

Prescribing Points



Oxfordshire

Clinical Commissioning Group

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Shared Care Protocol (SCP) Best Practice Guidelines

In order to improve communication of shared care between secondary and primary care and the patient; the CCG has recently published a guideline on [SCP best practice](#). The guideline contains information on when should transfer of care to GPs take place, are GPs allowed to refuse shared care, what to do if the request comes from an out of area provider and etc. This guideline will be reviewed again when the Regional Medicines Optimisation Committees (RMOC) guidance becomes available.

So What?

1. Refer to the best practice guideline if you have any queries that require some clarification.
2. If you still have unresolved question around shared care responsibilities please email occg.medicines@nhs.net for further advice.

Community pharmacy services: Nitrofurantoin PGD for the treatment of uncomplicated UTI

OCCG has commissioned a new UTI PGD service where eligible adult female patients will be able to receive a course of nitrofurantoin treatment for uncomplicated UTI from trained community pharmacists. Replacing the trimethoprim PGD service, this new service will commence on 1st October in participating pharmacies.

Majority of the pharmacies have already signed up to provide the service. We also welcome new pharmacies to sign up anytime throughout the year. In the meantime, we would like to remind practices that as the service can only be provided by a trained pharmacist, it is important to check with the chemist before referring a patient to avoid disappointment.

Please see the link [here](#) for more information about the PGD and exclusion/inclusion criteria and a list of the participating pharmacies. More resources including posters and powerpoint slides for GP waiting rooms are available [here](#).

Guidance on COPD Management in Primary care—Inhaled Therapies UPDATE

The NICE guideline '[Chronic obstructive pulmonary disease in over 16s: diagnosis and management](#)' NG115 was published in December 2018 (with an additional update published in July 2019) and updates the previous guideline from 2010.

The CCG guideline has been reviewed and updated to reflect the recommendations made by NICE and is available on clinox [here](#).

The main changes to the guidance are:

- In line with NICE, patients with COPD should be treated according to whether they have 'Asthmatic features/features suggesting steroid responsiveness'
 - If no asthma features/steroid responsiveness and a short acting bronchodilator is not enough to control symptoms then patients will go straight to a Long Acting Beta Agonist /Long Acting Antimuscarinic inhaler (LABA/LAMA). Previously LAMA or LABA tried before a combination used
 - Patients with asthma features/steroid responsiveness will be offered a Long acting beta agonist/ Inhaled corticosteroid (LABA/ICS) combination instead of dual bronchodilators.
 - Triple therapy for patients with no asthma-features/steroid responsiveness now to only be *considered* if patient is still limited by symptoms or frequent/severe exacerbations. This should be a three month trial and revert if no improvement
- Previous guideline gave treatment options depending on severity of COPD (including FEV1 % predicted). New guideline is more focused on symptoms and exacerbations as suggested in NICE guidance.

Please noted, there have been **no changes to formulary choices** only where in the pathway the inhalers are used. The guideline still suggests patient should be given all MDI type inhalers or all dry power inhalers depending on their inspiratory flow rate.

So What?

Prescribers should be aware of the new guidance when starting new patients on treatment or when reviewing existing patients.

Discontinuation of Simpla® Trident® leg urine drainage bags

The **Simpla Trident leg urine drainage bags** have been discontinued and so will be removed from the NHS Supply Chain (NHSSC) catalogues and the drug tariff once current stock has been exhausted. Coloplast, the manufacturer of the Simpla® Trident® range have identified suitable alternatives at a very similar cost:

- **Simpla® Trident® T1** (slide action tap) can be switched to **Simpla® Plus** with 2-step safety lock
- **Simpla® Trident® T2** (lever action tap) can be switched to **Simpla® Profile** Leg Bag with lever lock tap

However, prescribers might like to consider a switch to, **Clinisupplies Prosys® leg bag** which are recommended by [NHSSC](#) as a suitable alternative . The current prices in Drug Tariff listed below, demonstrate a potential for cost saving of **14-17%** depending on the individual product.

| Capacity | Tube length | Pack size | Trident leg bag description | Code | Price | Prosys leg bag alternative | Code | Price |
|----------|-------------|-----------|---|--------|-------|---|--------|-------|
| 350ml | Short | 10 | Simpla Trident T1 with slide action tap | 370802 | £3.06 | Prosys Sterile Leg Bags with slide action tap | P350S+ | £2.61 |
| 500ml | Long | 10 | Simpla Trident T1 with slide action tap | 370817 | £3.08 | Prosys Sterile Leg Bags with slide action tap | P500L+ | £2.61 |

| | | | | | | | | |
|-------|------------|----|---|--------|-------|---|----------|-------|
| 500ml | Short | 10 | Simpla Trident T1 with slide action tap | 370807 | £3.08 | Prosys Sterile Leg Bags with slide action tap | P500S+ | £2.61 |
| 750ml | Long | 10 | Simpla Trident T1 with slide action tap | 370819 | £3.10 | Prosys Sterile Leg Bags with slide action tap | P750L+ | £2.61 |
| 750ml | Short | 10 | Simpla Trident T1 with slide action tap | 370809 | £3.10 | Prosys Sterile Leg Bags with slide action tap | P750S+ | £2.61 |
| 750ml | Adjustable | 10 | Simpla Trident T1 with slide action tap | 370904 | £3.10 | Prosys Sterile Leg Bags with slide action tap | P750L+ | £2.61 |
| | | | | | | | | |
| 350ml | Short | 10 | Simpla Trident T2 with lever action tap | 376137 | £3.09 | Prosys Sterile Leg Bags, with lever tap | P500S-LT | £2.61 |
| 500ml | Long | 10 | Simpla Trident T2 with lever action tap | 376139 | £3.13 | Prosys Sterile Leg Bags, with lever tap | P500L-LT | £2.61 |
| 500ml | Short | 10 | Simpla Trident T2 with lever action tap | 376138 | £3.13 | Prosys Sterile Leg Bags, with lever tap | P500S-LT | £2.61 |
| 750ml | Long | 10 | Simpla Trident T2 with lever action tap | 376142 | £3.14 | Prosys Sterile Leg Bags, with lever tap | P500L-LT | £2.61 |
| 750ml | Short | 10 | Simpla Trident T2 with lever action tap | 376140 | £3.14 | Prosys Sterile Leg Bags, with lever tap | P500S-LT | £2.61 |

So What?

Prescribers should consider switching patients who are currently prescribed Simpla® Trident urine drainage leg bags to the Coloplast Simpla®Plus /Profile bags or the more cost-effective Clinisupplies Prosys leg bags/

Insulin Safety Needs

Previously, BD Autosshield Duo 5mm/30G (£30.80 for 100) was the only safety needle available on the market. There are now several options available and Neon Verifine Safety (5mm/31G, 8mm/30G) has been chosen locally as the first line choice. Neon Verifine Safety is a more cost effective option, costing £14.89 for 100 needles. Unlike BD Autosshield Duo, the back of the needle is not protected. However, Neon Verifine Safety is much easier to use and the risk of harm from back end needle is very low. The only patients who would require the more expensive duo needle are those with a true needle phobia, in which case a duo needle could still be used. The use of safety needles remain restricted to the following circumstances:

Ⓜ Restricted **BROWN** Restricted for use by school staff for small number of primary school age children requiring insulin injections given by school staff and equipment supplied by GP (as per LEA agreement).

APCO September 2018.

BLACK No GP prescribing, to be supplied by Oxford Health.

Toujeo Solostar and Doublestar

Toujeo (insulin glargine 300 units/ml) is now available in 2 different pre-filled pens;

- Toujeo **SoloStar** 300units/ml (1.5ml pen): The pen will dial up in increments of 1 unit and will give maximum of 80units.
 - Toujeo **DoubleStar** 300units/ml (3ml pen): The pen will dial up in increments of 2 units and will give maximum of 160units. Local specialists recommend a maximum dose of 120unit injection site to help with insulin absorption.
- The price per unit is the same for each device, with the Solostar priced at £33.13 and Doublestar £66.26 for 3 pens. The strength of glargine in each device is the same (300 units/ml), but the DoubleStar contains double the volume. As the strength of insulin is the same and the units are displayed on the display screen, the risk for error has been deemed as low by the specialist teams. However, caution must be used when prescribing and the prescription should state clearly which device is required. Majority of patients should be prescribed the SoloStar device, however if injection burden is an issue and is already taking more than 80units of Toujeo then the DoubleStar can be considered.

Prescribing Insulin by Brand

A recent review has shown that some practices in Oxfordshire only prescribe 60% of their insulin products by brand name. Insulin should always be prescribed **by brand name** (e.g. Abasaglar, Levemir, Lispro Sanofi, Humulin S, Novorapid). This is increasingly important because biosimilar products are now available, as well as high strength insulins (see [MHRA Safety Update](#)). Due to the complexity of biological substances and their production, there may be some variation in activity between biosimilars, and therefore some patients may find a difference in dosage between products. For this reason, unintentional switching must not occur between products. Switching must only be carried out within a protocol of appropriate management and monitoring. It is also important to note that insulin pens are not universal, each company's pen can only be used with their own licensed insulin cartridge. If the patient is inadvertently switched to a biosimilar they may not be able to administer their insulin due to not having the correct device, or if they do manage to fit the cartridge there is a risk of the wrong dose being released. Pen needles are universal, so the first line BD Viva should be supplied.

Examples of insulin with multiple products available ([see formulary](#) for local decisions on each product):

- Insulin glargine: Lantus (originator brand), Abasaglar (biosimilar), Semglee (biosimilar) and Toujeo (high strength – 300 units per ml. Also available in 2 different pre-filled pens, SoloStar and Doublestar).
- Insulin lispro: Humalog (originator) and Insulin Lispro Sanofi (biosimilar). In this case, the brand name of the biosimilar (Insulin Lispro Sanofi) is very similar to generic (insulin lispro), so extra care must be taken when dispensing prescriptions to ensure the correct product is selected.
- Insulin degludec: Tresiba (insulin degludec) is available as 100units/ml and 200units/ml. See [MHRA guidance](#).

To improve patient safety, at the point of prescribing the GP should issue the patient with an insulin passport. The Insulin Passport (small plastic card) provides a record of the patient's current insulin preparations and contains a section for emergency information. GP practices can obtain passports through the appropriate drug company, each passport is unique to the brand of insulin being prescribed. The pharmacy can ask to see the passport so they know the right insulin has been prescribed and dispensed.

The Medicines Optimisation Team request that all practices review prescribing of insulin in their practice to ensure the brand and strength is clear on the prescription. If your practice would like support to ensure all insulins are prescribed by brand name, please contact the Medicines Optimisation Team on occg.medicines@nhs.net.

So What?

- **Prescribers:** Please ensure insulin is prescribed by brand. Contact occg.medicines@nhs.net for support.
- **Prescribers:** Ensure the patient is issued with the appropriate insulin passport from the relevant drug company.
- **Dispensers/Pharmacists:** Please ensure insulin products are checked with patient at point of dispensing.
- **Dispensers/Pharmacists:** Take extra care with lispro and glargine products. Ensure all dispensary staff are aware of the differences between biosimilar brands and make sure they are stored in the fridge appropriately to avoid selection errors.

Alternatives to Unlicensed Omeprazole Liquid Preparations

Omeprazole is often prescribed for gastro-oesophageal reflux disease (GORD). For children and patients with swallowing difficulties; an alternative to the solid dosage forms is often required. In the last 12 months Oxfordshire CCG spent over £33,000 on unlicensed liquid omeprazole preparations. The average cost per prescription was £52.

Wherever possible a licensed product for a licensed indication should be used. If this is not an option, a therapeutic alternative or a licensed product used off label should be considered. If none of the above are appropriate then an unlicensed special can be considered.

Some therapeutic alternatives and licensed products used off label are listed in the table below for consideration. Patients seen at the OUH will be started on either omeprazole tablets or lansoprazole orodispersible tablets unless there is a clear rationale for the need of an unlicensed liquid preparation (for example requiring administration via an enteral feeding tube smaller than 8Fr).

| Product | License Considerations (check most recent SPC) | How to administer | Cost for 28 days (Drug Tariff Aug 2019) |
|--|---|---|--|
| Omeprazole MUPS (Losec MUPS 10mg, 20mg, 40mg) | Licensed for children over 1 year of age and \geq 10 kg. | Break the tablet and disperse it in a spoonful of water (non-fizzy), any acidic fruit juice (e.g. apple, orange or pineapple) or apple sauce. Always stir the mixture just before drinking (the mixture will not be clear). Then drink the mixture straight away or within 30 minutes. To make sure that you have drunk all of the medicine, rinse the glass very well with half a glass of water and drink it. Do not use milk or fizzy water. The solid pieces contain the medicine - do not chew or crush them. | 10mg - £9.30 20mg - £13.92 40mg - £27.48 |
| Esomeprazole granules for oral suspension sachets (Nexium 10mg) | Licensed for children over 1 year of age and \geq 10 kg. Licensed for use with nasogastric or gastric tube (6Fr or larger) | Empty the contents of the sachet or sachets into a glass containing some water. Do not use fizzy (carbonated) water. Use 15 millilitres (ml) of water (3 teaspoonfuls) for each sachet. Stir the granules in the water. Leave the mixture for a few minutes until it has thickened. Stir again and drink the mixture. The granules must not be chewed or crushed. Do not leave the mixture to stand for more than 30 minutes before you drink it. If anything remains in the glass, add some more water, stir and drink it immediately. See SPC for administration via tube. | 10mg - £25.19 |
| Lansoprazole Orodispersible | Licensed for adults only. | The tablets are strawberry flavoured and should be placed on the tongue and gently sucked. The tablets | 10mg - £3.12 30mg - £4.62 |

| | | | |
|---|---|--|---|
| tablets (15mg, 30mg) | Licensed for use with nasogastric or gastric tube | rapidly disperse in the mouth, releasing gastro-resistant microgranules which are swallowed with the patient's saliva. The orodispersible tablets can be dispersed in a small amount of water and administered via a nasogastric tube or oral syringe – see SPC . | |
| Omeprazole tablets (10mg, 20mg, 40mg) | Licensed for adults only. | The tablets disintegrate within 5 minutes when agitated in 10 mL of water to form a pink, milky dispersion that flushes down an 8Fr NG tube without blockage. | 10mg - £7.99 20mg - £6.47 40mg - £25.32 |

Administration by Oral Syringe

An oral syringe can be used to administer the above medications as follows:

- Remove the plunger of the syringe (at least 5 ml syringe required)
- Put the tablet into the barrel.
- Put the plunger back onto the syringe.
- Draw 4 ml tap water into the syringe.
- Invert the syringe and draw an additional 1 ml of air into it.
- Shake the syringe gently for 10-20 seconds until the tablet is dispersed.
- The contents can be emptied directly into the mouth.
- Refill the syringe with 2-5 ml of tap water to flush the remnants out of the syringe into the mouth
- Repeat the precedent step if necessary.

This method may be used to give smaller doses e.g. 10mg tab dissolved in a 10ml syringe gives a 1mg/ml solution, dose required can then be given. However please note although this method is a common practice it is not completely accurate.

NHS England's list of 'low-priority' treatments

In 2017, NHS England published guidance to CCGs on 17 items that should not routinely be prescribed in primary care. This guidance has now been updated and some of the additional items are as below:

- **Needles for Pre-Filled and Reusable Insulin Pens**
 - Prescribers in primary care should not initiate insulin pen needles costing over £5 per 100 needles for any diabetes patient. Deprescribing and switching to more cost-effective first line option (BD Viva in Oxfordshire) is advised.
- **Bath and shower preparations for dry and pruritic skin conditions**
 - Prescribers in primary care should not initiate bath and shower preparations for any new patient. Deprescribing is advised and these products can be substituted with "leave-on" emollients.
- **Silk garments**
 - Prescribers in primary care should not initiate silk garments for any patient. Deprescribing is advised.
- **Minocycline for acne**
 - Do not initiate minocycline for any new patient with acne. Deprescribing is advised.

So What?

1. Please see [here](#) for full details of the updated guidance.
2. For more information or deprescribing support please contact occg.medicines@nhs.net.

Supply Issues

Hormone Replacement Therapy (HRT)

The manufacturer of the Evorel range of HRT patches has written healthcare professionals advising of an imminent supply shortage: <https://www.prescriber.org.uk/2019/08/evorel-range-supply-interruption/>

Oxfordshire NHS Menopause Service at the OUH has advised the following suitable alternatives to the Evorel range. Stock availability may differ across various pharmacies and localities so please always check with your local chemists for more information.

- Evorel patches - prescribe a generic estradiol patch with the same dose (25/50/75/100), brands are estradot, Estraderm MX, or Elleste solo MX (40mcg equates to a 50mcg estradiol patch, 80mcg to 100mcg patches), patches can be cut with scissors if needed to obtain an equivalent dose.
- Evorel sequi – there are no identical alternatives, prescribe a 50mcg estradiol patch (or elleste solo MX 40mcg) plus a cyclical progestogen, norethisterone is also difficult to source at the correct equivalent (which is noriday 3x 350mcg daily for 12 days/month) but you can use either MPA 10mg for 12 days/calendar month, or utrogestan 200mg for 12 days/calendar month.
- Evorel conti – again no identical alternatives, prescribe a 50mcg estradiol patch (or elleste solo MX 40mcg) plus continuous progestogen, norethisterone is also difficult to source at the correct equivalent (which is noriday 3x 350mcg daily) but you can use either MPA 2.5-5mg daily, or utrogestan 100mg daily.
- If patch supply issues become a problem too then women can use a gel, sandrena 0.5mg sachet daily or 1 pump oestrogel roughly equates to a 25mcg patch, 1mg sandrena/2 pumps oestrogel roughly equates to 50mcg patch.

The Department of Health and Social Care (DHSC) also issued some updates on the availability of all HRT products marketed in the UK and the known resupply date for products that are currently experiencing supply issues, as seen in the following table. This table also provides an update of all HRT preparations that remain available.

| | | Oestrogen Only | | | | |
|-----------------------|---------------------|-------------------|----------|--|--|--------------------|
| Ingredient (s) | Manufacturer | Brand | Strength | Current Availability | Anticipated resupply date | |
| | | Oral preparations | | | | |
| Estradiol hemihydrate | Mylan | Elleste Solo* | 1mg | In stock | Continued availability to be confirmed. Please see below the table for more information on the Elleste range * | |
| | | | 2mg | In stock | | |
| | Mylan | Zumenon* | 1mg | OOS | | Mid-September 2019 |
| | | | 2mg | OOS | | End of August 2019 |
| Estradiol valerate | Bayer | Progynova | 1mg | In stock | | |
| | | | 2mg | In stock | | |
| Estradiol | Resource Medical UK | Bedol | 2mg | Long term OOS | | |
| Transdermal patches | | | | | | |
| Estradiol | Janssen-Cilag | Evorel ** | 25 mcg | In stock until mid to end of February 2020 | Mid 2020 please see below the table for more information on the Evorel range**. | |
| | | | 50mcg | In stock until end of October 2019 | | |
| | | | 75mcg | In stock until beginning of October 2019 | | |
| | | | 100mcg | In stock until beginning of October 2019 | | |
| Estradiol hemihydrate | Novartis | Estradot | 25 mcg | In stock | | |
| | | | 37.5mcg | In stock | | |
| | | | 50mcg | In stock | | |
| | | | 75mcg | In stock | | |
| | | | 100mcg | In stock | | |

| | | | | | |
|---|----------------------------|---------------------------------|----------------|-------------------------|--|
| | Merus Labs/Norgine | Estraderm | 25 mcg | In stock | |
| | | | 50mcg | In stock | |
| | | | 75mcg | In stock | |
| | | | 100mcg | In stock | |
| | Theramex | FemSeven Mono | 50mcg | In stock | |
| | | | 75mcg | In stock | |
| | | | 100mcg | In stock | |
| | Bayer | Progynova TS | 50mcg | In stock | |
| | | | 100mcg | In stock | |
| | Mylan | Elleste Solo MX * | 40mcg | In stock | Continued availability to be confirmed |
| 80mcg | | | In stock | | |
| Conjugated oestrogen | Pfizer | Premarin | 300mcg | In stock | |
| | | | 625mcg | In stock | |
| | | | 1.25mcg | In stock | |
| Topical (Transdermal gels/creams/other delivery systems) | | | | | |
| Estradiol | Besins Healthcare (UK) Ltd | Oestrogel | 0.06% | In stock | |
| Estradiol hemihydrate | Orion | Sandrena | 0.5mg | In stock | |
| | | | 1mg | In stock | |
| | Pfizer | Estring vaginal delivery system | 7.5mcg/24hours | In stock | |
| | Novo Nordisk | Vagifem vaginal tablets | 10mcg | In stock | |
| estriol | Flynn Pharma | Blissel | 50mcg/g | In stock | |
| | Marlborough Pharma | Estriol cream (generic) | 0.01% | In stock | |
| | Aspen | Ovestin cream | 1mg | In stock | |
| Progestogen only | | | | | |
| Medroxyprogesterone | Resource Medical UK | Climanor | 5mg | long term OOS | |
| Levonorgestrel | Bayer | Mirena Intrauterine device | 20mcg/24hrs | In stock | |
| Progesterone | Besins Healthcare (UK) Ltd | Utrogestan | 100mg | In stock | |
| | | Utrogestan | 200mg | In stock | |
| Combined HRTs (Progestogen and oestrogen) | | | | | |
| Continuous combined therapy | | | | | |
| Oral preparations | | | | | |
| Estradiol hemihydrate / norethisterone acetate | Mylan | Elleste Duet Conti* | 2mg / 1mg | In stock at wholesalers | Continued availability to be confirmed |
| | Novo Nordisk | Kliofem | 2mg/ 1mg | In stock | |
| | | Kliovance | 1mg/ 500mcg | In stock | |
| Estradiol hemihydrate / | Mylan | Femoston | 500mcg/ 2.5mg | In stock | |

| | | | | | |
|---|---------------------|-----------------|--|---------------------------------------|--|
| dydrogesterone | | Conti | 1mg/ 5mg | In stock | |
| Estradiol valerate/medroxyprogesterone | Orion | Indivina | 1mg /2.5mg | In stock | |
| | | | 2mg/ 5mg | OOS | End of August 2019. |
| | | | 1mg/5mg | In stock | |
| low dose conjugated oestrogen/medroxyprogesterone | Pfizer | Premique | 300mcg/1.5mg | In stock | |
| Transdermal patch | | | | | |
| Estradiol hemihydrate/norethisterone acetate | Janssen-Cilag | Evorel Conti ** | 3.2mg/11.2mg | In stock - mid to end of October 2019 | Mid 2020 See below ** |
| Estradiol hemihydrate/levonorgestrel | Theramex | FemSeven Conti | 1.5mg/ 0.525mg | Long term OOS | Q2 2020 |
| Sequential combined therapy | | | | | |
| Oral preparations | | | | | |
| Estradiol [X,X] / norethisterone acetate | Resource Medical UK | Clinorette | [2mg, 2mg]/ 1mg | Long term OOS | |
| Estradiol/norgestrel | Mylan | Cycloprogy nova | 2mg/500mcg | Long term OOS | |
| Estradiol hemihydrate / norethisterone acetate | | Elleste Duet * | 1mg/ 1mg | In stock | Continued availability to be confirmed |
| | | | 2mg/ 1mg | In stock | |
| Estradiol hemihydrate/ dydrogesterone | | Femoston | 1mg/ 10mg | limited stock | |
| | 2mg/10mg | | In stock | | |
| Estradiol hemihydrate / norethisterone acetate | Novo Nordisk | Novofem | 1mg/ 1mg | In stock | |
| Estradiol valerate/ medroxyprogesterone acetate | | Tridestra | 2mg/20mg | In stock | |
| Estradiol hemihydrate [X,X,X]/ norethisterone acetate | Orion | Trisequens | [2mg, 2mg, 1mg]/ 1mg | In stock | |
| Transdermal patch | | | | | |
| a) Estradiol hemihydrate and b) estradiol hemihydrate/ norethisterone acetate | Janssen-Cilag | Evorel Sequi** | a)3.2mg b) 3.2 mg /11.2 mg | In stock until mid-September 2019 | Mid 2020 See below ** |
| a) 1.5mg of estradiol hemihydrate b) Estradiol hemihydrate /levonorgestrel | Theramex | FemSeven Sequi | a) 1.5mg b) 1.5mg /1.5mg | Long term OOS | Q2 2020 |
| Gonadomimetic (s) | | | | | |
| Tibolone 2.5mg | Advanz Pharma | Livial tablets | Tibolone 2.5mg | In stock | |
| Selective oestrogen receptor modulator | | | | | |
| Ospemifene 60mg tablets | Shionogi | Senshio tablets | Ospemifene 60mg tablets | In stock | |
| Tissue-selective oestrogen complex | | | | | |
| Conjugated oestrogen 300mcg/ bazedoxifene 20mg | Pfizer | Duavive | conjugated oestrogen 300mcg/ bazedoxifene 20mg | In stock | |

Other Stock Availability Issues

Please note the list below is not exhaustive and healthcare professionals are advised to check with their local chemists for the most up-to-date information. A useful tool for GPs, nurses and pharmacists is the [on-line LIVE drug shortages tracker](#) launched by MIMS. Registration is required for access (free), see more information [here](#).

1. Capsaicin (Axsain) 0.075% cream - Due to manufacturing delays, this will be out of stock until at least November 2019.
2. Betnesol (betamethasone 0.1%) eye/ear/nose drops – Branded Betnesol drops are currently out of stock of with a resupply date of late 2019. Generic version/ Vistamethasone drops is available.
3. Questran Powder for Oral Suspension - Questran Powder 4g sachets are out of stock until mid-2020. Supplies of Questran Light are currently available through Alliance Healthcare.
4. Colestid (colestipol) 5g granules - Colestid orange and plain granules are out of stock until mid-October and end of October, respectively. Clinicians should refer to the [UKMI memo](#) for advice on alternatives.

Safety Alerts

Rivaroxaban (Xarelto ▼): reminder that 15 mg and 20 mg tablets should be taken with food

Lack of efficacy (thromboembolic events) in patients taking 15 mg or 20 mg rivaroxaban on an empty stomach has been reported to the MHRA; healthcare professionals are advised to remind patients to take 15 mg or 20 mg rivaroxaban tablets with food. See [MHRA safety alert](#) for more details.

So What?

1. This alert applies to rivaroxaban 15mg and 20mg. Rivaroxaban 2.5mg and 10mg can be taken with or without food.
2. Report suspected adverse reactions via the [Yellow Card](#) scheme, including any events suspected to be due to lack of efficacy of rivaroxaban.

Montelukast (Singulair): reminder of the risk of neuropsychiatric reactions

Events of neuropsychiatric reactions in patients taking montelukast have been [reported](#) in adults, adolescents, and children. Neuropsychiatric reactions reported in association with montelukast are: sleep disturbances, depression and agitation (may affect up to 1 in 100 people taking montelukast); disturbances of attention or memory (up to 1 in 1,000 people); and very rarely, hallucinations and suicidal behaviour (up to 1 in 10,000 people).

Healthcare professionals are advised to inform patients and their caregivers to read the list of neuropsychiatric reactions which is contained in the patient information leaflet, and to seek medical advice immediately should such events occur. If such reactions occur, treatment continuation should be decided based on care evaluation of the risks and benefits.

So What?

Report suspected adverse reactions with montelukast via the [Yellow Card](#) scheme.

Further information on the known increased risk of breast cancer with HRT and its persistence after stopping

[MHRA](#) issued a new alert following new data which confirmed that the risk of breast cancer is increased during use of all types of HRT, except vaginal estrogens, and have also shown that an excess risk of breast cancer persists for longer after stopping HRT than previously thought. Prescribers of HRT should inform women who use or are considering starting HRT of the new information about breast cancer risk at their next routine appointment (see resources provided below).

So What?

1. Prescribers should discuss the updated risks of breast cancer with women using HRT at their next routine appointment.
2. The MHRA has produced an [information sheet](#) for women to assist healthcare professionals when providing counselling on the new information about risk of breast cancer with HRT. This sheet can be used alongside [Table 1](#), which provides benefit and risk estimates for women for 5 years and 10 years use of HRT.
3. Report suspected adverse reactions via the [Yellow Card](#) scheme.

EMA Review of Ranitidine Medicines

The European Medicines Agency (EMA) is to review ranitidine medicines after tests revealed that some products contain the impurity N-nitrosodimethylamine (NDMA). NDMA is classified as a probable human carcinogen, but is not thought to cause harm when ingested at very low levels. The EMA will be evaluating whether patients using ranitidine are at any risk and will provide information as soon as it is available. The agency has also asked the Committee for Medicinal Products for Human Use to provide guidance for avoiding the presence of nitrosamine impurities in human medicines containing chemically synthesised active substances. The guidance will be directed at marketing authorisation holders, who will be expected to consider it alongside their knowledge of the manufacturing processes of their products.

The Medicines and Healthcare products Regulatory Agency has stated that it is aware of the EMA review, but not of any specific information that would indicate that there was any risk to patients and is not currently initiating any product recalls. Therefore, patients can continue with medication as usual at the present time. However, if the patient does have concerns, it could be a good time to discuss whether ranitidine is still necessary or whether they may benefit from alternative treatment options.