IMPACT

Volume 11 Issue2 July 2017

Pharmacy and Medicines Directorate,
Westholme, Woodend
01224 556088
nhsg.pmu@nhs.net

Medicines Shortages 2

Medicines in Scotland: What's the right treatment for me? 2

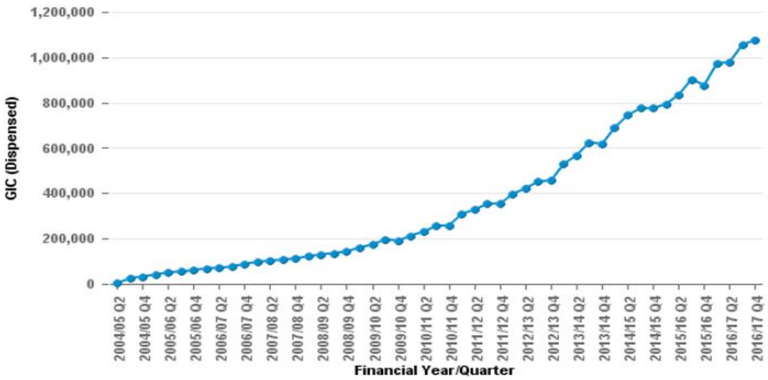
Update of Primary Care Empirical Antibiotic Guidelines 2017 2

Lyrica® (Pregabalin) – Patent Loss

Readers may recall a previous IMPACT article in January 2015 advised of the availability of generic versions of pregabalin but with restricted license indications. At that time Pfizer retained an extended patent until 2017 on the branded product, Lyrica®, for the treatment of neuropathic pain. Grampian advice at that time was that no changes should be made to repeat prescribing records to switch patients from branded to generic pregabalin. **The extended license on the branded product Lyrica®, for the treatment of neuropathic pain has expired on the 17th July 2017.**

Grampian spends over £4 million per year on pregabalin for its varying licensed indications, and costs continue to climb rapidly (see graph below).

NHS Grampian - Pregabalin Gross Ingredient Cost(GIC) per quarter



Currently, Lyrica® prescribing accounts for around 43% of Grampian's prescribing of pregabalin, this is considerably higher than many of the other Health Boards in Scotland. Generic pregabalin is already included in the Scottish Drug Tariff with currently little or no cost difference to branded Lyrica®, however prices are anticipated to fall quickly in August with the loss of the Pfizer patent.

Given the likelihood of substantial price differences, **prescribers are advised to prescribe generic pregabalin as first line choice for patients** where this is clinically indicated. **Prescribers are also asked to switch repeat prescriptions from branded Lyrica® to generic pregabalin** for patients where there are no strong clinical reasons for continuing to prescribe by brand. (Note: Pregabalin falls into the MHRA Anti-Epileptic Drugs (AED) Category 3, which states that no specific measures are normally required and these AEDs can be prescribed generically. This generally means that individuals can be switched between different versions of their AEDs).

Prescribers might also wish to take this as an opportunity to assess the patient's continuing clinical need for pregabalin. The Scottish Medicines Consortium restricted pregabalin use to patients with peripheral neuropathic pain who have not achieved adequate pain relief from, or have not tolerated, conventional first and second line treatments. They recommended stopping treatment if the patient has not shown sufficient benefit within 8 weeks of reaching the maximally tolerated therapeutic dose. Pregabalin in epilepsy was also restricted to use as adjunctive therapy in adults with partial seizures and principally used in patients who have not benefited from, or are unsuitable for, treatment with older anti-convulsant drugs.

The increasing use of pregabalin continues to be a worrying trend as emerging evidence shows that it has abuse potential, particularly in the substance misuse patient population. Pregabalin is reported as having alcohol-like effects mixed with euphoria, and it seems easier to achieve a recreational high with it than with gabapentin. Caution is also required in the use of these drugs in the elderly population and those with renal impairment. If these drugs are to be prescribed, be particularly cautious if the patient already has substance misuse problems or is elderly. **Review all prescriptions regularly** and arrange instalment dispensing if there are any concerns.

Medicines Shortages

There have been shortages of medicines over many years. However, recently shortages have been more frequent and problematic as well as expensive when costs of alternative supplies are taken into account.

Part 7 of the Scottish Drug Tariff is a *list of drugs and products with tariff prices* or "generic medicines". Part 7 prices are set on the basis that the medicines on the list are considered to be in good supply, which means that any community pharmacy contractor should be able to obtain the product at the tariff price. Shortages of medicines can last from a few days to several months. The reasons for a product being unavailable are complex and unavoidable and include; a shortage in raw materials, manufacturing capacity problems, industry consolidation, marketing practices or a failure in procurement and supply chain management. Generally more serious shortages are usually on a global scale and can lead to suppliers, who are holding stock, increasing prices. In turn, this means that the prices of some Part 7 generic medicines have increased significantly.

When shortages occur, the aim of the prescriber and community pharmacist is to maintain treatment to the patient. This normally means that if stock is available, even if the price has increased, the supply to the patient should be maintained (at additional cost to the NHS). In a few cases, guidance may be issued to advise that no new patients are to be initiated on the product in order to protect supplies for existing patients. Usually there are therapeutic alternatives available, although these alternatives may not be the first choice therapy in normal circumstances.

Communication between community pharmacists and prescribers is key when trying to manage medicines shortages. Where possible, community pharmacists should let prescribers know whether or not a shortage is going to be short term or long term (although this is often very difficult to predict). It is important to be clear whether the product is in short supply or if it has been completely **discontinued.** This allows prescribers to make an informed decision on alternative therapy and whether or not a patient needs to have their medication reviewed and altered on a permanent basis. For some medicines, it may be difficult to identify an appropriate alternative product and in some circumstances specialist advice may be required.

Medicines in Scotland: What's the right treatment for me?

The Area Drug and Therapeutics Committee Collaborative, hosted by Healthcare Improvement Scotland (HIS), has worked with healthcare professionals, public partners, public involvement groups, patient support groups across NHS Scotland and The Robert Gordon University to develop a new medicines booklet. The booklet replaces the 2010 Health Rights Information Scotland (HRIS) leaflet, New Medicines in Scotland – who decides what the NHS can provide? and the medicines factsheet published in June 2016.

The booklet is intended for patients and the public and explains how people can work with their doctor (or other healthcare professional) to decide whether a medicine is needed and if so, which to prescribe. It also explains about the likely benefits and possible risks of medicines. Accompanying this is an animated video summary of our "Medicines in Scotland, What's the right treatment for me?". This animation gives an overview of the key points from the booklet. (Subtitled versions in English, Polish, Arabic, Urdu, Punjabi, Cantonese and Mandarin are also available). The HIS web page (with video and leaflet) can be reached by either a link to the page from the NHS Grampian home page of the Public Website or directly via the Web link below.
http://www.healthcareimprovementscotland.org/our_work/technologies_and_medicines/adtc_resources/medicines_booklet.aspx

Update of Primary Care Empirical Antibiotic Guidelines 2017

The NHS Grampian Staff Prescribing Guidance for the Empirical Treatment of Infection in Primary Care (http://foi.nhsgrampian.org/globalassets/foidocument/foi-public-documents1---all-documents/NHSGEmpP.pdf) has been updated in line with the Health Protection Agency (HPA) template which has been endorsed by the Scottish Antimicrobial Prescribing Group (SAPG) for use in all Boards in Scotland. General updates include revision of some course lengths, additional background information to help guide prescribing decisions (COPD, UTI, cellulitis), and clarification of more effective options where applicable. A significant change has been made to the sore throat/pharyngitis/tonsillitis section with a move from the CENTOR scoring system to the FeverPAIN score which can be accessed via this hyperlink: https://ctu1.phc.ox.ac.uk/feverpain/index.php. This takes into consideration whether there has been fever in the last 24 hours, purulence, rapid onset, inflamed tonsils, no cough or coryza, etc, then stratifies the likelihood of a bacterial infection and which antibiotic strategy to consider:

- Score 0-1: 13-18% streptococci, use 'no antibiotic' strategy.
- Score 2-3: 34-40% streptococci, use 3 day back-up/delayed antibiotic prescription.
- Score 4 or more: 62-65% streptococci, use immediate antibiotic if severe, or 48 hour delayed antibiotic prescription.

Metronidazole dosing for dental infections has been increased to 400mg in line with BNF and HPA guidance. New sections have been added: parotitis, post-operative wound infections, Lyme disease.

The summary version contains advice on the most common infections, and the full guideline should be consulted for any infections not included in the summary.