MedicinesUpdatePrimaryCare

NHS Greater Glasgow and Clyde

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Vitamin D Guideline: Prevention and Treatment of Deficiency in Adults

The above guidance has been updated by the NHSGGC Osteoporosis strategy group and can be accessed here (NHS network access is required)

This updated document combines guidance on both the prevention and treatment of deficiency in "at risk" adults and the management of adult patients who require supplementation due to a diagnosis of (or increased risk of) osteomalacia, osteoporosis or increased risk of fracture.

Key Points:

- "At risk" groups do not require vitamin D testing unless symptomatic and as part of full blood work up - see guidance for full details.
- No change from previous guidance in defined "at risk" groups.
- At risk patients should be given lifestyle advice and supplementation considered.
- Supplements can be obtained via the Healthy Start Scheme for eligible patients, by purchase over the counter or via a prescription if deemed more appropriate.

The current NHS GGC – Vitamin D Supplementation Frequently asked Questions document is currently under review.

For more information please contact Mairi-anne.mclean@ggc.scot.nhs.uk

Prostap 3DCS®

NHS Greater Glasgow and Clyde Area Drug and Therapeutics Committee recently ratified a national recommendation on the choice of luteinizing hormone releasing hormone agonists (LHRH agonists). Prostap 3 DCS® (leuprorelin) is the first line preferred list LHRH agonist for new prostate cancer patients.

Key Points:

- Prostate cancer only
- Newly initiated patients only

Why has Prostap 3 DCS® been chosen?

- All LHRH agonists were considered equally clinically effective through a class effect but Prostap 3 DCS® is the most cost effective choice.
- Prostap 3 DCS® is administered via subcutaneous injection every **3 months and not monthly.**
- Prostap 3 DCS® is administered via a smaller needle (23 gauge) compared to a 14 gauge needle for goserelin.
- No local anaesthetic is required for the subcutaneous injection.
- Prescribers are advised to prescribe by brand name as there is a risk of confusion between generic descriptions.

MHRA Warning: DMAA in Sports Supplements.

Athletes at all levels of sport are being urged to steer clear of the potentially dangerous ingredient DMAA as a significant number of products containing it continue to be found on sale in the UK.

DMAA otherwise known as methylhexanamine can be found in unlicensed medicines marketed as sports supplements and it has been linked with high blood pressure, tightening in the chest, strokes, heart attacks and even death.

Link HERE to MHRA warning.

Tegretol® Suppositories

Changes to prescribing and availability of Tegretol® suppositories.

- Tegretol® Suppositories (125 mg & 250 mg) are being discontinued.
- All other formulations of Tegretol® remain available.
- "Carbamazepine Essential Pharma 125 mg and 250 mg Suppositories", are available from the **1st December 2016**. These products are identical to Tegretol® Suppositories in all but name.
- Prescriptions should be written as "Carbamazepine Essential Pharma 125 mg Suppositories" or "Carbamazepine Essential Pharma 250 mg Suppositories"
- Prescribers using the Vision INPS system can find the entry by clicking the All Generics box.
- For prescribers using EMIS, if the Essential Pharma description is not available select the generic description and then annotate in the dosage instruction Essential Pharma.

Carbamazepine is a medicine with a narrow therapeutic index and there may be concerns amongst healthcare professionals and patients about any change to the product. The Essential Pharma product is identical to Tegretol. There are no changes in the formulation and the site of manufacture remains the same. Patient information is available at http://www.onmedica.com/GetResource.aspx?resourceId=b426e459-4594-40fe-b1e8-e10ff09f939a

Disulfiram Shortage

Disulfiram is used as an adjunct in the treatment of chronic alcohol dependence. There is a current shortage of disulfiram 200mg tablets and further stocks are not expected until October 2017.

NHSGGC has patients being prescribed disulfiram in both primary and secondary care, with patients receiving supplies at varying intervals from community pharmacies, inpatient wards and day units. Disulfiram is mainly prescribed by doctors specialising in Addiction, as per the Formulary restriction, although some prescribing is done by GPs.

There is no suitable alternative UK licensed product, so the Addictions Service has produced guidance to ensure continuity of treatment during the current shortage. This includes information for prescribers and for pharmacists to ensure appropriate alternatives are prescribed and sourced for dispensing.

Move to Prescribing Ipinnia XL®

Supply issues with immediate release (IR) ropinirole in recent months have caused some problems in primary care and there has been an increase in the Scottish Drug Tariff price. Following consultation with specialists in Parkinson's disease it has been agreed that there is no barrier to switching patients on IR and higher cost modified release (XL) preparations to an equivalent dose of the most cost effective brand of ropinirole XL tablets. Ipinnia® XL is the most cost effective brand available in the widest range of strengths.

Community Pharmacists are being made aware of a likely reduction in prescribing of ropinirole IR and less cost effective brands of XL and advised to monitor demand and adjust stock levels of products accordingly this month. A ScriptSwitch message prompting prescribing of Ipinnia® XL will be deployed on GP clinical systems in April 2017 to allow sufficient time for Community Pharmacists to adjust stock levels.

In addition, prescribing support staff will be encouraged to support active switching to this product in GP practices.

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