

Medicines

Optimisation news headlines

November 2015

Amiodarone: safe prescribing & monitoring

Although the indications for using amiodarone are reducing due to the introduction of safer alternatives, amiodarone remains a high risk medicine. It has a long (50-day) half-life requiring a loading schedule at initiation, and has potentially serious side effects associated with long term therapy. Following a recent serious incident locally, prescribers are reminded that:

- NICE Guidance on atrial fibrillation (CG180) 2014 states:
“Consider amiodarone therapy starting 4 weeks before and continuing for up to 12 months after electrical cardioversion to maintain sinus rhythm.”
“Do not offer amiodarone for long-term rate control.”
- Patients requiring long term therapy should have TSH, LFTs and U&Es monitored every 6 months, a Chest X-Ray and ECG annually, and be encouraged to have regular eye tests with an optometrist.
NB: Amiodarone can cause both hypo- and hyperthyroidism.
- Amiodarone is associated with pulmonary toxicity (pneumonitis and fibrosis). If this is suspected a Chest X-ray should be requested, along with an urgent referral to a specialist.

Update on the NOAC pricing structure

With four novel oral anticoagulants now on the UK market and announcement of imminent changes to the pricing structure, it seems an appropriate time to review the relative merits of these agents. All four NOACs are licensed for use in AF and both treatment and prophylaxis of DVT and PE; (NB: edoxaban does not have a license for prophylaxis following hip and knee replacement surgery). Rivaroxaban is additionally licensed for 12 months of prophylaxis in acute coronary syndrome (ACS). The majority of prescribing in primary care is for prophylaxis of stroke in patients with non-valvular atrial fibrillation, for which clinical guidance can be found in the [local decision aid](#).

For the past year West Hampshire CCG has subscribed to rebate schemes for both rivaroxaban and dabigatran. Although such schemes are a means of achieving cost-effective prescribing it is preferable and more transparent for us to achieve increased value through lower list prices. We received notification that the primary care rebate scheme for rivaroxaban is to be withdrawn but with the good news that as of the 1st December the list price is to be reduced by 30p a tablet. As the CCG is forecast to spend over £2.5million on these agents during this financial year, the price reduction could have a significant impact on individual practice budgets.

The comparative Drug Tariff / list prices from 1st December will be:

NOAC	Cost for 30 days treatment	Doses covered at this price
Rivaroxaban	£54.00	15mg or 20mg daily, 2.5mg twice daily
Edoxaban	£63.00	30mg or 60mg daily
Dabigatran	£65.90*	75mg, 110mg or 150mg twice daily
Apixaban	£65.90	2.5mg or 5mg twice daily

*A confidential rebate scheme is still in place within West Hampshire CCG for dabigatran and the CCG is about to sign up to a rebate scheme for edoxaban.



Focus on Specials - Eye Products

The list below represents some of the products which were dispensed as specials between June and August 2015 with costs as high as £516 per item.

There has been a recent proliferation of additions to the Drug Tariff within this speciality, many of them listed under medical devices. A number of direct licensed equivalents are suggested below.

Product	Average cost per item of 'special'	Alternative	Royal College of Ophthalmologists Specials Guidance
Ciclosporin eye ointment 0.2%	£90	Classified locally as a 'red' hospital only product	
Hypromellose eye drops 0.25%	£13	Hypromellose 0.3% (£1.37 for 10ml) If preservative-free required: Lumecare Singles or PF hypromellose 0.3%	*No advantage prescribing strengths other than licensed 0.3%
Pilocarpine hydrochloride eye drops 2% preservative-free	£117	Minims Pilocarpine 2% (£11.99 for 20)	
Prednisolone sodium phosphate eye drops 0.01%	£265 (range £139 to £516)		Unlikely to be of benefit, query strength and see alternative strengths
Prednisolone sodium phosphate eye drops 0.05%	£89		Suggest use 0.1%w/v (see below)
Prednisolone sodium phosphate eye drops 0.05% preservative-free	£75		Suggest using 0.1%w/v preservative-free (see below)
Prednisolone sodium phosphate eye drops 0.1%	£53	Drug Tariff special at fixed price (£32.26 for 10ml)	Preferred strength for patients who require low strength topical corticosteroid.
Prednisolone sodium phosphate eye drops 0.5% preservative-free	£91	Minims Prednisolone 0.5% (£11.78 x 20)	
Sodium chloride eye drops 0.9% preservative-free	£28	Minims Saline (£7.14 x 20)	Other lubricants may be more suitable
Sodium chloride eye ointment 5%	£33 (range £28 - £112)	PF Drops Sodium Chloride 5% (£22.50 x 5g) Need to prescribe preservative-free to receive the licensed product. (This will have a price next to it on the clinical system)	

Catherine McLean
Interface Pharmacist, Medicines Management
catherine.mclean2@nhs.net
023 8062 7466

Dr Emma Harris
Clinical Director, Medicines Management
emma.harris25@nhs.net

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