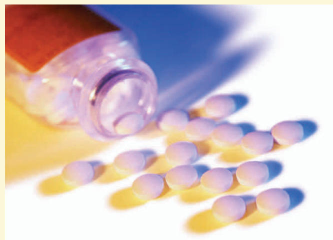


Drug News

NHS Plymouth

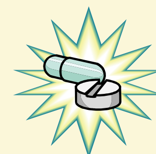
The newsletter for General Practitioners, Nurse Prescribers and Community Pharmacists within NHS Plymouth

Issue 69 February 2011

Paracetamol - low body weight adult patients

There has been a recent article published in the BMJ http://www.bmj.com/content/341/bmj.c6764.full relating to accidental overdoses of paracetamol to two patients with a low body weight. Both patients were adults and were prescribed the standard 4g/day dosage of paracetamol. Due to their low weights they had BMIs of 12 and 17. Paracetamol has a narrow therapeutic index, and severe hepatocellular necrosis may follow the oral ingestion of a single high dose. Both of the patients described in the article were underweight and had additional factors that made them at increased risk of hepatotoxicity. One patient weighed 30kg and his daily dose of 4g was therefore 133mg/kg. The daily dose received by the second patient was 91mg/kg. Doses of this magnitude repeated daily in individuals with inadequate metabolic capacity may lead to liver injury, which in severe cases may result in acute liver failure.

There was an incident locally last year when a young underweight female's death was in part attributed to paracetamol induced damage to the liver. She had been prescribed 3g daily regularly, but had also received an as required dose because her pain was not controlled.



Daily doses of paracetamol should not exceed 60mg/kg when prescribed for adults weighing <50kg. The maximum daily dose should be reduced to 3g for adult patients with hepatocellular insufficiency, chronic alcoholism, chronic malnutrition, or dehydration.

Mycophenolate medicine management

Mycophenolate Mofetil (Cellcept®) came off patent in November 2010. There are now a number of generic alternatives available from companies including Accord, Actavis, Sandoz and Teva. All of these generics are bioequivalent and interchangeable with Cellcept® and with each other.

The renal unit at Derriford hospital has already switched to a generic mycophenolate mofetil. However, mycophenolate sodium (Myfortic®) is still only available from Novartis and is not available as a generic alternative. Mycophenolate sodium and mycophenolate mofetil are NOT interchangeable and must NOT be switched unless under the supervision and direction of a renal specialist.

Co-proxamol prescribing. What's your excuse?

Co-proxamol prescribing appears to continue to occur in Plymouth, particularly in areas with elderly populations, despite the fact that it is unlicensed and now highly expensive (£21- £38 for 100 tablets) compared to licensed alternatives.
New clinical data from the USA show that (dextro)propoxyphene can have serious effects on the electrical activity of the heart (resulting in prolongation of the P-R and Q-T intervals, and widened QRS complexes), even at normal therapeutic doses. Prescribers will wish to reassess the balance of risks and benefits in each patient of continuing treatment with co-proxamol, taking into account the individual's other medications and any co morbidities, in the light of these new data. These findings are potentially more important to elderly patients, who are prescribed a number of other drugs, compared to any other group of patients. These findings add to the suicide concerns that resulted in the withdrawal of all product licences for co-proxamol.

As prescribers you need to consider whether it is appropriate to prescribe co-proxamol to patients in the light of the overwhelming evidence against it – continuing to do so would be considered poor practice. In addition, no new patients should start treatment with co-proxamol.

We have attached a graph (GP practices only) depicting number of tablets prescribed by each Plymouth practice in 2010. Where is yours…….?

Plymouth Area Joint Formulary (PAJF) website: **www.plymouthformulary.nhs.uk** To assist in promoting safe, cost-effective prescribing in both primary and secondary care within the Plymouth Health Community.

THE MEDICINES MANAGEMENT TEAM,
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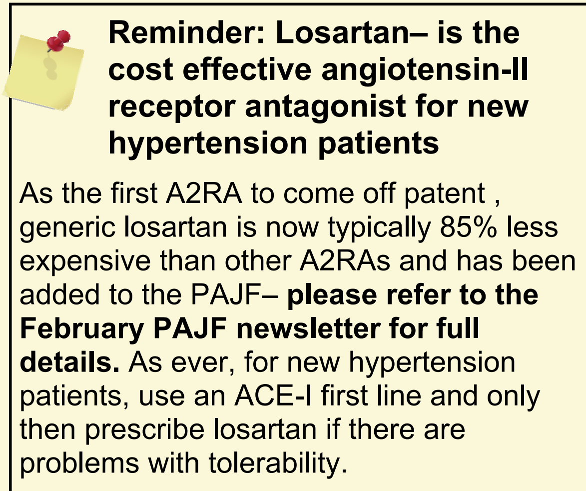
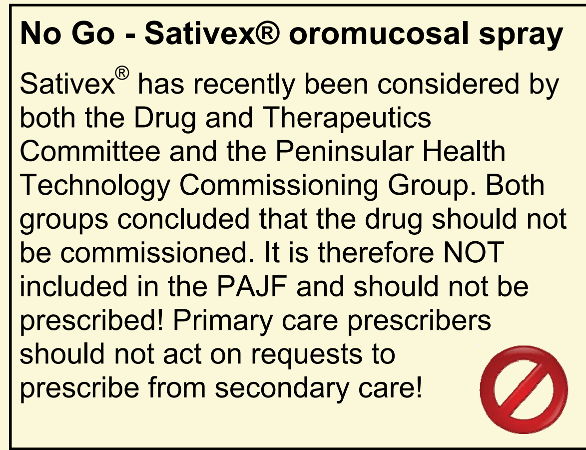


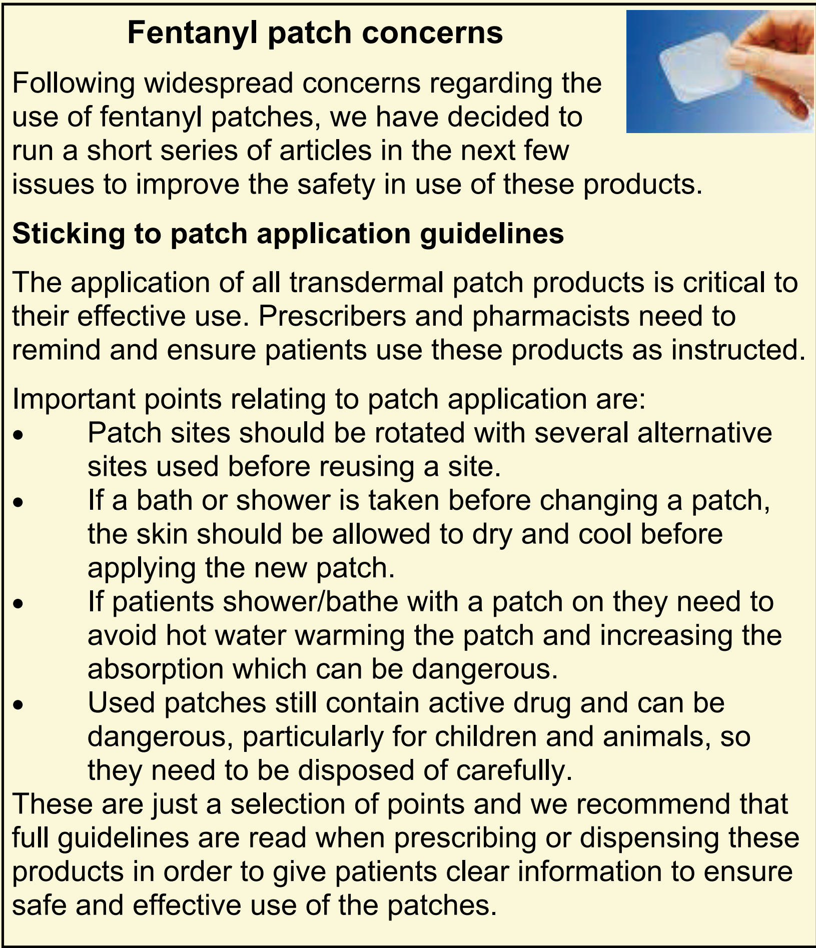
Reminder: Losartan– is the cost effective angiotensin-II receptor antagonist for new hypertension patients

As the first A2RA to come off patent , generic losartan is now typically 85% less expensive than other A2RAs and has been added to the PAJF– **please refer to the February PAJF newsletter for full details.** As ever, for new hypertension patients, use an ACE-I first line and only then prescribe losartan if there are problems with tolerability.



No Go - Sativex® oromucosal spray

Sativex® has recently been considered by both the Drug and Therapeutics Committee and the Peninsular Health Technology Commissioning Group. Both groups concluded that the drug should not be commissioned. It is therefore NOT included in the PAJF and should not be prescribed! Primary care prescribers should not act on requests to prescribe from secondary care!



Fentanyl patch concerns

Following widespread concerns regarding the use of fentanyl patches, we have decided to run a short series of articles in the next few issues to improve the safety in use of these products.

Sticking to patch application guidelines

The application of all transdermal patch products is critical to their effective use. Prescribers and pharmacists need to remind and ensure patients use these products as instructed.

Important points relating to patch application are:

- Patch sites should be rotated with several alternative sites used before reusing a site.
- If a bath or shower is taken before changing a patch, the skin should be allowed to dry and cool before applying the new patch.
- If patients shower/bathe with a patch on they need to avoid hot water warming the patch and increasing the absorption which can be dangerous.
- Used patches still contain active drug and can be dangerous, particularly for children and animals, so they need to be disposed of carefully.

These are just a selection of points and we recommend that full guidelines are read when prescribing or dispensing these products in order to give patients clear information to ensure safe and effective use of the patches.

MHRA Drug Safety Update summary : Jan/Feb 2011

Drug Safety Update

Bevacizumab & sunitinib: Treatment with bevacizumab or sunitinib may be a risk factor for the development of osteonecrosis of the jaw, particularly if a patient has previously received, or is treated concurrently with bisphosphonates. Dental examination and appropriate preventive dentistry should be considered before treatment with bevacizumab or sunitinib. Invasive dental procedures should be avoided, if possible, in patients treated with bevacizumab or sunitinib who have previously received, or who are receiving, intravenous bisphosphonates.

Insulin combined with pioglitazone: Cases of cardiac failure have been reported when pioglitazone was used in combination with insulin, especially in patients with risk factors for the development of cardiac failure. If the combination is used, patients should be observed for signs and symptoms of heart failure, weight gain, and oedema.

Moxifloxacin: Because of evidence of an increased risk of life-threatening liver reactions and other serious risks (such as QT interval prolongation), oral moxifloxacin (Avelox ▼) should be used only when it is considered inappropriate to use antibacterial agents that are commonly recommended for the initial treatment of the infections below or when these have failed. This restriction now applies to treatment of mild to moderate pelvic inflammatory disease as well as treatment of acute bacterial sinusitis, acute exacerbations of chronic bronchitis, and community acquired pneumonia (except severe cases).

Dronedarone: Use of dronedarone may be associated with an elevated risk of worsening, or new-onset, heart failure or liver toxicity. Patients should be asked to be vigilant for the symptoms of heart failure (such as weight gain, dependent oedema, or increased dyspnoea) or liver toxicity (abdominal pain or discomfort; loss of appetite; nausea; vomiting; yellowing of the skin or the whites of the eyes; unusual darkening of the urine; itching; or fatigue) during treatment, and should undergo regular liver function testing. Patients should not stop taking dronedarone unless they are told to do so.

Lenalidomide: Patients receiving lenalidomide for the management of multiple myeloma should be closely monitored for evidence of arterial and venous thromboembolic events.

Omalizumab: Use of omalizumab may be associated with an increased risk of arterial thrombotic events. Prescribers should be vigilant for possible thrombotic adverse reactions, and should report these events to us promptly via the Yellow Card Scheme.

For further information: http://www.mhra.gov.uk

While every effort is made to ensure the accuracy of information in this newsletter, for full prescribing information on any of the drugs mentioned please consult individual Data Sheets, Summaries of Product Characteristics and the current BNF.