

Medicines Optimisation news headlines

JUNE 2013

- 1. Public Health England has published an A4 poster detailing updated information on routine childhood immunisation from June 2013**
[Link](#)
- 2. Liothyronine 20 microgram tablets: continuity of supply and potential need for patient monitoring**
As a result of the current unavailability of the licensed product, patients taking this medicine may have had their prescription filled by an unlicensed product (imported from the EU) under the direct personal responsibility of a prescriber. The interchangeability of Amdipharm Mercury liothyronine tablets with liothyronine tablets that are not currently licensed in the UK cannot be assured because they may not be bioequivalent. For advice see [Link](#)
- 3. Oral anticoagulant decision aid**
The local decision aid for the use of anticoagulants for stroke prevention in atrial fibrillation now includes apixaban alongside warfarin, dabigatran and rivaroxaban. Available on Pages for Primary Care at www.hampshire.nhs.uk/primary-care
- 4. UK Licenses first therapy for adults with ADHD**
Atomoxetine (Strattera) has become the first drug in the UK to be licensed specifically for treatment initiation in adults with ADHD. The MHRA has licensed it for use in this group only when pre-existing symptoms during childhood can be confirmed by a third-party. [Link](#)
- 5. MHRA responds to the European Medicines Agency review of Dianette and generic equivalents** and concludes that the benefits continue to outweigh the risks of thromboembolism. The risk of thromboembolism occurring with these medicines is low and well known. However, to minimise this risk, further measures should be implemented in addition to the updated product information. These

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include providing educational materials to prescribers and patients highlighting the risks of thromboembolism, for example a prescriber checklist to ensure that the risks, together with the signs and symptoms, are discussed with the patient. [Link](#)

6. Rosuvastatin Reminder

West Hampshire CCG spent over **£500,000** last year on rosuvastatin.

Rosuvastatin is considerably more expensive than simvastatin, atorvastatin or pravastatin (which have all lost their patent protection).

There is no good evidence that any one statin is better tolerated than another at equivalent lipid-lowering doses on a population level.

There are no patient oriented outcome data to support the use of rosuvastatin.

NICE guidelines suggest the only patients who should be prescribed a statin other than simvastatin 40mg are

- Some people who have diabetes
- Some people who have acute coronary syndrome (ACS)
- Some people who have relatively rare familial lipid disorders
- Where simvastatin is contra-indicated or not tolerated
- Where there are potential drug interactions (limiting maximum dose of simvastatin to 20mg) e.g. with amlodipine, verapamil, diltiazem

Drug	Cost of one year's treatment*
Simvastatin 40mg	£15.34
Pravastatin 40mg	£33.80
Atorvastatin 10mg	£17.29
Atorvastatin 20mg	£22.23
Atorvastatin 40mg	£25.09
Rosuvastatin 5mg.10mg	£234.39
Rosuvastatin 20mg	£338.26

*April 2013 Drug Tariff

7. Switch Reminder

Before carrying out interventions involving changes to drug formulations, the Medicines Management Team are asked to speak to local pharmacies to help with their stock control and explain the reasons for the switch. Practices can help reinforce this message during their regular contacts with pharmacies.

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