

# Joint Formulary News

Spring 2010

Effective Prescribing in the Plymouth  
Health Community

## Zomorph® Reminder

Please can we remind prescribers that the **morphine sulphate modified release** preparation in the formulary is **Zomorph®** capsules.

Zomorph capsules are less expensive than MST® tablets and significantly less than MST® sachets.

Difficulty in swallowing is common in people with advanced cancer. In such patients we recommend that twice daily Zomorph® capsules are prescribed for chronic pain as they can be administered:

- **By mouth** (swallow the capsule with a sip of water).
- **By mouth when swallowing is difficult** open the capsule and sprinkle contents onto a spoonful of semi-solid food e.g. jam or yoghurt. The patient must not chew the food as this will damage the pellets and stop the modified release effect. It could also potentially cause increased side effects.
- **Via a gastric feeding line** open the capsule and mix contents with water, and then administer into the line. Flush the line with more water to clear any micro-spheres.

Zomorph® capsules potentially allow patients to remain on the same oral product for as long as possible.



## So Long, Farewell

After six years as a member of the Plymouth Area Joint Formulary Group, four of those years as Chair, Danny Fay has decided to step down.

We would like to thank Danny for the time and commitment he has put into this role, he will be missed.

Keith Gillespie, who has been part of the Joint Formulary Group since 2008, has agreed to take on the role of Chair for a few months.



## Recent amendments & updates

**Episenta®** has been added to the formulary for patients with swallowing difficulties and/or learning disabilities. This is a slow release preparation of sodium valproate. **Epilim Chrono®** is already in the formulary so please could we stress the importance of prescribing these preparations by brand to ensure continuity for the patient. There is no current intention to switch patients from Epilim Chrono®.

**Chapter 5 Infections** has been reviewed and updated, our thanks to Jim Greig once more for this annual review of antibacterials. The updated chapter is available on [www.plymouthformulary.nhs.uk](http://www.plymouthformulary.nhs.uk).

Other additions:

**Rupatadine** has been added for Consultant Immunologist initiated treatment of chronic idiopathic urticaria.

**Aprepitant** (hospital only) has been added for chemotherapy induced nausea & vomiting.

**Flammacerium** and **Biobrane** have been added for use in secondary care for burns.

## Enteric-coated (EC) prednisolone

A recently published review of the evidence to support the use of EC prednisolone found no convincing evidence to support that they reduce the risk of peptic ulceration. Additionally, EC tablets may be associated with less predictable absorption which could be detrimental in certain clinical conditions where plasma levels of prednisolone need to be stable and predictable. This supports the information already provided in the formulary.

In the light of this lack of evidence it has been decided to remove the EC preparations of prednisolone from the formulary. The PAJF recommends that the standard formulation is prescribed in all instances. Alternate day dosing may need to be considered in some patients i.e. 5mg on alternate days instead of 2.5mg daily for patients not wishing to take 3 x 1mg standard prednisolone. In rare circumstances where there may be adherence issues with alternate day dosing it may still be appropriate to prescribe the 2.5mg EC tablets. We would not expect to see any further prescribing of the 5mg EC tablets

The full review can be found via the National electronic Library for Medicine:

[www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Q--A/Is-there-any-evidence-to-support-the-use-of-enteric-coated-over-uncoated-prednisolone-tablets/?query=prednisolone&rank=53](http://www.nelm.nhs.uk/en/NeLM-Area/Evidence/Medicines-Q--A/Is-there-any-evidence-to-support-the-use-of-enteric-coated-over-uncoated-prednisolone-tablets/?query=prednisolone&rank=53)

## Tacrolimus—no generic prescribing please

**Tacrolimus** has a narrow therapeutic index and is available in different formulations.

**Prograf, which is the formulary choice:**

- is an immediate-release formulation intended for twice-daily dosing, once in the morning and once in the evening

Advagraf, which is not a formulary choice:

- is a prolonged-release formulation, licensed only for adults, for once-daily administration in the morning

Both preparations are available as 0.5mg, 1mg, and 5mg capsules, so **if Tacrolimus is not prescribed by brand there is the potential for serious medication errors to be made.**

Errors across the UK reported to the MHRA have in some cases resulted in patients being dosed incorrectly, and have led to serious adverse reactions—including biopsy-confirmed acute rejection of transplanted organs—or other side-effects which could be a consequence of either under exposure or over exposure to tacrolimus.

The product license of Prograf has expired and there will soon be other 'brands' available. These and Prograf, and Advagraf are **not interchangeable** without careful therapeutic monitoring. Substitution should be made only under the close supervision of a transplant specialist. Particular care should be taken in prescribing and dispensing the correct brand of tacrolimus. Prescribers, pharmacists, and patients should be fully aware of the brand being prescribed and the associated correct dose regimen.

**Plymouth Primary Care Prescriptions:**

- Looking at the prescriptions written over the last 6 months for brand and generic tacrolimus 70% of these were written as the generic. This is putting our patients at risk of not receiving the product intended. **Please take steps to find out which brand the patient should be taking and change these patients to that branded product for their next prescription.**



To Do: