NHS
Hambleton, Richmondshire and Whitby
Clinical Commissioning Group

Medicines Management Update

May 2015

Hydroxyzine (Atarax, Ucerax): risk of QT interval prolongation and Torsade de Pointes

https://www.gov.uk/drug-safety-update/hydroxyzine-atarax-ucerax-risk-of-qt-interval-prolongation-and-torsade-de-pointes

The maximum adult daily dose of hydroxyzine is now 100 mg. Do not prescribe hydroxyzine to people with a prolonged QT interval or risk factors for QT interval prolongation.

When using hydroxyzine:

- do not prescribe hydroxyzine to people with a prolonged QT interval or who have risk factors for QT interval prolongation (see below)
- avoid use in the elderly - they are more susceptible than younger patients to the side effects of hydroxyzine
- consider the risks of QT interval prolongation and Torsade de Pointes before prescribing to patients taking medicines that lower heart rate or potassium levels
- the maximum daily dose is now
  - 100 mg for adults
  - 50 mg for the elderly (if use cannot be avoided)
  - 2 mg per kg body weight for children up to 40 kg in weight
- prescribe the lowest effective dose for as short a time as possible
- continue to report any suspected side effects to hydroxyzine or any other medicine on a Yellow Card

Hydroxyzine is an antihistamine used to treat pruritus in adults and children and anxiety in adults.

A European review of the safety and efficacy of hydroxyzine has been undertaken following concerns of heart rhythm abnormalities associated with this medicine. The review concluded that hydroxyzine is associated with a small risk of QT interval prolongation and Torsade de Pointes. Such events are most likely to occur in patients who already have risk factors for QT prolongation, such as:

- concomitant use of medicines that prolong the QT interval
- cardiovascular disease
- family history of sudden cardiac death
- significant electrolyte imbalance (low potassium or magnesium levels)
- significant bradycardia

Price concessions for medicines

The DoH has granted the following price concessions for May **2015**

Drug name	Pack size	Price
Baclofen 10mg tablets	84	£7.20
Clonidine 25microgram tablets	112	£9.00
Diclofenac Sodium 50mg gastro-resistant tablets	28	£2.65
Digoxin 125microgram tablets	28	£4.99
Digoxin 250microgram tablets	28	£4.40
Digoxin 62.5microgram tablets	28	£4.99
Exemestane 25mg tablets	30	£29.00
Fosinopril 10mg tablets	28	£14.05
Fosinopril 20mg tablets	28	£15.49
Lisinopril 20mg / Hydrochlorothiazide 12.5mg tablets	28	£8.43
Lofepramine 70mg tablets	56	£22.00
Mebeverine 135mg tablets	100	£15.00
Mefenamic acid 250mg capsules	100	£15.00
Mefenamic acid 500mg tablets	28	£14.95
Sodium Cromoglicate 2% eye drops	13.5ml	£5.50
Trimethoprim 100mg tablets	28	£7.35
Trimethoprim 200mg tablets	14	£6.50
Trimethoprim 200mg tablets	6	£2.79

Reimbursement of Specials

Part VIIIB of the Drug Tariff (the 'Specials Tariff') contains information on the reimbursement of unlicensed specials and imports including a list of such drugs with fixed reimbursement prices.

The name, strength and formulation of each drug is specified along with a minimum quantity and price for that quantity and a price for each subsequent ml / g / tablet / capsule, unless in a special container.

The actual cost of a tariffed special will depend on the formulation and quantity prescribed.

Different formulations of the same drug can be significantly different in price. For example, Enalapril 5mg/5ml oral **solution** costs £86.47 for 150mls. Enalapril 5mg/5ml oral **suspension** costs £150.19 for 150mls. Unless there is a clinical reason to do otherwise, prescribe the formulation listed in the tariff with the lowest cost.

There is no cost advantage to prescribing a quantity smaller than the minimum volume of a tariffed special as the price for the minimum volume will be paid. Unless there is a clinical reason to do otherwise, prescribe at least the minimum volume.

Where the patient will need the special on an ongoing basis it is often more cost effective to prescribe a larger quantity rather than several smaller quantities.

For example – For a patient needing 10mg of enalapril daily.

Rx: Enalapril 5mg/5ml oral solution 150mls.

This prescription will last 15 days at a cost of £86.47. Total annual cost £2,075.

Rx: Enalapril 5mg/5ml oral solution 280mls.

This prescription will last 28 days. The price per millilitre above 150mls is 11p. This will cost £86.47 for first 150mls plus £0.11x (280-150) for the rest of the quantity giving a cost of £100.77. Total annual cost £1,310.

The shelf life of specials can vary widely between manufacturers and can be very short. This should be taken into account when deciding the quantity to avoid prescribing a quantity greater than can be used within the shelf life of the special.

Prescriptions for specials not listed in Part VIIIB of the Drug Tariff will be paid depending on how the special was sourced. Costs can vary widely so pharmacies/dispensaries are advised to source a product from the most cost-effective supplier.

For more information relating to specials please contact a member of the Medicines Management Team.

Influenza Season 2014/15 – Prescribing and Supply of Antiviral Medicines

The most recent surveillance data, which has been assessed by Public Health England (PHE), demonstrates that the circulation of influenza in the community has returned to baseline levels and, in the view of PHE, below the level at which the National Institute of Health and Clinical Excellence (NICE) guidance on the use of antiviral medicines is triggered.

GPs and non-medical prescribers should no longer prescribe, at NHS expense, antiviral medicines for the prophylaxis and treatment of influenza in primary care, in accordance with NICE guidance and Schedule 2 to the National Health Service (General Medical Services Contracts) (Prescription of drugs etc.) Regulations 2004), commonly known as the Grey List or Selected List Scheme (SLS). This stands until we write again when the use of antivirals is next triggered.

In the event of an out of season outbreak of flu among at risk people living in long term care homes, GPs and other local prescribers should seek advice from their local PHE centre staff. However, hospital clinicians may continue to prescribe antivirals for patients whose illness is confirmed, or strongly suspected, to be due to flu and whose condition requires hospital care.

Further information

The full NICE guidance on the use of antiviral medicines can be accessed at:
http://guidance.nice.org.uk/TA168 for treatment, and http://guidance.nice.org.uk/TA158 for prophylaxis.

Updated advice on use of high-dose ibuprofen

http://www.ema.europa.eu/ema/index.jsp?curl=pages/news_and_events/news/2015/05/news_detail_002337.jsp&mid=WC0b01ac058004d5c1

Review confirms small cardiovascular risk with daily doses at or above 2,400 mg

The CMDh has endorsed by consensus updated advice on the use of high-dose ibuprofen. This follows a review carried out by EMA's Pharmacovigilance Risk Assessment Committee (PRAC), which confirmed a small increased risk of cardiovascular problems, such as heart attacks and strokes, in patients taking high doses of ibuprofen (at or above 2,400 mg per day). The review clarifies that the risk with high-dose ibuprofen is similar to the risk seen with some other non-steroidal anti-inflammatory drugs (NSAIDs), including COX-2 inhibitors and diclofenac.

No increase in cardiovascular risk is seen with ibuprofen at doses of up to 1,200 mg per day, which is the highest dose generally used for over-the-counter (OTC) preparations taken by mouth in the European Union (EU).

To minimise the cardiovascular risk, high doses of ibuprofen (2,400 mg per day or higher) should be avoided in patients with serious underlying heart or circulatory conditions, such as heart failure, heart disease and circulatory problems or in those who have previously had a heart attack or stroke.

In addition, doctors should carefully assess a patient's risk factors for heart or circulatory conditions before initiating long-term treatment with ibuprofen, particularly if high doses are required. Risk factors include smoking, high blood pressure, diabetes and high blood cholesterol.

Information for healthcare professionals

- Data from meta-analyses and epidemiological studies indicate that there is an increased risk of cardiovascular events (such as myocardial infarction or stroke) associated with the use of high-dose ibuprofen (at or above 2,400 mg per day).
- The risk with high-dose ibuprofen is similar to the risk seen with some other non-steroidal anti-inflammatory drugs (NSAIDs), including COX-2 inhibitors and diclofenac. For diclofenac, the risk was estimated at around three additional major vascular events per 1,000 participants per year.
- High doses of ibuprofen should be avoided in patients with cardiovascular conditions (e.g. uncontrolled hypertension, congestive heart failure (NYHA class II-III), established ischaemic heart disease, peripheral arterial disease and cerebrovascular disease).
- Patients with risk factors for cardiovascular events (e.g. hypertension, hyperlipidaemia, diabetes mellitus and smoking) should only be treated with high-dose ibuprofen after careful consideration.
- The effect of duration of ibuprofen treatment on cardiovascular risk is uncertain.
- Although no specific data about the cardiovascular risk with dexibuprofen are available, a similar cardiovascular risk to that with high-dose of ibuprofen is expected when dexibuprofen is used at equipotent doses (at or above 1,200 mg per day).
- Experimental data suggest long-term use of ibuprofen/dexibuprofen may reduce the cardioprotective effect of low-dose acetylsalicylic acid (typically 75 mg per day). This is because ibuprofen may competitively inhibit the effect of low dose acetylsalicylic acid on platelet aggregation when they are used concomitantly. No clinically relevant effect is considered to be likely for occasional ibuprofen use.

Provision of the monthly drug tariff in hard copy format

After discussion with the BMA and the RCGP, the delivery of a hard copy in relation to the monthly drug tariff will cease to GP practices on 31st May 2015.

The PCS Services will continue to deliver the tariff in paper form to all pharmacies and dispensing GP practices in accordance with the NHS England obligations under the Pharmaceutical Services Regulations and with the BSA Prescription Directions.

Please note that the monthly drug tariff can be accessed, downloaded and printed at any time from the following website address http://www.nhsbsa.nhs.uk/924.aspx

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