NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

August 2015

Focus on Specials – Prescribe Circadin 2mg m/r tablets for melatonin
Further to the July News Headlines, this month's newsletter addresses the use of melatonin. As a CCG, 507 items of unlicensed melatonin preparations were prescribed at a cost of £44,000, approximately half as tablets or capsules and half as oral liquids. Circadin® is currently the only licensed product and contains 2mg of melatonin in a modified released tablet. The license covers short-term treatment of insomnia in adults over the age of 55 years. When it is prescribed for any other indication, e.g. for children with ADHD, it is being used off-label. Alternative preparations of melatonin are not licensed at all and are supplied as specials.The BNF for Children states that the manufacturer should be specified in the shared care guideline because of the variability in clinical effect of unlicensed formulations.

Local shared care guidelines specify the use of Circadin® as outlined below:

- Use an initial dose of 2mg. In the absence of improvement after 1-2 weeks, the dose is increased by 2mg incrementally according to response. The Maximum dose is 10mg/day although there is evidence that there is little additional benefit at doses over 6mg.
- If necessary Circadin® 2mg tablets can be halved using a tablet cutter. In this form they will retain the slow release characteristics.
- For children with difficulty swallowing, the tablet can be crushed to a fine powder and mixed with water or given with cold soft food such as a teaspoon of yoghurt or jam. The prescription should state that the medication is to be crushed prior to administration.
- For administration via an enteral feeding tube, the tablet can be crushed to a fine powder and added to 15 - 30ml of water and mixed well. This should be drawn into an oral syringe and administered taking care to rinse the mortar/tablet crusher with water and administering the rinsings also. The feeding tube should be flushed with 30ml water prior to and post drug administration.

As well as the license stipulating the indication for use of a product on grounds of proven efficacy and safety, it also ensures certain consistent standards with the manufacturing process. For this reason, where a licensed product is not available for a particular indication, use of a licensed product off-label is preferred to use of an unlicensed product. Special order medicines are unlicensed and should ONLY be used where the licensed product does not meet the patient's needs.

Drug Safety Update
The monthly Drug Safety Update newsletter from the MHRA and the Commission on Human Medicines has been re-introduced. Recent articles include:

- Risk of diabetic ketoacidosis (DKA) with SGLT2 inhibitors ('gliflozins) in both type 1 and type 2 diabetes. Further investigation is being carried out to identify the cause. In the meantime prescribers should be aware of the possibility that DKA may occur and are reminded that this group of drugs is not licensed for the treatment of type 1diabetes.
- Further measures to minimise risk of osteonecrosis of the jaw with denosumab. This will be discussed at the Medicines Optimisation Groups.

Methylphenidate brands from CAMHS – Xenidate and Matoride

The CAMH service has changed their preferred slow-release product for methylphenidate to either Matoride XL (18mg, 36mg and 54mg) or Xenidate XL (18mg and 36mg). The intention is to use these products first line for new patients, but also consider switching existing patients from Concerta XL when they are reviewed. The products all have similar release characteristics but Matoride and Xenidate are significantly less expensive, enabling savings of up to £30,000 per annum across the CCG. Equasym XL has a different pharmacological profile so any patients currently stabilised on this product will remain unchanged unless a complete change to their regimen is warranted. Further information can be found at on the Sussex Partnership website Should any practices wish to switch their own patients it is suggested that they liaise with their local CAMH service consultant. Information sheets for patients explaining this change have been produced by Sussex Partnership Trust and are available from members of the West Hampshire CCG Medicines Management Team.

Yellow card APP

The Medicines and Healthcare products Regulations Agency (MHRA) launched a smartphone app on 14 July to increase participation of patients and healthcare professionals in its Yellow Card Scheme. The app enables reporting of medicine and vaccine side-effects on the move and aims to improve access to reported information and safety messages published by the MHRA. The app includes high level adverse drug reaction (ADR) data and has been developed through the Innovative Medicines Initiative's WEB-RADR project, led by the MHRA. Over the course of the three-year project there will be a number of enhancements made to the app in light of user experience and the MHRA are keen to receive feedback to help them develop it further.

Key features enable users to:

- Create a 'watch list' of medications on which to receive official news and alerts.
- View numbers of Yellow Cards received by MHRA for medicines of interest.
- See an immediate response that shows a Yellow Card report has been accepted.
- Submit updates to Yellow Cards already submitted.
- View previous Yellow Cards submitted through the app.

The app is free to use on iOS and Android and can be downloaded via iTunes or google play:
https://itunes.apple.com/gb/app/yellow-card-mhra/id990237487?ls=1&mt=8
https://play.google.com/store/apps/details?id=uk.org.mhra.yellowcard&hl=en_GB

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

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