MedicinesUpdatePrimaryCare

NHS Greater Glasgow and Clyde

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Buprenorphine Patches: Not Interchangeable

Buprenorphine patches are not included in the GGC Formulary. If it is to be prescribed then several brands are available and these are not interchangeable. We have previously reported a case (http://www.ggcprescribing.org.uk/blog/postscript-69-may-2012/) where incorrect dosage instructions may have contributed to poor pain control in a 93 year old patient who had to be admitted to a local hospice for symptom control.

Key Points:

- Doctors or other prescribers should ensure the brand is clearly stated with full dosage instructions.
- Dispensers should ensure that the dose is suitable for the patient and appropriate for the prescribed product.
- If a generic prescription is received, steps should be taken to ensure continuity with any previously prescribed product.

The range of products includes the following where dosage instructions were found at http://www.medicines.org.uk/emc/search. There may be others available.

- Butec® patches (changed every 7 days)
- BuTrans® patches (changed every 7 days)
- Bupeaze® patches (changed every 96 hours (4 days) at the latest)
- Hapoctasin® patches (changed after 72 hours (3 days) at the latest)
- Transtec® patches (changed every 96 hours (4 days) at the latest)

All buprenorphine products are schedule 3 controlled drugs which require safe custody and CD prescription writing requirements.

Duplicate Therapy Warnings

It has been highlighted that during prescribing the level of clinical decision support warnings varies between different clinical systems.

Key points:

- EMIS has advised that **EMIS PCS does not alert** prescribers if a patient is prescribed drugs which have **similar therapeutic constituents** (e.g. when two different long-acting beta-agonist containing inhalers are prescribed simultaneously). Therefore prescribers using EMIS PCS should be aware of this issue when initiating a new drug to ensure the patient is not receiving duplicate therapy.
- These types of warnings **will** appear for prescribers using the InPs Vision and EMIS Web Clinical system.
- Note clinical decision support warnings are not intended to replace clinical judgement.

Oxycodone: Formulary Change

The NHSGGC Adult formulary now notes - "Oxycodone should be prescribed by brand name". This was previously the case for long acting oxycodone but now encompasses **all** oral oxycodone preparations.

Prescribers will be made aware of this recommendation via Script Switch software and will be directed to prescribe Shortec® which is the current brand of choice across acute and primary care in NHSGGC.

Shortec® has been assessed to be the safest option and, as the name suggests, is an immediate release Oxycodone preparation. Shortec® also complements Longtec® - the existing NHSGGC preferred brand of modified release Oxycodone and it has a lower cost than other standard release oxycodone tablets. The ScriptSwitch message prompting prescribing of

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Shortec ® will be deployed on GP clinical systems in October 2016.
Community Pharmacists should be aware of a likely reduction in prescribing of other brands of oxycodone, and to monitor demand and adjust stock levels of products accordingly.

Vitamin D Supplements: News

Public Health England recently published advice stating that adults and children over 1 year should consider taking 10 micrograms of vitamin D each day to help keep bones, teeth, and muscles healthy. The advice is based on a report by the Scientific Advisory Committee on Nutrition (SACN) following the publication of the *SACN vitamin D and health report*. It is likely that NHS Scotland will adopt similar advice.
GPs may receive requests from patients to prescribe supplements as a result of this new PHE guidance. They should continue to give advice to patients about regular sun exposure, dietary sources of vitamin D and over the counter vitamin D supplements. Vitamin D supplements are widely available in supermarkets and pharmacies.
The NHS GGC Osteoporosis Subgroup guidance document "Vitamin D: Prevention & Treatment of Deficiency in Adults" is currently being updated and will be available in due course.

Sports Supplements

A review into the sports supplement industry ahead of the Rio 2016 Olympic Games shows the sport supplement industry is improving.
The MHRA carried out a new review of sports supplements to coincide with the 2016 Summer Olympics, which shows a reduction of sports supplements being sold as unauthorised medicines by almost 50% compared to a similar study carried out in 2012.

- 33 UK based companies were asked by MHRA to review their products ranges and subsequently unauthorised products were removed from the market.
- These products contained a number of ingredients which cause a significant physiological effect and would be regarded as medical products.
- 69 unauthorised medicines were being sold as sports supplements and 16 companies were found to be selling one or more unauthorised medicines.

Desogestrel: Soya Bean Oil

It has come to light that some generic **Desogestrel** products contain soya bean oil and it is recommended that if you are allergic to peanut or soya that these products should not be taken.
Therefore if you have a patient with an allergy to peanut or soya, prescribing by the brand name Cerelle avoids this risk, is a cost effective option and is the **preferred brand** in the GGC total formulary.
Affected generic products are:

Manufacturer	Contains soybean oil (Y/N)
AAH	Y
Actavis	Y
Anverso	Y
Creo Pharma	Y
Crescent	Y
DE Pharma	Y
Leon	Y
Maudsley	Y
MedRx	Y
Somex Ph	Y
Sigma	Y
Tillomed	Y

MHRA Warning: Citalopram and Cocaine suspected Drug Interaction

MHRA have reported a possible interaction between cocaine and citalopram that could lead to subarachnoid haemorrhage, involving hypertension related to cocaine and an additive increased bleeding risk in combination with citalopram (class effect for SSRIs). Advice is to enquire about potential illicit drug use.

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