluticasone and budesonide. Results showed that the risk of patients with COPD developing serious pneumonia was particularly elevated and dose-related with fluticasone use but much lower with budesonide. The authors concluded that, while residual confounding cannot be ruled out, the results were consistent with those from recent randomised trials.

Action

- Clinicians should be vigilant for the development of pneumonia and other infections of the lower respiratory tract when using inhaled corticosteroids to treat people with COPD (as per MHRA advice).
- Follow NICE guidance for the care of people with COPD.

DID YOU SEE?
TRAMADOL: UPDATED INFORMATION ON DRUG INTERACTIONS [2]

The SPC of Zydol® has been updated to include information on drug interactions: tramadol can induce convulsions and increase the potential for SSRIs, SNRIs, TCA's, antipsychotics and other seizure threshold-lowering medicinal products to cause convulsions.

REMINDER TO PRACTICES — NEBIVOLOL AND SLOW TITRATION IN HEART FAILURE

Nebivolol is indicated for the treatment of stable mild and moderate chronic heart failure in addition to standard therapies in elderly patients > 70 years.
Nebivolol should be started at a low dose (1.25 mg once daily) and slowly titrated to the maximum tolerated dose (up to 10mg once daily).
The initial uptitration should be done according to the following steps at 1 to 2 weekly intervals based on patient tolerability:

1) 1.25mg nebivolol
2) Increased to 2.5mg nebivolol once daily
3) Then to 5mg once daily
4) And then to 10mg once daily (if tolerated).
5) Please refer to SPC for full details (http://www.medicines.org.uk).

REMINDER TO PRACTICES — SMOKING CESSATION THERAPY

Practices are reminded to prescribe sensible quantities of nicotine replacement therapy (NRT) and other smoking cessation treatments. There is a potential for waste when large quantities are prescribed, due to high incidences of relapse, need for dose reduction etc.

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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 Medicines Management pharmacists in your local HSCB office

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