NORTHERN IRELAND MEDICINES MANAGEMENT NEWSLETTER

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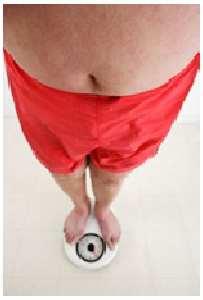
Health and Social Care Board

Orlistat - are you prescribing appropriately?

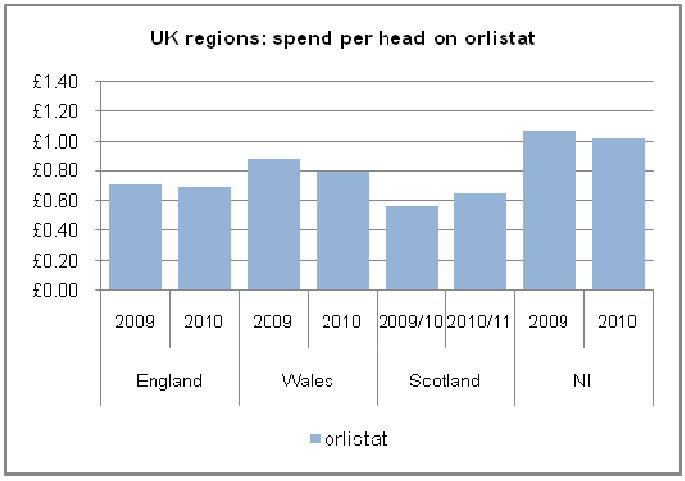


At the start of the New Year, in particular, some patients may request prescribed medication from their GP to treat obesity. Currently orlistat is the only drug available in the UK for the treatment of obesity, however, it is important that it is prescribed in line with both NICE and the Summary of Product Characteristics (SmPC):

- NICE recommends multi-component interventions for managing obesity;
- Add orlistat to lifestyle changes **only after dietary, exercise and behavioural approaches** have been started and evaluated;
- Consider orlistat in addition to lifestyle interventions in adults with:
  - a BMI of 28kg/m^2 or more with associated risk factors, or
  - a BMI of 30kg/m^2 or more;
- Continue for longer than 3 months **only if the person has lost at least 5%** of their initial body weight since starting drug treatment. Less strict goals may be appropriate for people with type 2 diabetes because their rate of weight loss may be slower than in people without diabetes Nevertheless, these goals should be agreed with the individual and reviewed regularly;
- Consider prescribing as an acute medication rather than repeat to ensure appropriate and regular monitoring of the drug's effectiveness, side-effects and adherence; and,
- Continue treatment with orlistat for longer than 12 months only after discussing risks and benefits.

Although costs of prescribing orlistat in NI have decreased recently, the graph (right) shows that spend per head of population is still higher than other regions in the UK.

For those practices reviewing orlistat as part of a local prescribing initiative, an HSCB audit tool is available on the Primary Care Intranet. Use the following link http://primarycare.hscni.net/PharmMM_Resources_Clinical%20Resources.htm and locate the audit tool under the "Obesity" heading.



In this issue:

References:

1. NICE. Obesity: guidance on the prevention, identification, assessment and management of overweight and obesity in adults and children. Clinical Guideline 43, December 2006
2. Roche Products Limited. Summary of Product Characteristics. Xenical® 120mg hard capsules. Last updated 01 June 2011

Metformin…did you know…?

Metformin modified release (MR) tablets offer no advantage over standard release metformin tablets in terms of glycaemic control. However MR tablets do offer the patient the advantage of once a day dosing over divided dosing with the conventional formulation but are more expensive (see table).

Formulation	Typical daily dose	Cost* of 28 days treatment
Metformin MR tablets	1500mg once daily	**£6.92**
Metformin 500mg tablets	500mg three times daily	**£1.35**
Metformin liquid 500mg/5ml	500mg three times daily	**£182.00**
Metformin 500mg sachets	500mg three times daily	**£9.21**
* NI Drug Tariff February 2012		

It is well documented that metformin causes GI upset. The incidence of such side effects with metformin is highest in the period immediately after the initiation of treatment and tends to diminish over time.[1] GI side effects can be managed in most patients by cautious dose titration, administration after meals or by reducing the total daily dosage. Less than 5% of patients discontinue metformin treatment for this reason.

The Scottish Medicines Consortium in 2009 restricted the use of metformin MR to patients who "are intolerant of immediate release metformin and in whom the prolonged release tablet allows the use of a dose of metformin not previously tolerated or in patients for whom a once-daily preparation offers a clinically significant benefit".[2]

NICE guideline CG87 says – "Consider a trial of extended-absorption metformin **only** if GI tolerability prevents the person continuing with metformin".

The dose of metformin MR and standard release are equivalent up to 2g daily. Metformin MR is only licensed for doses up to 2g per day. If higher doses are required the patient should be switched to the standard release formulation at the same dose and titrated up to a maximum of 3g daily depending on clinical requirements.

Metformin liquid or metformin sachets?
Metformin liquid 500mg/5ml costs £65.01 for 150ml. A month's supply at 500mg three times a day could cost £182 per patient per month. The equivalent cost of the sachets for one month would be £9.21. (The sachets are dissolved in 150ml of water and taken immediately). Switching patients on metformin liquid to sachets could save over £2,000 per patient per year.

Facts and figures
In Northern Ireland, we spent £256,640 last year on metformin liquid. If all patients were switched to the sachets, over £245,000 worth of efficiencies could be made in 12 months.

Currently in Northern Ireland:

- Metformin MR accounts for **56% of the total cost** of all metformin formulations but only **31% of items** prescribed.
- Standard release metformin accounts for **33% of the total cost** and for **68% of items** prescribed.
- The liquid accounts for **11% of the total cost** and **0.4% of items** prescribed.
- The sachets account for **0.7% of the total cost** of all metformin preparations and **0.5% of items** prescribed.

Action for prescribers
It is recommended that prescribers reserve MR tablets for people where improved compliance through once daily dosage is a pressing concern or where even after careful dose titration with the standard release formulation, GI side effects are intolerable.

If a patient has a swallowing difficulty and a liquid formulation of metformin is required, consider the use of the sachet in preference to the liquid.
Note: Glucophage® powder for oral solution contains aspartame, a source of phenylalanine. It is recommended to consider this fact before treatment is initiated in patients with phenylketonuria.

References:

1. Fujioka K., Brazg R.L., et al. (2005) Efficacy, dose response relationship and safety of once-daily extended-release metformin (Glucophage XR) in type 2 diabetic patients with inadequate glycaemic control despite prior treatment with diet and exercise: results from two double-blind, placebo-controlled studies. *Diabetes, Obesity and Metabolism* 7(1): 28-39.
2. SMC advice 2009 (www.scottishmedicines.org.uk).

Do you know how to "deprescribe"…?

Medicines have adverse effects and the use of multiple medicines can be associated with poorer patient outcomes. Health professionals need to recognise when medicines should be ceased and how to "deprescribe". Deprescribing could be considered when there is polypharmacy, adverse drug reactions, ineffective treatment, falls or when treatment goals have changed. If patients are slowly weaned off their medicines, withdrawal and rebound syndromes are usually not serious. A cautious approach to deprescribing includes two principles - stop one drug at a time and wean doses slowly over weeks and months. Further information can be found at
www.australianprescriber.com/magazine/34/6/182/5

Did you see…?

A recent article in 'The Independent' reports that "doctors are being sued for creating prescription drug addicts amid claims they have failed to follow safety guidelines published more than 20 years ago. Lawyers and medical experts have reported an increase in clinical negligence cases by patients left physically and psychologically broken by "indefensible" long-term prescribing of benzodiazepines.

Patients taken off the drugs too quickly, leaving them disabled with pain for months if not years, are also seeking legal redress. Many say they were never told about the dangers of rapid detoxification, which can lead to seizures and even death in severe cases. Doctors have been accused of being "in denial" about the problem.

Experts have warned of a coming flood of legal action against doctors who failed to inform their patients about the addictive nature of some tranquillisers, currently given to millions of people worldwide.

Professor Malcolm Lader, whose research in the 1980s suggested a link between long-term tranquilliser use and brain damage, said he now gives legal advice about negligent prescribing and dangerous detoxifications "at least every three months". He told 'The Independent': "There is no sign that such prescribing is diminishing. The Royal College of GPs is in denial about this because they fear being sued. With around a million long-term users, the defence unions will at some point decide that these cases are indefensible and GPs will have to pay their own costs." A report by the All Party Parliamentary Group on Drug Misuse estimated in 2009 that there were 1.5 million involuntary tranquilliser addicts in the UK."

The HSCB has produced a resource pack to help health care professionals in primary care to review and ultimately improve the quality of care for people taking benzodiazepines. It is available on the primary care intranet site at the following link: http://primarycare.hscni.net/PharmMM_Resources_Clinical%20Resources_Benzos_ZDrugs.htm

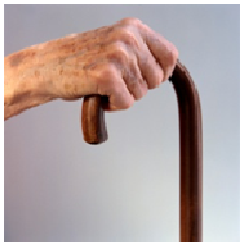
Reference:
Doctors sued for creating 'Valium® addicts'. The Independent. Thursday 29th December 2011. (www.independent.co.uk/life-style/health-and-families/health-news/doctors-sued-for-creating-valium-addicts-6282542.html).

Medicines for Children – new website

WellChild, the Royal College of Paediatrics and Child Health (RCPCH), and the Neonatal and Paediatric Pharmacists Group (NPPG) have launched the new Medicines for Children website, currently providing access to information leaflets on over 100 key medicines. www.medicinesforchildren.org.uk/

Naproxen/esomeprazole in knee osteoarthritis

Two studies have found that a fixed-dose combination of naproxen and esomeprazole (Vimovo®▼) had comparable upper gastrointestinal (GI) tolerability to celecoxib in people with osteoarthritis (OA) of the knee.[1] **However, there are no data to suggest that this fixed-dose combination offers any efficacy or safety advantages over the separate prescribing of naproxen 1000 mg daily plus a low-cost proton pump inhibitor (PPI) such as generic omeprazole. Separate prescribing allows for dose adjustment of individual components and is less expensive.**



Reference:
Cryer B.L. et al. A fixed-dose combination of naproxen and esomeprazole magnesium has comparable upper gastrointestinal tolerability to celecoxib in patients with osteoarthritis of the knee: results from two randomized, parallel-group, placebo-controlled trials. Annals of Medicine 2011; 43(8): 594-605

New company now printing prescription stationery

Since the beginning of January 2012, the secure print contract for printing of prescription stationery has been undertaken by Communisis. You can continue to use existing (DLRS) stationery order forms to order from the new company. You will be sent new order forms when you receive your first order of Communisis stationery.

GP Practices, non-medical prescribers, etc. can either:

1. FAX orders to 0844 8360100, or
2. POST orders to "Communisis NI Transactional Print Services PO Box 22. Altona Road, Lisburn, BT27 5QU"

If you have a query regarding an order you have placed, phone the Communisis Help Desk on 028 9260 6800.

New generic opportunities offer significant savings.

Generic prescribing remains the single most effective way to generate savings for the health service. More importantly the use of generic medicines helps the HSC to treat more patients for the same money.

Over the last 6 months there have been some significant patent expiries and new generic medicines have become available for GPs to prescribe. These include:

- Xenical® ⇨ **Orlistat**
- Nexium® ⇨ **Esomeprazole**
- Zyprexa® ⇨ **Olanzapine**
- Diovan® ⇨ **Valsartan**

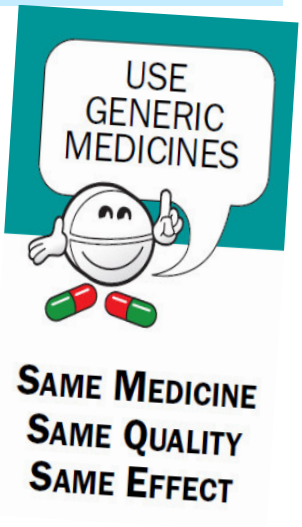
There have been significant price reductions for generic olanzapine already and it is expected that the costs of the other new generics will fall very shortly.

Action for practices

Practices are encouraged to search for any patients on prescriptions for the branded product and convert over to the generic so that savings can be made from the moment prices reduce.

Don't forget about drugs already available generically.

It has been calculated that up to £3.4m per year could be saved from existing generically available products if they weren't brand prescribed. The most cost effective switches for practices are listed in the COMPASS report and this list should be reviewed when a new report is made available and the suggested switches actioned (wherever possible).



The most important of these regionally across NI include:

Arimidex® ⇨ **Anastrozole**

Actonel® ⇨ **Risedronate**

Plavix® ⇨ **Clopidogrel**

And in the future...

The following are likely to come off patent in 2012:

Lipitor® ⇨ **Atorvastatin**

Amias® ⇨ **Candesartan**

Singulair® ⇨ **Montelukast**

Seroquel® ⇨ **Quetiapine**

Aprovel® ⇨ **Irbesartan**

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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