

## Medicines

## Optimisation news headlines

January 2017

**Fluoxetine**

New strengths and formulations of fluoxetine have been brought to the market, but although they provide a wider range of dosing some of them come at a premium price. A table showing the generic versions of these preparations and their relative costs is shown below.

Formulation	Cost for 28 days treatment (January 2017)			
	10mg daily	20mg daily	40mg daily	60mg daily
Fluoxetine 10mg capsule	£61.25			
Fluoxetine 20mg dispersible tablet (scored)	(£1.72)	£3.44		
<b>Fluoxetine 20mg capsule</b>		<b>£0.81</b>	<b>£1.62</b>	<b>£2.44</b>
Fluoxetine 30mg capsule				£3.86
Fluoxetine 40mg capsule			£1.93	
Fluoxetine 60mg capsule				£6.29
Fluoxetine oral solution 20mg in 5ml	£2.81	£5.62		
Fluoxetine sugar free oral solution 20mg in 5ml	£12.95	£25.90		

## Recommendations:

- ❖ Use fluoxetine 20mg capsules to provide best value and enable flexibility with higher doses.
- ❖ In patients who require a 10mg dose, consider whether it is appropriate to use scored 20mg tablets rather than 10mg capsules.
- ❖ Consider use of alternate day dosing as a better value option when reducing the dose below 20mg a day.

**Vitamin D in the treatment of multiple sclerosis**

Use of vitamin D for this indication was discussed by the District Prescribing Committee (DPC) in February 2015. At this time the following statement was provided by specialists from the neurology department:

“There is a reasonable weight of evidence to support using Vitamin D supplementation in MS but we appreciate the guidance provided by NICE. We will therefore no longer be asking GPs to prescribe Vitamin D but we will rather discuss the matter with patients and the patient can choose to self-fund Vitamin D supplementation if they wish. The dose (of 4000units a day that) we recommend is regarded as being perfectly safe.”



The DPC has not been asked to consider any update to this statement and where supplementation is desired patients should continue to purchase this item themselves.

## Important reminders

### 1. Hypocalcaemia and denosumab

Hypocalcaemia is a contra-indication to treatment with denosumab, so before prescribing remember to check renal function and serum calcium to ensure they are within normal range. Levels should be re-checked prior to any subsequent doses as a minimum and patients should be made aware of the possible symptoms of hypocalcaemia which can develop at any time during treatment. Adequate intake of calcium and vitamin D should be ensured for all patients on denosumab and supplements prescribed if necessary. Full details can be found in the [Denosumab Prescribing Information Sheet](#).

### 2. Access to vitamin K for patients with high INRs

Patients with an INR above 5.0 who experience bleeding should be referred to secondary care for intravenous phytomenadione. However patients who have an INR above 8.0 but without any bleeding can often be treated at home with oral phytomenadione. Now that the tablet form of phytomenadione is no longer available the dose should be administered using either the paediatric formulation (ampoules containing 2mg in 0.2ml) or oral administration of the injectable formulation (ampoules containing 10mg in 1ml). Full details can be found in the BNF.

Prescribers should ensure that a dose of phytomenadione is easily accessible to them to avoid any delays in treatment or unnecessary admissions to hospital.

## Emerade (adrenaline) auto-injector

Please be aware that the shelf life of this product has now been reduced from 30 months to 18 months.

## Travel PGDs

The West Hampshire PGDs for typhoid, hepatitis A, combined hepatitis A plus typhoid and combined hepatitis A and B have been reviewed. The up to date versions can be found on the [CCG website](#).

## In case you missed the Drug Safety Updates:

- ❖ Clarification of the risk of hyperkalaemia with spironolactone or eplerenone and renin-angiotensin system drugs. [Link](#)
- ❖ Treatment for chronic hepatitis C with direct-acting antivirals can affect the INR in patients also receiving vitamin K antagonists (eg, warfarin), because of possible changes in liver function during treatment. INR should be monitored closely. [Link](#)
- ❖ Apremilast may be prescribed by local specialists for treatment of psoriasis. Clinicians working in primary care should be aware that it has been linked with development of depression, suicidal thoughts and suicide. [Link](#)

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