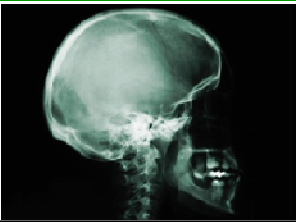


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### Reminder: Osteonecrosis Risk with Bisphosphonate Use

The risk of osteonecrosis of the jaw associated with the use of bisphosphonate therapy has been widely reported. We would like to remind prescribers of the guidance issued by DHSSPS (2009).

DHSSPS guidance highlighted that MHRA advice should be followed. This includes:

“Dental examination, with appropriate preventive dentistry, should be considered before bisphosphonate treatment in patients with concomitant risk factors (e.g. cancer, chemotherapy, corticosteroids, and poor oral hygiene).”

#### **DHSSPS further advised that prescribers should:**

Prior to prescription of bisphosphonates,

- Assess risk of bone osteonecrosis (BON) and discuss with the patient
- If concerned about a patient's oral health, advise patient to seek dental assessment and any remedial dental care
- Emphasise the need to practice good oral hygiene procedures and attend for regular dental check-ups, and provide dietary advice.

For patients currently on bisphosphonate therapy,

- Advise regular dental attendance and reinforce good oral hygiene procedures and dietary advice. There is no evidence to support the effectiveness of ‘drug holidays’ for patients who require invasive dental procedures nor that there is a safe time period after bisphosphonate treatment when the risk of BON reduces
- Refer to oral surgery specialist in secondary care where BON is suspected.

Please refer to this link for the full DHSSPS guidance:

[www.dhsspsni.gov.uk/hsc\\_sqsd\\_54\\_09\\_osteonecrosis\\_associated\\_with\\_bisphosphonate\\_usage-2.pdf](http://www.dhsspsni.gov.uk/hsc_sqsd_54_09_osteonecrosis_associated_with_bisphosphonate_usage-2.pdf)

### Emergency Hormonal Contraception

Prescribers are reminded that the oral emergency hormonal contraceptive levonorgestrel is available as an OTC pack called “Levonelle<sup>®</sup> One Step 1500mcg”, a branded Levonelle<sup>®</sup> preparation and a generic POM product. Please do not prescribe Levonelle<sup>®</sup> One Step as there is a considerable price differential between the OTC product and the generic. The generic product costs £5.20 while the OTC product costs £13.83. Approximately £10,000 could be saved in Northern Ireland over twelve months if the generic product was prescribed in all cases.



#### **Action for practices**

Check clinical IT systems to ensure you are directed to select the generic product in preference to the OTC pack for the morning after pill.

## 5 $\alpha$ -reductase inhibitors in Benign Prostatic Hypertrophy (BPH)

### Choice of agent

- **Efficacy:** Finasteride and dutasteride are equally effective for relieving lower urinary tract symptoms and are given an equal place in therapy by NICE.
- **Onset of action:** NICE says both have a slow onset of action (may take up to 6 months to see response).
- **Side-effects:** Although generally well tolerated, side-effects for both can include impotence, decreased libido, ejaculation disorders, breast tenderness and enlargement. Men taking finasteride should promptly report any changes in their breast tissue such as lumps, pain, or nipple discharge, as cases of breast cancer have (rarely) been reported. Sexual problems are the most common effects, experienced by 10–15% of men taking 5 $\alpha$ -reductase inhibitors. However, this tends to occur during the first year of therapy, decreasing with duration of treatment.
- **Interactions:** Dutasteride is metabolized by cytochrome P450 CYP3A4 so dosing frequency may need to be reduced if side-effects occur in long term combination with potent CYP3A4 inhibitors (e.g. ketoconazole, itraconazole, or ritonavir). Finasteride has no clinically important drug interactions.
- **Dose:** No dose titration is needed with either drug.
- **Cost:**



Product	Cost for 28 days
Finasteride	£2.00
Proscar® (finasteride)	£13.94
Avodart® (dutasteride) patent expires in 2017	£18.48

- **Combinations:** NICE states that treatment with an  $\alpha$ -blocker plus a 5  $\alpha$ -reductase inhibitor may be more cost-effective than an  $\alpha$ -blocker alone in selected people.

Combination comparison	Cost for 28 days
Finasteride + separate tamsulosin m/r 400mcg capsules *	£6.12
Finasteride + separate Contiflo® (tamsulosin) m/r 400mcg caps *	<b>£3.03</b>
Avodart® + separate tamsulosin m/r 400mcg capsules*	£22.60
Combodart®▼ (dutasteride combined with tamsulosin m/r 400mcg)	£18.48

\*Tamsulosin m/r 400mcg capsules should be prescribed as the product standardisation choice Contiflo® which currently is supplied to the NI health service at a cost less than that of the generic.

If tamsulosin with dutasteride is needed for a particular reason then Combodart®▼ is the most cost-effective choice, rather than separate components. **However, the patient should be counselled that when the patent expires they may be changed to two separate drugs.**

For further information on cautions, contraindications and side-effects please refer to the BNF.

## New generic oral triptans available



Patents have expired for two oral triptans (naratriptan and zolmitriptan). Currently the oral triptan of choice is sumatriptan tablets. This will not necessarily change in light of the newly available generics. The British

Association for the Study of Headache (BASH) guidelines note that sumatriptan was the first triptan to be launched and therefore clinical experience of its use is greatest. Zolmitriptan 2.5mg tablets score similarly to sumatriptan 100mg for response rate, pain free rate and consistency, but until the price drops, sumatriptan is still the most cost effective first choice oral triptan. Although naratriptan is sometimes better tolerated than sumatriptan, it scores less than sumatriptan 100mg in terms of response rate, pain free rate and consistency and therefore is not considered an appropriate first line agent.

Please see the Brief Prescribing Guide – Measures for Triptan Choice document (available from your MMA) for further details on choice of triptan.

### Action for prescribers

**Practices should ensure that triptans are prescribed generically to maximise potential savings to the NHS.**

**This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team.**

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