

Medicines Optimisation news headlines

August 2014

1. PDE5 inhibitors

At the last meeting of the DPC the use of generic sildenafil as on demand treatment was supported as the routine first line option. Nationally the recommended quantity for such prescriptions remains at 4 doses per month.

The DPC did not support the regular use of tadalafil for the prevention of erectile dysfunction post-prostatectomy because of the lack of clinical evidence to demonstrate efficacy.

From the 1st August changes to the SLS regulations meant that all prescriptions for sildenafil could be issued through the NHS regardless of indication. This does not apply to branded sildenafil, such as Viagra, or to any of the other PDE5 inhibitors, whether prescribed as brand or generic. These are still only available through the NHS when prescribed for the specific range of indications listed in the Drug Tariff and need to be endorsed 'SLS'.

2. Domperidone to stimulate lactation

This was discussed at DPC following a number of enquiries from West Hampshire practices. Due to the lack of alternative options for this indication, the evidence is in favour of domperidone given at a dose of 10mg three times a day for a maximum of 7 to 10 days. Longer term or additional treatment does not confer any additional benefit and increases the possibility of adverse effects. It is contraindicated if either the mother or baby has any known cardiac problems.

From 4th September OTC preparations of domperidone were withdrawn and it reverted to a prescription only medicine.

3. Feedback letter to specialists

We receive a number of enquiries regarding prescribing responsibility for certain drugs when patients have treatment initiated or recommended by secondary care.

A proforma has been prepared to enable prescribers to raise any concerns that there might be when considering transfer of prescribing responsibility from secondary to

primary care. A similar version is already in use in some neighbouring CCG areas and it has now been adapted for use in West Hampshire.

A copy is attached for information but it can also be accessed on the West Hampshire CCG website. [Proforma](#)

4. **Methotrexate Injection**

The Metoject® **pre-filled syringe** has been replaced by the Metoject® **PEN** and all prescriptions should now specify the pen presentation. The new device is a button activated auto-injector and has an automatic shield that slides over the needle following injection to prevent needlestick injury. The solution still contains 50mg per ml of methotrexate and is available in the same range of strengths, which are colour coded to aid identification;

i.e: 7.5mg, 10mg, 12.5mg, 15mg, 17.5mg, 20mg, 22.5mg, 25mg, 27.5mg and 30mg.

Further details about the product and answers to patients' FAQs can be found on the [Metoject® website](#)

5. **Denosumab**

The shared care guidelines have now been updated to encompass all the recent changes and can be found on the West Hampshire CCG website. ([Link](#))

Updated osteoporosis guidelines are also available on the West Hampshire CCG website. ([Link](#))

6. **Anticoagulant clinic**

A reminder that the following email is available for advice on thrombosis, anticoagulation, bleeding and haemostasis:

bnh-ft.sthrnhaemophilianetwork@nhs.net

General haematology should go via your standard route of contact and not to this email address.

7. **Emergency Hormonal Contraception**

Recent clarification from the [EMA](#) and [MHRA](#) has stated that there is no conclusive evidence to support the use of Ulipristal (EllaOne) as first line for women with a higher BMI.

Levonelle remains the first line option for use up to 72hours post coitus in all women, with IUD fitting or ulipristal an option up to 5 days.

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