Drug News

NHS Plymouth

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

Issue 68 November/December 2010

Tramadol and drug-related deaths

Tramadol is a centrally acting opioid analgesic which also exerts an effect through the inhibition of the re-uptake of noradrenaline and serotonin at the spinal level. It is a second line drug within the Plymouth Area Joint Formulary and remains a useful analgesic for the management of moderate to severe pain.

However, a recent drug-related death in Cornwall involving tramadol has highlighted its danger and misuse potential. In Plymouth, the prescribing of tramadol has approximately doubled since 2005 and, from a national perspective; tramadol has been "mentioned" in a total of 123 deaths reported to the national programme on Substance Abuse Deaths database in 2009. We are also aware that tramadol has a street value and a prominent user website describes in detail the psychopharmacological effects users can get by taking tramadol. (**http://www.erowid.org/pharms/tramadol/tramadol.shtml**).

Prescribers should be aware of this risk especially in relation to patients who:

- Have a past or current history of substance misuse;
- Are taking other medication that increases the levels of serotonin (increased risk of serotonin syndrome);
- Have a history of epilepsy (increased risk of convulsions);
- Are taking other CNS depressant medications.
- Have indicators for a current misuse of their prescription e.g. early ordering, "lost" prescription requests, missed appointments and change of behaviour on presentation.

If patients meet these inclusion criteria then treatment with tramadol should be reviewed and continuing prescriptions monitored frequently. This should include an assessment on quantities prescribed.

More information can be found on the Plymouth Area Joint Formulary website (**www.plymouthformulary.nhs.uk**) Chapter 4, Appendix 14, Management of pain in patients with substance use disorders.

Out with Durogesic DTrans®, in with Matrifen®: Prescribe all Fentanyl products by brand

The formulary brand for fentanyl patches has changed to **Matrifen®** from Durogesic DTrans®. **Matrifen®** is significantly less expensive than Durogesic DTrans®, giving a saving of 23% across all strengths. For example, a pack of 5 x 50 microgram per hour patches gives a saving of £10.74! **So, please prescribe by brand—Matrifen®.**
Not prescribing by brand (i.e. generically) may be detrimental to continuity of patient care.

Please could we remind you of the advice in the formulary:

- Prescribers should ensure that patients and/or their carers are aware that 72-hour (three-day) patches need to be applied at appropriate intervals to ensure that patients are not left in pain (because of too long an interval) and that the patches are not used wastefully (because of too short an interval). Remember to remove the used patch.
- **Matrifen®** patches are only licensed for chronic intractable pain. They are mainly used in palliative care and by consultants for treatment of chronic pain. They are expensive, but there is a small group of patients in whom their use is justifiable and appropriate. They are not licensed for acute pain.

Oral fentanyl preparations:
There are two oral fentanyl preparations included in the formulary, these are **Actiq®** (buccal) lozenges and **Effentora®** (buccal) tablets. These are licensed for breakthrough pain in patients receiving opioid therapy for chronic cancer pain. To avoid confusion and to ensure continuity, it is important that these are also **prescribed by brand.**

The advice in the formulary states:

- Patients must be assessed by the palliative care or pain team before commencing treatment with **Actiq®** lozenges or **Effentora®** buccal tablets. They should be used in the minority of patients with breakthrough pain that fail to benefit from immediate release morphine or oxycodone. Patients must be reviewed weekly.
- The dose of **Effentora®** is not interchangeable with **Actiq®**.

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,
NHS Plymouth, Building 1, Derriford Business Park, Brest Road, Plymouth PL6 5QZ
Tel: 01752 434870 Fax: 01752 315710

NICE Corner
NICE Update: November 2010

The following NICE Technology Appraisals were published on Wednesday 27th October 2010:

- **Asthma (in children) - omalizumab - TA201**
  NICE does not recommend omalizumab for use in the treatment of children aged 6-11 years with severe persistent allergic asthma. Omalizumab is included in the Plymouth Area Joint Formulary only for the treatment of adults.
- **Chronic lymphocytic leukaemia - ofatumumab - TA202**
  NICE does not recommend ofatumumab for people with chronic lymphocytic leukaemia that is refractory to treatment with fludarabine and alemtuzumab. Ofatumumab is not included in the Plymouth Area Joint Formulary.
- **Diabetes (type 2) - liraglutide - TA203**
  NICE recommends liraglutide taken at a dose of 1.2 mg once a day as a possible treatment for some people with type 2 diabetes mellitus. (See http://guidance.nice.org.uk/TA203 for further details) NICE does not recommend liraglutide taken at a higher dose of 1.8 mg once a day. Liraglutide is included in the PAJF for primary and secondary care use.
- **Osteoporotic fractures - denosumab - TA204**
  NICE recommends denosumab as a possible treatment for preventing bone fractures in some postmenopausal women with osteoporosis.
- **Thrombocytopenic purpura - eltrombopag - TA205**
  NICE does not recommend eltrombopag for people with chronic immune (idiopathic) thrombocytopenic purpura. Eltrombopag is not included in PAJF.

NICE referral advice now available:
NICE have recently launched a database allowing GPs to search particular conditions and find referral advice as outlined in published NICE recommendations.
This online database offers GPs advice on referring patients from primary to secondary care. The database covers referral advice for patients with the range of conditions NICE has published guidance on, such as suspected cancer, lower back pain and psoriasis. It highlights recommendation from NICE guidance which clearly identifies where patients might benefit from secondary care or specialist services and, by implication, those where patients would not benefit from these services.

Prasugrel - Make a note of the stop date!

Treatment with prasugrel will continue for **12 months** for all groups in line with NICE guidance. Patients will receive their first month's treatment from Derriford, prescribed by a cardiologist, followed by 11 months treatment from their GP. The treatment is then to be **stopped.** The easiest way to ensure it is stopped on time is to type the stop date in the dosage field e.g. One to be taken daily until 25/12/11.
This ensures patient safety and eliminates unnecessary cost.
(N.B. Prasugrel costs £618 per annum per patient).

Glucosamine and Chondroitin – not recommended for the treatment of osteoarthritis

Further to our article in Drug News September 2010 we are happy to report that several GPs are no longer prescribing these products on the NHS. In light of this and the lack of evidence producing any significant improvement in symptoms of osteoarthritis (BMJ 2010;341:c4675) **we ask that community pharmacists no longer recommend** patients ask their GPs for these products on prescription.

Thank you for your continued support.

MHRA Drug Safety Update summary: November and December 2010

Memantine pump device (Ebixa): Several cases of administration error resulting in overdose with the new memantine pump device have been reported. The medication errors resulted from confusion between doses delivered by the new pump device and doses delivered by the dropper. Four actuations of the pump device is equivalent to 40 drops delivered by the dropper device. Healthcare professionals should be aware that there are differences in dose delivery between the pump device and dropper device for memantine.

Tamoxifen: Concomitant use of drugs that inhibit the CYP2D6 enzyme (e.g. paroxetine, fluoxetine, buproprion, quinidine and cinacalcet) should be avoided whenever possible in patients treated with tamoxifen for breast cancer

Saquinavir: update on potential risk of arrhythmia. Further to recent concerns over the effect of saquinavir on QT and PR prolongation, antiretroviral-treatment-naïve patients should start saquinavir at a reduced dose for the first week of treatment.

Fibrates: The European Medicines Agency's Committee for Medicinal Products for Human Use has concluded that the benefits of the four fibrates—bezafibrate, ciprofibrate, fenofibrate, and gemfibrozil—continue to outweigh the risks in the treatment of patients with blood-lipid disorders. However, healthcare professionals should not prescribe them to newly diagnosed patients as first-line treatment, except for those with severe hypertriglyceridaemia or those who cannot take statins.

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

Merry Christmas and Best Wishes for the New Year!
From The Medicines Management Team

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.