



Produced by the  
NHS Rotherham  
Medicines Management  
Team  
Tel (01709) 302639 if further  
information required.

# Bite Size Prescribing News

## March 2013

**NHS**  
**Rotherham**

### **Stock Shortages**

#### **Trazodone**

Trazodone is available again however; a typical month's treatment now costs £90. It is not recommended to switch patients to an alternative agent unless stocks become unavailable.

#### **Isosorbide Mononitrate (ISMN)**

Plain tablets continue to be unavailable, there now also appear to be problems with some other brands of ISMN as nationally patients are switched to alternative brands.

As advised last month the best strategy appears to be to switch patients to generic Slow Release ISMN. A patient taking 10mg BD should be switched to ISMN 30mg S\R daily and if taking 20mg BD to 60mg S\R daily.

#### **Temazepam 10 and 20mg tablets.**

There appears to be no problems in obtaining temazepam but costs have increased to £20 for 1 month treatment, this will add approximately £350,000 to Rotherham's annual prescribing costs if it continues. No switching to alternative agents is advised.

- **Sertraline**

No problems reported with availability but costs have increased markedly above that stated in the drug tariff. Switching to an alternative antidepressant not advised at the present moment.

### **CD Fraud Incident in Rotherham**

A woman has phoned a Rotherham practice pretending to be a Community Matron and requested that dihydrocodeine was added to patients' medication, she also said that a relative would call later to collect the prescription. The prescription was produced and collected.

It is believed that she was successful in obtaining supplies of this drug in this manner on a number of occasions and it affected a number of patient records. In addition, a patient received and took some dihydrocodeine as part of their repeat prescription.

She is thought to have worked for a care agency and was found to be in possession of patient care notes when arrested as well as signed prescriptions and a quantity of dihydrocodeine and similar drugs.

Because she had access to patient care notes and knew the names of Rotherham Community Matrons she was able to construct a credible story.

An investigation is underway but practices should be aware that;

- Community Matrons are all independent prescribers so should not have to request practices to issue a prescription for them
- Practices need to be vigilant when accepting telephone requests especially for Controlled Drugs, benzodiazepines, Zopiclone et al and pregabalin.

### **Association between maternal serum vitamin D level and pregnancy neonatal outcomes.**

A meta-analysis of 31 studies observed that insufficient serum levels of 25-hydroxyvitamin D (25-OHD) were associated with a significant increase in the risk of.

- Gestational diabetes
- Pre-eclampsia
- Small for gestational age infants

Pregnant woman with low 25-OHD levels had an increased risk of;

- Bacterial vaginosis
- Low birthweight infants

BMJ 2013; 346 f1169

### **Recommendations**

All UK Health Departments recommend:

- **All** pregnant and breastfeeding women should take a daily supplement containing 10 micrograms of vitamin D (400IU), to ensure the mother's requirements for vitamin D are met and to build adequate fetal stores for early infancy.

**see NHS Rotherham CCG guidelines;**

<http://www.rotherham.nhs.uk/files/Medicines%20Management/Guidelines/Vitamin%20D%20Guidance%20for%20Primary%20Care%202012.pdf>

# Ongoing concerns with Tiotropium Respimat

There are ongoing concerns with Tiotropium following a meta analysis (1) about a possible increased risk of mortality with the Tiotropium Respimat device. However, the authors and the MHRA have recognised that the increased death rate may be a chance finding. The meta-analysis was well conducted but there were some limitations, mainly relating to the quality of the data (e.g. different populations, different doses, low event rates). The trials were also not set up or powered to detect actual differences in CV events. However, all sensitivity analyses produced similar results and the risk of bias was considered low.

There have been a number of subsequent BMJ articles however, that add validity to these concerns of increased risk of mortality(2), (3)

Current MHRA advice states that:

*Spiriva Respimat should be used with caution in patients with known cardiac rhythm disorders. Patients with COPD who use tiotropium should be reminded not to exceed the recommended once-daily dose of: one Spiriva HandiHaler 18-microgram capsule, or two puffs Spiriva Respimat 2.5 micrograms once daily.*

A 2-year head to head study between tiotropium Respimat and HandiHaler is ongoing to help clarify the situation (4), however in the meantime the question remains as to the best course of action for patients currently using Tiotropium Respimat.



**For those clinicians wanting to change patients from Tiotropium Respimat, use the following:**

1. No dexterity issues – counselled change to **tiotropium Handihaler once daily**.
2. Dexterity issues – counselled change to **aclidinium bromide twice daily**, due to the pre loaded Genuair device.
3. If patient dislikes both the Handihaler and the Genuair device – counselled change to **glycopyrronium bromide**.

***NB. A counselled change is essential if the patient is to be able to use their new device correctly.***

The NHSRCCG Guidelines for the management of COPD have been updated to reflect these new choices.

- (1) <http://www.bmj.com/content/342/bmj.d3215>
- (2) <http://thorax.bmj.com/content/68/1/5.full>
- (3) BMJ 2011;342:d2970
- (4) <http://clinicaltrials.gov/ct2/show/NCT01126437>

# Hayfever Guidelines

Spring is (almost) here, please find attached to this newsletter the NHS Rotherham CCG Hayfever Guidelines for 2013.

