

Medicines Optimisation news headlines

March 2015

“Tip of the month”

Quetiapine

A reminder that following the loss of patent protection, quetiapine immediate release (IR) tablets are significantly less expensive than the modified release (XL) preparations. The local mental health provider, Southern Health Foundation Trust, has removed the XL formulations from its formulary and recommends use of the IR formulation.

The following is an extract from the Southern Health guidance to clinicians:

- The advice has been developed to aid clinicians to switch patients from quetiapine XL to quetiapine IR.
- Switching is recommended across the health economy to maximise the cost benefits available from generic quetiapine preparations.
- Switching however is NOT mandatory and clinicians are reminded to consider individual patient circumstances before attempting a switch. Remaining on quetiapine XL may be in the best interests of some patients.
- There is little published evidence to guide clinicians on the best method of switching between quetiapine XL and quetiapine IR tablets. Any switch should be fully discussed with the individual and carer, combined with increased monitoring for adverse events.
- In general a straight swap from once daily to twice daily IR is appropriate but may be associated with a slightly higher risk of sedation and postural hypotension following the switch.
- If sedation and postural hypotension are a concern clinicians may wish to consider giving a larger dose in the evening.
- Although other pharmacokinetic parameters are similar, the peak plasma concentration for quetiapine XL = 5-6 hours, while IR = 1 hour.

Biquelle XL is a new brand of modified release quetiapine that provides best value. It should be first choice in situations where it is imperative that the patient remains on a prolonged release form of quetiapine.

Price comparator for 60 tablets (Mims, March 2015)

	25mg	50mg	100mg	150mg	200mg	300mg	400mg
Quetiapine IR	£1.44	–	£2.37	£2.81	£3.10	£4.40	–
Quetiapine MR (as generic)	–	£67.66	–	£113.10	£113.10	£170.00	£226.20
Biquelle XL	–	£29.45	–	£49.45	£49.45	£74.45	£98.95

Focus on 'specials' – PPI oral suspensions

Over the last quarter, West Hampshire CCG spent over £250,000 on unlicensed specially manufactured medicines. During the coming year, the medicines management team will be reviewing some of these medicines and suggesting possible suitable alternatives. The GMC have produced some guidance on prescribing specials http://www.gmc-uk.org/guidance/ethical_guidance/14327.asp which states, that wherever possible, licensed products should be used in preference to unlicensed 'specials'

Over the 3 months from November 2014 and January 2015 the CCG spent £11,500 on lansoprazole and omeprazole unlicensed liquid specials. This is an area where there may be a suitable licensed alternative product. Omeprazole is available as dispersible tablets and lansoprazole as orodispersible tablets.

Omeprazole oral suspension (Drug Tariff Part VIII B Special Prices Mar 15)				
Strength	Min volume	Supply at 5ml daily dose	Price per min volume	Cost of omeprazole dispersible tablets (Losec MUPs) for equivalent length of supply*
10mg/5ml	75ml	15 days	£110.73	£4.15
20mg/5ml	150ml	30 days	£135.16	£12.43
40mg/5ml	100ml	20 days	£182.08	£16.57
5mg/5ml	75ml	15 days	£114.63	No licensed equivalent**
Lansoprazole oral suspension (Drug Tariff Part VIII B Special Prices Mar 15)				
Strength	Min volume	Supply at 5ml daily dose	Price per min volume	Cost of lansoprazole orodispersible tablets for equivalent length of supply*
15mg/5ml	100ml	20 days	£145.04	£2.26
30mg/5ml	100ml	20 days	£145.46	£3.88
5mg/5ml	100ml	20 days	£145.33	No licensed equivalent**

*Omeprazole capsules containing the granules can be opened and mixed with fruit juice or yoghurt. Please switch to this formulation if appropriate.

**Please check dose and switch to alternative licenced formulation if appropriate.

For patients who are unable to swallow tablets, these formulations may provide a suitable alternative option. Please seek advice from your Medicines Management Pharmacist or Technician if you are unsure about changing formulations for patients who have enteral feeding tubes.

For all patients, ongoing need should be reviewed regularly and medicines that are no longer required should be stopped.

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

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