



Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists
NHS Northamptonshire



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- **Isosorbide mononitrate 20mg supply problem**

There is a current supply problem with ISMN 20mg which we have been informed will last until May/June. This issue is compounded by the fact that a consequent national switch to 10mg tablets will most probably result in a supply problem with this strength too. The recommendation in Northamptonshire is to switch most patients to the 40mg (the tablets are scored) and only prescribe the 10mg preparation to patients who will struggle to halve the tablet.

Patients switched to 40mg should be counselled that they only need to take half a tablet twice daily.

If supply issues do arise please could you inform Sue Barron susan.barron@northants.nhs.uk

- **Decapeptyl (Triptorelin)**

Decapeptyl (triptorelin) should always be prescribed by brand to ensure that the correct product is supplied. The embonate salt of triptorelin (Salvacyl) is not licensed for use in prostate cancer and we have found a few cases where the embonate salt has been prescribed in error, although we have confirmed that the patients did actually receive Decapeptyl. We are working with the acute trusts to ensure that future discharges refer to the branded Decapeptyl and we have amended the SystmOne formulary to list Decapeptyl as the first choice; this is also now flagged on Scriptswitch.

- **Optimum duration of bisphosphonate treatment?**

Further to the recent Medicines Evidence Commentary from NICE which we reported on in the October issue, we have sought consensus on this subject from our local consultants at NGH and KGH. They advise that where the treatment is for uncomplicated primary post menopausal osteoporosis then it is now considered appropriate to have a break from regular bisphosphonates after 5 years.

They confirm that it is unclear whether this should be temporary or not, but sensible advice would be to consider each patient individually and should there be any suggestion of increased fracture risk (e.g. further fragility fracture, developing a disease that affects bone density such as rheumatoid arthritis or increasing frailty) then evaluation of the patient and consideration of further treatment is recommended.

- **MHRA learning module on antipsychotics**

The MHRA have recently launched a [learning module on antipsychotics](#) which has been approved for CPD by the [Faculty of Pharmaceutical Medicine of the Royal Colleges of Physicians of the United Kingdom](#). Up to 3.5 CPD credits can be claimed for this module

- **Long-term aspirin use associated with age-related macular degeneration?**

The media recently covered an observational study which suggested that long-term aspirin use may be associated with AMD – we are aware that some patients have been asking their GP or pharmacist about this.

In a related editorial, the authors discuss the strengths and limitations of the study, stating that “the strength of evidence from this study is not sufficiently robust to be clinically directive. These findings are, at best, hypothesis-generating that should await validation in prospective randomised studies before guiding clinical practice or patient behaviour”.

If the patient is taking aspirin for secondary prevention of CVD then the benefit of aspirin is likely to outweigh harms. If for primary prevention, then the evidence of benefit is weak, so this might be an opportunity to review.

[Long-term-aspirin-use-associated-with-age-related-macular-degeneration/](#)

- **New Teva products**

There are 3 new products available from Teva which are cost-effective choices for the NHS. The Prescribing Advisers will be encouraging GP practices to prescribe these products rather than the more expensive alternatives and will notify community pharmacists well in advance of any switches.

The products are -

Marol – modified release tramadol

Monomil – modified release ISMN

Nacrez – a less expensive version of Cerazette

All 3 products are available from all the major wholesalers. Teva are aware of the plans to increase use in Northamptonshire and will be monitoring and assuring stock levels accordingly.

- **Ocusoft Eyelid Scrub.**

We understand that KGH Ophthalmology Dept have been asking practices to prescribe this product, however it is not prescribable on FP10 as it is a device, rather than a medicinal product.

This edition is also available on PathfinderRF via the following link

<http://www.pathfinder-rf.northants.nhs.uk/nene>

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