

Medicines Optimisation news headlines

JANUARY 2014

1. Strontium – European Medicines Agency’s Pharmacovigilance Risk Assessment Committee (PRAC) recommends that strontium’s Marketing Authorisation be withdrawn

Although the decision will be made at a meeting being held on the 20 to 23 January we thought it helpful to highlight the recommendation to suspend the Marketing Authorisation for strontium (Protelos).

You will recall that due to an increase in cardiovascular risk the licensed indications for strontium were restricted in April 2013 pending a full review of the risks and benefits. Following this review the PRAC considers that the benefit – risk of strontium is no longer favourable.

The manufacturer (Servier) has stated that as soon as the European Medicines Agency has made a decision they will send detailed information to all healthcare professionals on the practical implications for the management of their patients.

2. Sildenafil now significantly less expensive than tadalafil and vardenafil

Many of you will be aware that following the loss of patent protection generic sildenafil is significantly less expensive than the alternative phosphodiesterase type-5 inhibitors. The following table shows Drug Tariff (January 14) prices:

Sildenafil 25mg (4)	£1.24
Sildenafil 50mg (4)	£1.41
Sildenafil 100mg (4)	£1.45
Tadalafil 2.5mg (28)	£54.99
Tadalafil 5mg (28)	£54.99
Tadalafil 10mg (4)	£26.99
Tadalafil 20mg (4)	£26.99
Vardenafil 5mg (4)	£7.56
Vardenafil 10mg (4)	£14.08
Vardenafil 10mg orodispersable (4)	£17.88
Vardenafil 20mg (4)	£23.48

The DPC has reiterated its recommendation that sildenafil should be considered the routine first choice PDE-5 inhibitor and this is supported by local urologists.

In West Hampshire there is currently a lower proportion of PDE-5 inhibitors prescribed as sildenafil than the England average. The medicines management team is currently developing an intervention to support the review of existing patients currently prescribed tadalafil or vardenafil who have not previously been prescribed sildenafil.

3. Abuse and diversion risks with gabapentin and pregabalin

Southern Health FT and Solent NHS Trust have issued advice highlighting that both drugs have psychotropic side effects, such as euphoria and hallucinations, which can lead to misuse and dependence, particularly in patients with a history of substance abuse. They suggest the following advice for prescribers:

- Prescribers should be aware of the misuse and diversion potential of pregabalin and gabapentin and should only prescribe with caution to those with a history of substance use.
- All prescribing of gabapentin or pregabalin should be carried out in accordance with NICE guidance.
- Patients on gabapentin or pregabalin should be reviewed regularly and monitored for evidence of misuse.
- Patients presenting to unscheduled care such as A&E should be treated with the **minimum amount** to allow them to attend their usual primary care prescriber who can monitor their usage.
- Caution should be used in the prescribing of gabapentin or pregabalin for patients who are already prescribed a benzodiazepine.

4. Repatriation of immunosuppressants from Portsmouth renal unit

The renal unit at Portsmouth is currently taking back the prescribing responsibility for immunosuppressant agents for patients that have had a renal transplant. The unit will notify practices when they have taken over prescribing responsibility for individual patients. **Please continue to prescribe until you receive notification for an individual patient.**

Other transplant units are likely to follow suit, but you will be notified accordingly and any change planned to ensure patient safety during the transition. Tacrolimus and ciclosporin are also indicated for other conditions and there are no changes planned to the current shared care arrangements for these patients.

Neil Hardy
Head of Medicines Management
neil.hardy2@nhs.net
023 8062 7864

Dr Greg Warner
Clinical Director - Medicines Management
greg.warner@nhs.net