NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

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Focus on Specials

Buccal midazolam - for the treatment of prolonged or repeated seizures and convulsive status epilepticus in primary care.
You may be aware that the availability of different buccal midazolam products can cause some confusion. These products are available in different strengths and are administered in slightly different ways. This could pose a risk to patients if they are prescribed a brand they have not been trained to administer; the products are not interchangeable. It is important to continue using the same brand wherever possible and to avoid switching between products. The MHRA recommendation is that if a branded product is available, then this should be prescribed rather than an unlicensed product. This applies even if it is used for an "off-label" indication, unless there is a good clinical reason for prescribing the unlicensed product.

Recommendations for primary care prescribers:

- Prescribe by brand name to reduce the risk of medication errors
- Counsel patients or carers about making sure they receive the same brand each time.
- Prescribe the dose in mg and ml

Buccal midazolam is available as the following licensed preparations:

Brand	Preparation	Dose	Pack Size
Buccolam® (10mg in 2ml) hydrochloride base **Licensed in children 3months to < 18 years.** *Can be prescribed off-license for over 18's.*	Pre-filled syringes	2.5mg (in 0.5ml)	4 pre-filled syringes in each pack
		5mg (in 1ml)	
		7.5mg (in 1.5ml)	
		10mg (in 2ml)	
Epistatus® (10mg in 1ml) maleate base **Unlicensed for both children and adults**	Multi-dose oversized 30ml amber glass bottle containing 5ml – 4 x 1ml (10mg) doses PLUS 1ml overage	10mg in 1ml (dose is required to be drawn up)	5ml bottle
	Prefilled syringe *Available as a 'special'*	2.5mg (in 0.25ml)	4 pre-filled syringes in each pack
		5mg (in 0.5ml)	
		7.5mg (in 0.75ml)	
		10mg (in 1ml)	

The products are not interchangeable and there is high risk of harm if patients receive the incorrect brand and strength of buccal midazolam.
The MHRA issued a warning (Drug Safety Update in October 2011) that care was needed if transferring from unlicensed Epistatus® to licensed Buccolam® due to the differences in strengths between products.
http://www.mhra.gov.uk/Safetyinformation/DrugSafetyUpdate/CON131931

Levonorgestrel-releasing intrauterine systems: prescribe by brand name

A levonorgestrel-releasing intrauterine system (IUS) has been available under the brand name Mirena for some years. Recently, an additional product called Levosert was licensed for use in the UK. Both products are listed as a levonorgestrel 52mg intrauterine system; however they have different indications, durations of use and introducers.

The MHRA as issued the following guidance in the Drug Safety Update

- Mirena is licensed for 5 years' use and Levosert is licensed for 3 years' use in the indications of contraception or heavy menstrual bleeding. Clinical data for long-term efficacy and safety of Mirena for contraception and heavy menstrual bleeding are available for 5 years of use, whereas 3 years of data are currently available for Levosert. Jaydess is also licensed for 3 years' use.
- Mirena is licensed for 4 years' use for endometrial protection as part of a hormone replacement therapy regimen. Levosert is not licensed for this indication.
- Mirena and Levosert have different introducers, requiring different insertion techniques. IUDs should only be inserted by healthcare professionals who are experienced in insertion or who have had training in the relevant insertion techniques.

There is also a third levonorgestrel-releasing IUS available called Jaydess. This contains 13.5mg levonorgestrel and is only licensed for contraception where efficacy has been shown to last for up to 3 years.
All levonorgestrel-releasing intrauterine systems should be prescribed by brand.

Flecainide
As many of you may have discovered there is currently a shortage of flecainide tablets. Originally this was restricted to the 50mg strength but as many patients have been prescribed 100mg tablets to cut in half for their 50mg dose, these too have become difficult to obtain. New supplies are expected to start filtering through from the end of January.
Due to the nature of the condition it is not possible to suggest direct alternatives. We have been advised that should patients run out completely before new supplies come through, then GPs should contact the cardiologist for advice on an individual basis.

Dry Eye Guidelines
The dry eye guidelines for primary care have now been finalised and ratified by the District Prescribing Committee. Guidance is provided on the approach to treatment depending on the cause and severity of the condition. Suggestions for treatment are given but should be viewed in conjunction with the local formulary as prices may change. The guidelines can be accessed on the West Hampshire CCG Website.

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

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