Greater East Midlands Commissioning Support Unit in association with
Lincolnshire Clinical Commissioning Groups, Lincolnshire Community Health Services,
United Lincolnshire Hospitals Trust and Lincolnshire Partnership Foundation Trust

# Lincolnshire Prescribing and Clinical Effectiveness Bulletin

**Volume 8; Number 9** **May 2014**

**What's new this month?**

- **A range of new lower cost oral contraceptives have been reviewed and recommendations are tabulated below. For further detail see page 3.**

| | **Available products** | **Preferred Lower Cost Product(s)** |
|---|---|---|
| Desogestrel 75 microgram tablets | Desogestrel 75 microgram tablets (generic)<br>*Aizea*<br>*Cerazette*<br>*Cerelle*<br>*Desomono*<br>*Desorex*<br>*Nacrez*<br>*Zelleta* | Desogestrel 75 microgram tablets (generic) – first choice<br>*Cerelle*<br>*Desorex*<br>*Nacrez*<br>*Zelleta* |
| Ethinylestradiol 30 microgram/desogestrel 150 microgram tablets | *Cimizt*<br>*Gedarel 30/150*<br>*Lestramyl*<br>*Marvelon* | *Cimizt*<br>*Gedarel 30/150*<br>*Lestramyl* |
| Ethinyloestradiol 30 microgram/drosperidone 3mg tablets | *Lucette*<br>*Yasmin* | *Lucette* |
| Ethinylestradiol 30 microgram/ levonorgestrel 150 microgram tablets | *Levest*<br>*Microgynon 30 and Microgynon 30 ED*<br>*Ovranette*<br>*Rigevidon* | *Levest* (specify 'Morningside')<br>*Rigevidon* |
| Ethinylestradiol 35 microgram/ norgestimate 250 microgram tablets | *Lizinna*<br>*Cilest* | *Lizinna* |

- ***Upostelle* is a new lower cost alternative to the established hormonal emergency contraceptive, *Levonelle 1500*. Wherever a levonorgestrel 1.5mg tablet is indicated, branded prescribing of *Upostelle* is preferred. Levonorgestrel 1.5mg tablets (*Upostelle*) are designated GREEN and are approved for inclusion in the *Lincolnshire Joint Formulary*. New patients requiring levonorgestrel 1.5mg tablets should be initiated on *Upostelle* (see page 6).**
- **We report on the results of a pharmaceutical waste audit undertaken in 37 Lincolnshire community pharmacies during January 2014. A large proportion of the waste identified seemed to be associated with poor patient adherence to preventative therapies for asymptomatic conditions that may be perceived by the patient to be making little or no difference to their health and wellbeing. Enhanced scrutiny of patient adherence**

**patterns with treatments for hypertension, asthma, type 2 diabetes as well as statins, calcium and vitamin D, anticoagulants, antiplatelet agents and a range of other preventative therapies could help to reduce waste and improve patient outcomes (see page 6).**

- **Following the withdrawal of metformin oral powder 500mg and 1g (*Glucophage*), licensed sugar free metformin oral liquid 500mg in 5ml is recommended as the preferred alternative for patients with swallowing difficulties (see page 10).**
- **In response to recent supply problems with naftidrofuryl 100mg capsules, some secondary care specialists are advising that patients should be temporarily moved to cilostazol. As treatment options for these patients are extremely limited, and subject to individual patient review, PACEF are in support of this advice. Naftidrofuryl 100mg capsules continue to be designated GREEN for the treatment of intermittent claudication in people with peripheral arterial disease. Where naftidrofuryl is unavailable, cilostazol 50mg and 100mg tablets are recommended as a replacement subject to specialist advice; temporary designation GREEN (see page 10).**

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## SUMMARY OF PACEF DECISIONS: *April and May 2014 UPDATE*

| Drug | Indication(s) | Traffic Light and Joint Formulary Status |
|---|---|---|
| Cilostazol tablets 50mg and 100mg (*Pletal*) | Improvement of maximal and pain free walking distances in patients with intermittent claudication who do not have rest pain or evidence of peripheral tissue necrosis | GREEN (temporary)<br>Temporarily approved as an alternative to naftidrofuryl 100mg capsules during naftidrofuryl supply problems. |
| Desogestrel 75 microgram tablets (generic) | Oral contraception | GREEN<br>Included in the *Lincolnshire Joint Formulary.* Generic prescribing preferred. Lower cost than *Aizea, Cerazette, Cerelle, Desomono* and *Desorex.* |
| Desogestrel 75 microgram tablets (*Desorex*) | Oral contraception | GREEN<br>Approved for inclusion in the Lincolnshire Joint Formulary.<br>Lower cost than *Aizea*, *Cerazette* and *Desomono*. |
| Desogestrel 75 microgram tablets (*Nacrez*) | Oral contraception | GREEN<br>Approved for inclusion in the *Lincolnshire Joint Formulary.*<br>Lower cost than *Aizea, Cerazette, Cerelle* and *Desomono.* |
| Desogestrel 75 microgram tablets (*Zelleta*) | Oral contraception | GREEN<br>Approved for inclusion in the *Lincolnshire Joint Formulary.*<br>Lower cost than *Aizea, Cerazette, Cerelle, Desomono , Desorex* and *Nacrez.* |
| Ethinylestradiol 30mcg/ desogestrel 150mcg tablets (*Cimizt*) | Oral contraception | GREEN<br>Approved for inclusion in the *Lincolnshire Joint Formulary.*<br>Lower cost than *Gedarel 30/150* and *Marvelon.* |

| | | |
|---|---|---|
| Ethinylestradiol 30mcg/ desogestrel 150mcg tablets (*Lestramyl*) | Oral contraception | GREEN<br>Approved for inclusion in the *Lincolnshire Joint Formulary.*<br>Lower cost than *Gedarel 30/150* and *Marvelon.* |
| Ethinyloestradiol 30 microgram/drosperidone 3mg tablets (*Lucette*) | Oral contraception | GREEN<br>Approved for inclusion in the *Lincolnshire Joint Formulary.*<br>Lower cost than *Yasmin.* |
| Ethinylestradiol 30mcg/ levonorgestrel 150mcg tablets (*Levest*) | Oral contraception | GREEN<br>Approved for inclusion in the *Lincolnshire Joint Formulary.*<br>Lower cost than *Microgynon 30/Ovranette.* |
| Ethinylestradiol 30mcg/ levonorgestrel 150mcg tablets (*Rigevidon*) | Oral contraception | GREEN<br>Approved for inclusion in the *Lincolnshire Joint Formulary.*<br>Lower cost than *Microgynon 30 /Ovranette.* |
| Ethinyloestradiol 35 microgram/ norgestimate 250microgram (*Lizinna*) | Oral contraception | GREEN<br>Approved for inclusion in the *Lincolnshire Joint Formulary.*<br>Lower cost than *Cilest.* |
| Levonorgestrel 1.5mg tablets (*Upostelle*) | Emergency contraception within 72 hours of unprotected intercourse or contraceptive failure | GREEN<br>Approved for inclusion in the *Lincolnshire Joint Formulary.*<br>Lower cost than *Levonelle 1500*. |
| Naftidrofuryl 100mg capsules (generic/ *Praxilene*) | Peripheral vascular disorders | GREEN<br>Generic prescribing preferred.<br>Current supply difficulties may necessitate the use of cilostazol as an alternative. |

This bulletin has been created specifically to convey details of decisions taken at the Prescribing and Clinical Effectiveness Forum (PACEF) to all stakeholders across the Lincolnshire Healthcare Community in both primary and secondary care. Back issues of the *PACE Bulletin* and other PACEF publications are available through the NHS in Lincolnshire website (www.lincolnshire.nhs.uk); follow the commissioning link to PACEF. Electronic copies of both the *PACE Bulletin* and our sister publication *PACE Shorts* (a short summary of the *PACE Bulletin*) are circulated to a wide readership via email. If you are not currently on our distribution list and wish to receive regular copies of PACEF publications please contact Sandra France on sandra.france@gemcsu.nhs.uk.

Google searching can be a quick and effective way of finding back numbers of the *PACE Bulletin* relevant to a specific topic of interest. Searchers are advised to use the official version of the *Bulletin* available from the NHS in Lincolnshire website rather than depend on a potentially unreliable draft or variant found through Google or an alternative search engine.

The *Lincolnshire Joint Formulary* is available on line and is fully searchable; it can be accessed at www.lincolnshirejointformulary.nhs.uk



## RAPID COST COMPARISON: *NEW LOWER COST ORAL CONTRACEPTIVES*

In all tables, preferred products are highlighted in **bold.**

### Ethinylestradiol 35 microgram/ norgestimate 250 microgram tablets (*Lizinna*)

| | **Pack** | **Cost** |
|---|---|---|
| Ethinylestradiol 35 microgram/ norgestimate 250microgram (*Cilest*) – Janssen-Cilag | 3x21 | £7.16 |
| **Ethinylestradiol 35 microgram/ norgestimate** | **3x21** | **£5.37** |

| | | |
|---|---|---|
| **250microgram (*Lizinna*) - Morningside** | | |

**PACEF Recommendation:**
***Lizinna* is the only lower cost alternative to *Cilest* and is approved for inclusion in the *Lincolnshire Joint Formulary*; designation GREEN. Prescribers should consider switching patients currently taking *Cilest* to *Lizinna*; new patients requiring this combination should be initiated on *Lizinna*.**

## Ethinylestradiol 30 microgram/ levonorgestrel 150 microgram tablets (*Levest*/*Rigevidon*)

| | Pack | Cost |
|---|---|---|
| **Ethinylestradiol 30mcg/ levonorgestrel 150mcg tablets (*Levest*) - Morningside** | **3x21** | **£1.80 (must be endorsed Morningside)** |
| Ethinylestradiol 30mcg/ levonorgestrel 150mcg tablets (*Microgynon 30/ Microgynon 30 ED*) - Bayer | 3x21 | £2.82 (or £2.99 for ED) |
| Ethinylestradiol 30mcg/ levonorgestrel 150mcg tablets (*Ovranette*) - Pfizer | 3x21 | £2.20 |
| **Ethinylestradiol 30mcg/ levonorgestrel 150mcg tablets (*Rigevidon*) – Consilient Health** | **3x21** | **£1.89** |

**PACEF Recommendation:**
**Both *Levest* and *Rigevidon* are lower cost alternatives to *Microgynon 30* and *Ovranette*. Both products are designated GREEN and are approved for inclusion in the *Lincolnshire Joint Formulary*. Prescribers should consider switching patients currently taking *Microgynon 30* or *Ovranette* to either *Levest* or *Rigevidon*; new patients requiring this combination should be initiated on *Levest or Rigevidon.* Where *Levest* is prescribed the prescription should specify 'Morningside'.**

## Ethinylestradiol 30 microgram/desogestrel 150 microgram tablets (*Cimizt*/*Lestramyl*)

| | Pack | Cost |
|---|---|---|
| **Ethinylestradiol 30mcg/ desogestrel 150mcg tablets (*Cimizt*) - Morningside** | **3x21** | **£3.80** |
| **Ethinylestradiol 30mcg/ desogestrel 150mcg tablets (*Gedarel 30/150*) – Consilient Health** | **3x21** | **£4.19** |
| Ethinylestradiol 30mcg/ desogestrel 150mcg tablets (*Marvelon*) - MSD | 3x21 | £6.45 |
| **Ethinylestradiol 30mcg/ desogestrel 150mcg tablets (*Lestramyl*) - Mylan** | **3x21** | **£4.30** |

**PACEF Recommendation:**
***Cimizt, Gedarel 30/150 and Lestramyl* are all lower cost alternatives to *Marvelon.* All of these products are designated GREEN and are approved for inclusion in the *Lincolnshire Joint Formulary*. Prescribers should consider switching all patients currently taking *Marvelon* to *Cimizt, Gedarel 30/150* or *Lestramyl*; new patients requiring this combination should be initiated on *Cimizt , Gedarel 30/150* or *Lestramyl.***

## Desogestrel 75 microgram tablets

| | Pack | Cost |
|---|---|---|
| **Desogestrel 75 microgram tablets (generic)** | **3x28** | **£3.51** |
| **Desogestrel 75 microgram tablets (*Aizea*) - Marlborough** | **3x28** | **£5.21** |
| Desogestrel 75 microgram tablets (*Cerazette*) - MSD | 3x28 | £8.68 |
| **Desogestrel 75 microgram tablets (*Cerelle*) – Consilient Health** | **3x28** | **£3.50** |
| Desogestrel 75 microgram tablets (*Desomono*) - MedRx | 3x28 | £8.68 |
| **Desogestrel 75 microgram tablets (*Desorex)* - Somex** | **3x28** | **£3.51** |
| **Desogestrel 75 microgram tablets (*Nacrez*) – Teva UK** | **3x28** | **£3.51** |
| **Desogestrel 75 microgram tablets (*Zelleta*) - Morningside** | **3x28** | **£3.45** |

**PACEF Recommendation:**
**Wherever possible, desogestrel 75 microgram tablets should be prescribed generically. Where consistency of supply is an issue, lower cost brands such as Cerelle, Desorex, *Nacrez* or *Zelleta* should be preferred. Patients currently prescribed premium price brands such as *Cerazette* and *Desomono* should be reviewed and switched to generic desogestrel or a lower cost brand. Generic desogestrel 75 microgram tablets and the *Aizea*, *Cerelle*, *Desorex*, *Nacrez* and *Zelleta* brands are designated GREEN and included in the *Lincolnshire Joint Formulary.***

## Ethinyloestradiol 30 microgram/drosperidone 3mg tablets (*Lucette*)

| | Pack Size | Cost |
|---|---|---|
| Ethinyloestradiol 30 microgram/drosperidone 3mg tablets (*Yasmin*) - Bayer | 3 x 21 | £14.70 |
| **Ethinyloestradiol 30 microgram/drosperidone 3mg tablets (*Lucette*) – Consilient Health** | **3 x 21** | **£9.35** |

**PACEF Recommendation:**
***Lucette* is a lower cost alternative to *Yasmin*. Wherever an ethinyloestradiol 30 microgram/drosperidone 3mg tablet is indicated branded prescribing of *Lucette* is preferred. Ethinyloestradiol 30 microgram/drosperidone 3mg tablets (*Lucette*) are designated GREEN and are approved for inclusion in the *Lincolnshire Joint***

***Formulary*. Prescribers should consider switching patients currently taking *Yasmin* to *Lucette*; new patients requiring this combination should be initiated on *Lucette*.**

## RAPID COST COMPARISON: LEVONORGESTRE 1.5MG TABLETS (*UPOSTELLE*)

*Upostelle* is a new lower cost formulation of the levonorgestrel 1.5mg tablet. The product is authorized for emergency contraception within 72 hours of unprotected intercourse or contraceptive failure. It provides a lower cost alternative to the established product *Levonelle 1500.*

| | Pack Size | Cost |
|---|---|---|
| Levonorgestrel 1.5mg tablet (*Levonelle 1500*) - Bayer | 1 | £5.20 |
| **Levonorgestrel 1.5mg tablet (*Upostelle*) – Consilient Health** | **1** | **£4.42** |

**PACEF Recommendation:**
***Upostelle* is a new lower cost alternative to *Levonelle 1500*. Wherever a levonorgestrel 1.5mg tablet is indicated, branded prescribing of *Upostelle* is preferred. Levonorgestrel 1.5mg tablets (*Upostelle*) are designated GREEN and are approved for inclusion in the *Lincolnshire Joint Formulary*. New patients requiring levonorgestrel 1.5mg tablets for emergency contraception should be initiated on *Upostelle*. Levonorgestrel 1.5mg tablet (*Levonelle 1500*) is already designated GREEN.**

## LINCOLNSHIRE AUDIT OF WASTE MEDICINES: SUMMARY OF RESULTS

**The results of a recent pharmacy-led audit of waste medicines returned to Lincolnshire community pharmacies raises interesting questions in terms of control of repeat prescribing and patient adherence to therapies for asymptomatic conditions.**

Pharmaceutical waste is a huge issue for the NHS. In 2010, the York Health Economics Consortium Report entitled *Evaluation of the Scale, Causes and Costs of Waste Medicines* estimated a cost to the taxpayer of at least £300 million each year in terms of medicines disposed of through community pharmacies and dispensing practices. CCGs and practices can assume from these figures that approximately 4% of their medicines expenditure each year is disposed of as pharmaceutical waste. Clearly, not all of this waste is avoidable. Any patient could have their treatment interrupted mid-month due to deteriorating health or medication review resulting in dosage or treatment change. Where this occurs, medication will inevitably be wasted and will need to be disposed of. The York Report estimated that less than 50% of medicines wastage is preventable.

Medicines waste often occurs when repeat medicines accumulate in the patient's home. This can be as a result of: (1) the patient recovering or deteriorating before medicines have been used; (2) treatment being stopped or changed leaving current stock unused; (3) precautionary prescribing linked to palliative care where the treatment provided is never used; (4) poorly controlled repeat prescribing and dispensing processes which allow excessive or poorly coordinated ordering to go unchallenged; (5) poor patient adherence resulting in sub-optimum consumption of prescribed medicines. In extreme cases, the sheer scale of accumulation of repeat medication in the patient's home does not become fully

apparent until a healthcare professional gains access to the patient's home or a patient's relative returns a large quantity of medication to the pharmacy or dispensing practice following the patient's death.

In a recent Lincolnshire audit, 37 pharmacies recorded all medicines returned during the month of January 2014. In reviewing the results, avoidable waste was identified by focussing on quantities in excess of 28 days' supply. Most of the medicines returned were from six key *BNF* chapters: Gastro-intestinal System (GI), Cardiovascular System (CVS), Respiratory, Central Nervous System (CNS), Endocrine System and Musculoskeletal. The findings of the audit within each of these therapeutic areas are summarized below:

Gastro-Intestinal System

Most of the GI drugs returned in high quantities were proton pump inhibitors (PPIs), predominantly omeprazole and lansoprazole. These drugs are commonly prescribed in regular once daily doses, but are often taken by patients as necessary. As a result of this, it can be relatively easy for a patient to build up a stock-pile, particularly if they are taking as necessary, but ordering each month. Poor adherence with once daily PPI therapy, within the context of concurrent NSAID or Cox-2 inhibitor therapy might put the patient at unnecessary risk of NSAID associated duodenal or gastric ulcers, gastroduodenal erosions or dyspeptic symptoms.

Cardiovascular System

The bulk of the cardiovascular drugs returned were preventative treatments for asymptomatic conditions, such as antihypertensives, lipid regulating drugs, anticoagulants and antiplatelet agents.

The most common antihypertensive medicines returned were amlodipine, atenolol, bendroflumethiazide, bisoprolol, felodipine and, particularly, ramipril. Poor understanding of the importance of good blood pressure control can result in poor patient adherence and place the individual at increased cardiovascular and cerebrovascular risk.

A major issue arising from the audit was the very high quantities of simvastatin and atorvastatin recorded, particularly simvastatin. Poor statin adherence has emerged consistently as a problem in clinical trials (for example, in the WOSCOPS study); outside of trials it can be assumed that adherence rates are even worse. Poor understanding of cardiovascular risk or failing to report the emergence of unacceptable side effects can result in the patient continuing to order and collect statin therapy but failing to take it. Clinicians should ensure that cardiovascular risk is effectively explained and that patients feel involved in treatment decisions even to the extent of opting out of therapy if they wish to do so.

Another major contributor to the waste was warfarin with very large quantities commonly returned by individual patients or carers. With warfarin therapy increasingly prescribed for patients at risk (e.g. for stroke prevention in atrial fibrillation), it is crucial that patients understand the reason for the therapy and the risks associated with poor adherence. Aspirin and clopidogrel were also identified as common returns and are associated with similar issues.

Respiratory System

Regular repeat ordering of as required medication and poor adherence to regular inhaled therapy contribute to the respiratory therapies recorded as part of the waste audit. Among the medicines returned were salbutamol metered dose inhalers and breath activated devices, tiotropium (*Spiriva*) refills and inhaled corticosteroid/long-acting beta agonist combination products such as *Symbicort* and *Seretide*. Prescribers should ensure that patients do not over-order as needed therapies and appreciate the importance of full adherence to regular therapies. Restricting ordering quantities to a single inhaler or device at a time can also help to minimize waste.

Central Nervous System

Most of the returned CNS medicines were analgesics, including codeine phosphate, co-codamol 8/500 and 30/500, co-dydramol, gabapentin and tramadol. It is relatively common for a patient to be unable to tolerate or be insufficiently responsive to an initial analgesic and to require an alternative. Where this occurs, the initial supply will need to be disposed of; prescribers should be aware of the risk of intolerance or inadequate response and try to avoid giving large quantities on the first prescription. Beyond this, regular repeat ordering of as required analgesia can rapidly result in the patient building up a significant stockpile. Paracetamol, another analgesic commonly returned in large quantities, is also over-ordered and stockpiled in the same way.

Other significant contributors to the CNS waste recorded were antidepressant drugs (e.g. amitriptyline (predominantly used for neuropathic pain), citalopram, fluoxetine and mirtazapine). Again, prescribers should be aware of the risk of intolerance or inadequate response and try to avoid giving large quantities on the first prescription. There is also a significant risk of declining antidepressant adherence with time as the patient's condition begins to improve.

Endocrine System

Drugs used in the treatment of diabetes were the major contributors to endocrine system returns, including gliclazide and metformin. Poor compliance with anti-diabetic drugs is well documented and could be a significant contributor to poor diabetic control. Intolerance to metformin, particularly in the early stages of therapy, can result in the patient failing to adhere to therapy. Various blood glucose testing strips, lancets and needles were also identified as significant contributors to the waste. Strict control of dispensed quantities on repeat prescription can help to moderate this risk.

Musculoskeletal

Large quantities of certain NSAIDs were identified as significant contributors to the waste including diclofenac, meloxicam and naproxen. Regular repeat ordering of an NSAID that is only being taken as required can rapidly result in the patient building up a significant stockpile.

Other issues

Several other issues worthy of note also emerged from the audit::

- Large quantities of some oral nutritional supplements (ONS) (e.g. *Ensure* and *Ensure Plus*) were returned from single patients. Limiting quantities supplied could help to mitigate this. *Ensure* is also one of the 1.0kcal/ml feeds identified as unsuitable for prescribing in our recent review of prescribing of ONS (*PACE Bulletin* Vol 8 No 8 (May 2014)).
- Furosemide was a major contributor to the waste suggesting that patients are not always fully compliant with therapy. It is well documented that patients tend to manage their dosage of furosemide in accordance with their lifestyle; this can easily lead to poor adherence if the treatment is perceived to be a huge inconvenience.
- Ferrous fumarate and ferrous sulphate tablets were a significant presence in the waste bins probably due to poor adherence to therapy.
- Adherence with calcium and vitamin D therapy is notoriously poor and this is evidenced by the significant presence of large quantities of different *Adcal D3* formulations in the waste. This can be due to something as simple as poor palatability, but can also reflect lack of patient understanding or commitment to preventative therapy for osteoporosis.
- A relatively small proportion of the items returned were out-of-date suggesting that the bulk of medication is disposed of for other reasons. These include: poor tolerability or efficacy, poorly coordinated or excessive repeat prescription ordering, deliberate over-ordering and stock-piling, continued repeat ordering despite poor adherence, dosage change or change in medication and death of the patient.

**What can be done to reduce medicines waste?**

- Before ordering repeat medicines, people should be encouraged to check what you already have in stock at home and to only order the medicines that they know they need.
- Patients should be urged to contact their GP or community pharmacist if (1) they are experiencing side effects with their medicine; or (2) they have stopped taking their medicine due to side effects; or (3) they are concerned about side effects.
- Patients should be urged to contact their GP or community pharmacist if they are concerned that their medicine isn't working.
- All patients should be aware of the medicines that they take, the dose and dose frequency of each medicine and the reason why each one has been prescribed. Patients should be urged to discuss these issues with their GP or community pharmacist if they are unsure or confused.
- Patients should be urged to seek help from either their GP or community pharmacist if they have trouble remembering to take your medicines; there are many things that can be done to help.
- Patients need to be aware that only medicines taken regularly need to be ordered regularly; medicines taken when required or occasionally can be ordered less frequently. It is not necessary to order everything all the time. Patients need to be reassured that as required medicines can be ordered when needed.
- Patients going into hospital should be urged to take all of the medicines that they are currently taking with them.
- All unwanted medicines should be returned to the patient's community pharmacy or GP dispensary for safe disposal.

**Reference:**
York Health Economics Consortium and the School of Pharmacy, University of London, *Evaluation of the Scale, Causes and Costs of Waste Medicines* (November 2010)

PMOS Prescribing & Medicines Optimisation Service

**PACEF Comment:**
**The results of this Lincolnshire based medicines waste audit underline the importance of full patient engagement with clinical decision making, particularly when preventative therapy is being prescribed for potentially asymptomatic conditions. A large proportion of the preventable waste identified seems to be associated with poor patient adherence to therapies perceived by the patient to be making little or no difference to their health and wellbeing and, possibly, reducing their quality of life through unwanted adverse effects. The York Report suggested that increased focus on improving adherence to statin therapy and treatments for hypertension, type 2 diabetes, asthma and schizophrenia could improve both patient care and reduce waste. The results from the Lincolnshire audit support this view and suggest that enhanced scrutiny of patient adherence patterns with calcium and vitamin D, anticoagulants, antiplatelet agents and a range of other preventative therapies could also be worthwhile.**

## PRODUCT WITHDRAWAL: *METFORMIN ORAL POWDER 500MG AND 1G (GLUCOPHAGE)*

Following the withdrawal of metformin oral powder 500mg and 1g (*Glucophage*), the preferred alternative is licensed sugar free metformin oral liquid 500mg in 5ml. Specials guidance on alternatives to metformin liquid specials is amended as follows

| 'Special order' product | Possible alternatives |
|---|---|
| Metformin liquid special 500mg in 5ml | A licensed sugar free oral liquid 500mg in 5ml is available that is lower in cost than the special. The current *Drug Tariff* price is £69.56 for 150ml. |

## SUPPLY DIFFICULTIES: *NAFTIDROFURYL 100MG CAPSULES - CILOSTAZOL 50MG AND 100MG TABLETS ARE THE PREFERRED ALTERNATIVE*

**In response to recent supply problems with naftidrofuryl 100mg capsules, some secondary care specialists are advising that patients should be temporarily moved to cilostazol (*Pletal*). As treatment options for these patients are extremely limited, and subject to individual patient review, PACEF are in support of this advice.**

There are currently supply difficulties reported with naftidrofuryl 100mg capsules. Naftidrofuryl is approved for use by NICE in Technology Appraisal 223 for the treatment of intermittent claudication in people with peripheral arterial disease (PAD). In this capacity, it appears on the *Lincolnshire Joint Formulary* as the vasodilator of choice for this condition and is designated GREEN. All prescribing of naftidrofuryl should be generic.

Alternative treatments, such as cilostazol (*Plet*al), pentoxifylline (*Trental*) and inositol nicotinate (*Hexopal*/*Hexopal Forte*), are not approved by NICE and are designated RED-RED for this indication.

In response to the recent shortage, some secondary care specialists are advising that patients should be temporarily moved to cilostazol until naftidrofuryl supplies can be

restored. As treatment options for these patients are extremely limited, and subject to individual patient review, PACEF are in support of this advice.

**PACEF Recommendation:**
**Naftidrofuryl 100mg capsules continue to be designated GREEN for the treatment of intermittent claudication in people with PAD. Where naftidrofuryl is unavailable, cilostazol 50mg and 100mg tablets are recommended as a temporary replacement subject to specialist advice; temporary designation GREEN.**


## Acknowledgements

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