

# Lincolnshire Prescribing and Clinical Effectiveness Bulletin

Volume 8; Number 15

August 2014

## What's new this month?

- Oxycodone is a strong opioid analgesic with comparable efficacy and safety to morphine. In severe non-malignant pain requiring a strong opioid analgesic, controlled release morphine is preferred. Where oxycodone is being considered second line, brand name prescribing is advocated to reduce the risk of patient harm due to confusion between immediate release and controlled release formulations (see page 3).
- Buprenorphine patches 35mcg/hour, 52.5mcg/hour and 70mcg/hour (*Transtec*) are designated AMBER without shared care. Lower strength once weekly buprenorphine patches 5mcg/hour, 10mcg/hour and 20mcg/hour (*BuTrans*) are already approved by PACEF as a treatment option for patients with non-malignant moderate chronic pain who are unable to tolerate or comply with large oral regular doses of opioids such as codeine or tramadol. Designation GREEN. All patch formulations are premium price and should only be used in patients who are insufficiently responsive to or intolerant of oral opioids or who experience swallowing difficulties necessitating non-oral administration. Prescribers should ensure that patients have a realistic view of the goals of therapy and that there is no expectation that ever increasing doses will be prescribed beyond a pre-agreed maximum (see page 5).
- Ondansetron oral film 4mg and 8mg (*Setofilm*) is approved for inclusion in the *Lincolnshire Joint Formulary* for nausea and vomiting induced by cytotoxic chemotherapy and radiotherapy and post-operative nausea and vomiting. Designation: AMBER without shared care. Low cost generic ondansetron 4mg tablets remain the first line preparation of choice. Where an 8mg dose is required, 2x4mg tablets should be prescribed as 8mg tablets are prohibitively expensive. For patients experiencing high levels of nausea and vomiting or swallowing difficulties, ondansetron oral film 4mg and 8mg (*Setofilm*) presents a useful second line alternative to ondansetron orodispersible tablets or *Zofran Melt*. It is approved for inclusion in the Lincolnshire Joint Formulary (see page 8).
- Fusidic acid 1% gel eye drops (*Fucithalmic*) have been discontinued with immediate effect by Amdipharm. The company have launched a replacement generic product known as fusidic acid 1% eye drops. The *Drug Tariff* price will remain at £2.69 until September 1<sup>st</sup> 2014 when the price is due to increase to £7.57 (see page 9).

## CONTENTS

Page 3	Review: <i>Oxycodone preparations</i>
Page 5	Rapid Drug Assessment: <i>Buprenorphine patches (BuTrans and Transtec)</i>
Page 8	Rapid Cost Comparison: <i>Ondansetron 4mg and 8mg oral film (Setofilm)</i>
Page 9	Product Discontinued: <i>Fusidic acid 1% gel eye drops (Fucithalmic)</i>

## **SUMMARY OF PACEF DECISIONS: JULY 2014 UPDATE**

<b>Drug</b>	<b>Indication(s)</b>	<b>Traffic Light and Joint Formulary Status</b>
Buprenorphine patches 5mcg/hour, 10mcg/hour and 20mcg/hour ( <i>BuTrans</i> ) (Napp)	For non-malignant moderate chronic pain when an opioid is necessary	GREEN Approved by PACEF as a treatment option for patients with non-malignant moderate chronic pain who are unable to tolerate or comply with large oral regular doses of opioids such as codeine or tramadol. Included in the <i>Lincolnshire Joint Formulary</i> for use subject to these criteria.
Buprenorphine patches 35mcg/hour, 52.5mcg/hour and 70mcg/hour ( <i>Transtec</i> ) (Napp)	For moderate to severe chronic cancer pain and severe pain unresponsive to non-opioid analgesics.	AMBER without shared care. Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> .
Ondansetron 4mg and 8mg oral film ( <i>Setofilm</i> ) (Norgine)	For nausea and vomiting induced by cytotoxic chemotherapy and radiotherapy. Post –op nausea and vomiting.	AMBER without shared care. Consider second line for patients with high levels of nausea and vomiting or swallowing difficulties. Lower cost alternative to ondansetron orodispersible tablets or <i>Zofran Melt</i> .
Oxycodone immediate release capsules 5mg, 10mg and 20mg ( <i>Lynlor</i> ) (Actavis)	Severe pain requiring an opioid analgesic	GREEN Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> . <i>Lynlor</i> and <i>Shortec</i> are lower cost alternatives to <i>OxyNorm</i> .
Oxycodone immediate release 5mg, 10mg and 20mg capsules ( <i>Shortec</i> ) (Qdem)	For use in moderate to severe cancer pain or post-op pain . Severe pain requiring a strong opioid.	GREEN Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> . <i>Lynlor</i> and <i>Shortec</i> are lower cost alternatives to <i>OxyNorm</i> .
<b>Oxycodone</b> sustained release tablets 5mg, 10mg, 20mg, 40mg and 80mg ( <i>Reltebon</i> ) (Actavis)	For use in severe pain requiring an opioid analgesic	GREEN Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> . <i>Reltebon</i> and <i>Longtec</i> are lower cost alternatives to <i>Oxycontin</i>
<b>Oxycodone</b> sustained release tablets 5mg, 10mg, 20mg, 40mg and 80mg ( <i>Longtec</i> ) (Qdem)	For use in moderate to severe cancer pain or post-op pain . Severe pain requiring a strong opioid.	GREEN Approved for inclusion in the <i>Lincolnshire Joint Formulary</i> . <i>Reltebon</i> and <i>Longtec</i> are lower cost alternatives to <i>Oxycontin</i>

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](http://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](mailto: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](http://www.lincolnshirejointformulary.nhs.uk)

<p><b>THIS DOCUMENT IS INTENDED FOR USE BY NHS HEALTHCARE PROFESSIONALS ONLY AND CANNOT BE USED FOR COMMERCIAL OR MARKETING PURPOSES WITHOUT PERMISSION.</b></p>
--

## **REVIEW: OXYCODONE PREPARATIONS**

**Oxycodone is a strong opioid analgesic with comparable efficacy and safety to morphine. In severe non-malignant pain requiring a strong opioid analgesic, controlled release morphine is preferred. Where oxycodone is being considered second line, brand name prescribing is advocated to reduce the risk of patient harm due to confusion between immediate release and controlled release formulations.**

Oxycodone is a potent opioid analgesic with similar properties to morphine. It has a comparable analgesic effect, but is around 1.5 times more potent, probably due to better bioavailability. It has been suggested that oxycodone acts on a different opioid receptor to morphine (i.e. the kappa (or k-receptors) rather than mu receptors), although, in practice, this seems to make little difference to analgesic effect. Oxycodone also has a side effect profile similar to that of morphine. Even taking into account differences in bioavailability and possible mode of receptor interaction, morphine and oxycodone emerge as strong opioid analgesics of comparable efficacy and tolerability.

The Scottish Medicines Consortium (SMC) have recently recommended that the use of oxycodone prolonged release formulations should be restricted to patients with severe non-malignant pain requiring a strong opioid analgesic in whom controlled release morphine sulphate is ineffective or not tolerated.

Despite a clear second line role after controlled release morphine sulphate, oxycodone has become widely prescribed across the county with annual prescribing costs of almost £1.2Mpa contrasting with controlled release morphine at £0.5Mpa. Market share is not uniform across the CCGs as illustrated in the table below:

CCG	Oxycodone as a percentage of all oxycodone/morphine (items)
Lincolnshire East CCG	31%
Lincolnshire West CCG	38%
South Lincolnshire CCG	18%
South West Lincolnshire CCG	27%

It must be emphasized that these figures do not reflect all kinds of other prescribing preferences such as the use of alternative opiates, patches and other pain management strategies. Nonetheless, with an Average Cost per Item for oxycodone of £46.60 compared to £9.08 for controlled release morphine, it can be seen that inappropriately prominent use of oxycodone can contribute to disproportionately high prescribing costs in this therapy area.

A recent report published by the Care Quality Commission and NHS England entitled *Safer Use of Controlled Drugs – Preventing Harm from Oral Oxycodone Medicines* identified a significant risk to patient safety following confusion between immediate release and prolonged release formulations of oxycodone. Over a three year period from the beginning of 2010 to the end of 2012, 801 incidents reporting actual harm to the patient were reported to the National Reporting and Learning System (NRLS), primarily resulting from confusion between oxycodone immediate release capsules (*OxyNorm*) and oxycodone sustained release tablets (*OxyContin*). The more recent launches of a number of newer sustained release oxycodone formulations (e.g. *Longtec*, *Reltebon*) can only have contributed to this confusion and increased the risk of error further. In order to minimize further incidents, the CQC and NHS England have recommended that, wherever possible, oxycodone immediate release and sustained release formulations should be prescribed by brand. PACEF recognize that there are risks from both confusion between generic and brand names, but have opted to endorse CQC/NHS England advice.

The cost comparison tables below summarize the range of products currently available:

Immediate release oxycodone preparations (Shortec, Lynlor, OxyNorm)

Product	Strength	Cost (£) (56)
Oxycodone immediate release capsules (Shortec) (Qdem)	5mg	£8.00
	10mg	£16.00
	20mg	£32.00
Oxycodone immediate release capsules (Lynlor) (Actavis)	5mg	£8.00
	10mg	£16.00
	20mg	£32.00
Oxycodone immediate release capsules (OxyNorm) (Napp)	5mg	£11.43
	10mg	£22.86
	20mg	£45.71

A cost comparison with the brand leader *OxyNorm* reveals that both of the new products are 30% lower in cost than the brand leader.

Sustained and prolonged release oxycodone preparations (Reltebon, Longtec, OxyContin)

Drug	Dose	Cost
Oxycodone sustained release tablets 5mg (Reltebon) (Actavis)	5mg every 12 hours	£17.50 (2x28)
Oxycodone sustained release tablets 10mg (Reltebon)	10mg every 12 hours	£17.50
Oxycodone sustained release tablets 20mg (Reltebon)	20mg every 12 hours	£35.00
Oxycodone sustained release tablets 40mg (Reltebon)	40mg every 12 hours	£70.00
Oxycodone sustained release tablets 80mg (Reltebon)	80mg every 12 hours	£140.00
Oxycodone prolonged release tablets 5mg (Longtec) (Qdem)	5mg every 12 hours	£20.00 ( 2x28's)
Oxycodone prolonged release tablets 10mg (Longtec)	10mg every 12 hours	£19.99
Oxycodone prolonged release tablets 20mg (Longtec)	20mg every 12 hours	£39.98
Oxycodone prolonged release tablets 40mg (Longtec)	40mg every 12 hours	£79.98
Oxycodone prolonged release tablets 80mg (Longtec)	80mg every 12 hours	£159.98
Oxycodone prolonged release tablets 5mg (OxyContin) (Napp)	5mg every 12 hours	£25.04
Oxycodone prolonged release tablets 10mg (OxyContin)	10mg every 12 hours	£25.04
Oxycodone prolonged release tablets 15mg (OxyContin)	15mg every 12 hours	£38.12
Oxycodone prolonged release tablets 20mg (OxyContin)	20mg every 12 hours	£50.08
Oxycodone prolonged release tablets 30mg (OxyContin)	30mg every 12 hours	£76.23
Oxycodone prolonged release tablets 40mg (OxyContin)	40mg every 12 hours	£100.19
Oxycodone prolonged release tablets 60mg (OxyContin)	60mg every 12 hours	£152.49
Oxycodone prolonged release tablets 80mg (OxyContin)	80mg every 12 hours	£200.39
Oxycodone prolonged release tablets 120mg (OxyContin)	120mg every 12 hours	£305.02

**PACEF Recommendation:**

Prescribers should ensure that oxycodone prolonged release formulations are only prescribed for patients with severe non-malignant pain requiring strong opioid analgesia in whom controlled release morphine sulphate is ineffective or poorly tolerated. New patients should not be initiated on oxycodone without having previously been tried or at least considered for controlled release morphine. To minimize the risk of confusion between immediate release and sustained release formulations, all oxycodone prescribed should be by brand name.

**Immediate release oxycodone preparations (Shortec, Lynlor, OxyNorm)**

Both the *Lynlor* and *Shortec* formulations of oxycodone immediate release capsules 5mg, 10mg and 20mg are designated GREEN and approved for inclusion in the *Lincolnshire Joint Formulary*. Prescribers are urged to review all prescribing of immediate release oxycodone capsules to ensure that all prescriptions specify either *Lynlor* or *Shortec*. Prescribers may wish to standardize prescribing around brands that signify to some extent through the product name the release characteristics of the formulation (i.e. *Shortec*)

**Sustained and prolonged release oxycodone preparations (Reltebon, Longtec, OxyContin)**

Both *Reltebon* and *Longtec* are lower cost than *OxyContin* and are approved for use; designated GREEN. Prescribers are advised to prescribe all oxycodone prolonged release tablets 5mg, 10mg, 20mg, 40mg and 80mg as *Reltebon* or *Longtec*. Product switching is advocated wherever possible. It is acknowledged that *OxyContin* is available in a wider range of strengths and will continue to be necessary for a minority of patients. Prescribers may wish to standardize prescribing around brands that signify to some extent through their product name the release characteristics of the formulation (i.e. *Longtec*).

**References**

Trent Medicines Information Service, *QIPP Detail Aid: Oxycodone – Any better than morphine?* (May 2014)

Trent Medicines Information Service, *QIPP Detail Aid Support Document : Oxycodone – Any better than morphine?* (May 2014)

NHS England/Care Quality Commission: *Safer Use of Controlled Drugs – Preventing Harm from Oral Oxycodone Medicines*

**RAPID DRUG ASSESSMENT: BUPRENORPHINE PATCHES (BUTRANS AND TRANSTEC)**

Lower strength once weekly buprenorphine patches 5mcg/hour, 10mcg/hour and 20mcg/hour (*BuTrans*) are already approved by PACEF as a treatment option for patients with non-malignant moderate chronic pain who are unable to tolerate or comply with large oral regular doses of opioids such as codeine or tramadol; designation GREEN and included in the *Lincolnshire Joint Formulary*. PACEF reviewed the evidence for *Formulary* inclusion of the higher strength twice weekly buprenorphine patches (*Transtec*) in response to a number of GP requests.

Buprenorphine patches 5mcg/hour, 10mcg/hour and 20mcg/hour (*BuTrans*) are applied to a different area of skin every 7 days for the treatment of non-malignant moderate chronic pain when an opioid is necessary.

Buprenorphine patches 35mcg/hour, 52.5mcg/hour and 70mcg/hour (*Transtec*) are applied twice weekly and are indicated for moderate to severe chronic cancer pain and severe pain unresponsive to non-opioid analgesics.

Trent Medicines Information Centre reviewed both the *BuTrans* and *Transtec* formulations in September 2012. A review of trials involving lower dose buprenorphine patches (*BuTrans*) for chronic non cancer pain found that efficacy was similar to tramadol or co-codamol and that the patches had a considerable placebo effect. As a result of this and the comparatively high cost of the patch formulation, oral opioid analgesics are preferred as first line therapy in

chronic non-cancer pain with buprenorphine patches confined to patients unable to tolerate or comply with oral opioids or who experience swallowing difficulties necessitating non-oral administration.

It is important to note that the two brands are not considered interchangeable as they deliver different amounts of buprenorphine (*Butrans* is the weaker) and are applied with differing frequency: weekly for *Butrans* and twice weekly for *Transtec*. Neither of the two products should be used for upward dose titration in acute or unstable pain as it can take up to 72 hours after a dose change for blood levels to reach a new stable level. In addition, following the removal of a patch, a reservoir of active drug may remain in the skin and continue to be absorbed for several days; this can create problems when switching to alternative analgesics.

Prescribers may find the following dose equivalence information useful:

Dose equivalence of oral morphine and buprenorphine patches

Buprenorphine 5 micrograms/hr	12mg morphine in 24 hours
Buprenorphine 10 micrograms/hr	24 mg morphine in 24 hours
Buprenorphine 20 micrograms/hr	48 mg morphine in 24 hours
Buprenorphine 35 micrograms/hr	84 mg morphine in 24 hours
Buprenorphine 52.5 micrograms/hr	125 mg morphine in 24 hours
Buprenorphine 70 micrograms/hr	168 mg morphine in 24 hours

NB These doses are a guide only. They are based on a ratio of 100:1 potency, though this may not be applicable in all patients. This data should not be used to switch treatments

Equivalent dose comparison chart (including cost per month)

Oral morphine mg/24hr <i>Zomorph</i>	Tramadol	Codeine	Buprenorphine patch ( <i>Transtec</i> ) mcg/hr	Fentanyl Patch ( <i>Matrifen</i> ) mcg/hr	Oral Oxycodone mg /24hr <i>Longtec</i>	Buprenorphine patch ( <i>BuTrans</i> ) mcg/hr
12	-	30mg QDS (£5.33)	-	-	-	5 (£17.60)
15	-	-	-	-	10 (£20.00)	-
20 (£3.85)	50mg QDS (£2.80)	-	-	-	-	-
24	-	60mg QDS (£12.16)	-	-	-	10 (£31.55)
30	-	-	-	12 (£17.12)	20 (£19.99)	-
40 (£7.70)	100mg QDS (£5.60)	-	-	-	-	-
50	-	-	-	-	-	20 (£57.46)
60 (£8.30)	-	-	-	25 (£24.4)	40 (£39.98)	-
80 (£15.40)	-	-	35 £31.60	-	-	-
120 (£16.20)	-	-	52.5 (£47.42)	50 (£45.72)	80 (£79.98)	-
170	-	-	70 (£63.20)	-	-	-
180 (£24.80)	-	-	-	75 (£63.74)	120 (£119.96)	-
200 (£21.80)	-	-	-	-	-	-
240 (£32.40)	-	-	-	100 (£78.56)	160 (£159.98)	-

**PACEF Comment:**

**This dose and cost equivalence table highlights the importance of using oral lower cost opioid analgesia before resorting to higher cost oral products such as oxycodone or buprenorphine or fentanyl patch formulations. Oral modified release morphine prescribed as a low cost brand such as *Zomorph* or *Morphgesic* emerges as the most cost-effective option with generic tramadol or codeine as relatively low cost alternatives. Despite the launch of lower cost modified release oxycodone products, oxycodone still remains a premium price option with a limited role. All patch formulations are premium price and should only be used in patients who are insufficiently responsive to or intolerant of oral opioids or who experience swallowing difficulties necessitating non-oral administration.**

PACEF considered the introduction of higher strength buprenorphine patches (*Transtec*) for those patients who have previously responded to the lower strength *BuTrans* patch but are now requiring higher doses of buprenorphine. British Pain Society *Good practice guidance on the use of opioids for persistent pain* recommends that:

- A comprehensive assessment of the patient should be undertaken as patients with depression, anxiety or other psychiatric or psychological co-morbidity will need additional support and monitoring to avoid problem drug use.
- **Goals of therapy need to be agreed before commencement of trial with opioids. Complete pain relief is unlikely and treatment success is demonstrated by the patient being able to do things that the pain currently prevents.**
- Start with a low dose and titrate upwards according to analgesia and side effects. Doses greater than 180mg morphine daily should only be used on the advice of a specialist.
- Where possible, use regular dosing with modified release preparations
- Efficacy and adverse effects for all opioids are similar though patients may tolerate one drug better than another.
- **Requests for dose increases need careful evaluation.**

**PACEF Recommendation:**

**It is recognized that a wider spectrum of strengths of buprenorphine patches need to be available on the *Lincolnshire Joint Formulary*. As a result, buprenorphine patches 35mcg/hour, 52.5mcg/hour and 70mcg/hour (*Transtec*) are designated AMBER without shared care. In particular, buprenorphine patches 70mcg/hour (*Transtec*) should only be prescribed on the advice of a specialist. Lower strength once weekly buprenorphine patches 5mcg/hour, 10mcg/hour and 20mcg/hour (*BuTrans*) are already approved by PACEF as a treatment option for patients with non-malignant moderate chronic pain who are unable to tolerate or comply with large oral regular doses of opioids such as codeine or tramadol. Designation: GREEN. All patch formulations are premium price and should only be used in patients who are insufficiently responsive to or intolerant of oral opioids or who experience swallowing difficulties necessitating non-oral administration. Prescribers should ensure that patients have a realistic view of the goals of therapy and that there is no expectation that ever increasing doses will be prescribed beyond a pre-agreed maximum.**

**References**

Trent Medicines Information Service, *QIPP Detail Aid: Buprenorphine a high price for convenience?* (September 2012)

Equivalent doses of opioids, Sherwood Forest Hospital NHS Trust

British Pain Society, *Opioids for persistent pain: Summary of guidance from the British Pain Society* (February 2014 update)

## **RAPID DRUG ASSESSMENT: ONDANSETRON 4MG AND 8MG ORAL FILM (SETOFILM)**

Ondansetron orodispersible film (*Setofilm*) is available in both 4mg and 8mg strengths and holds a marketing authorisation for nausea and vomiting induced by cytotoxic chemotherapy and radiotherapy and for post-operative nausea and vomiting. A range of ondansetron formulations are already available through the *Lincolnshire Joint Formulary* including ondansetron tablets 4mg and 8mg, ondansetron oral solution 4mg in 5ml, ondansetron oral lyophilisate tablets 4mg and 8mg (*Zofran Melt*) and ondansetron injection. Both the *Zofran Melt* formulation and the oral film are placed on the tongue and allowed to disperse before swallowing. Both products offer a potential alternative to the standard tablet formulation, particularly for those patients experiencing high levels of nausea or vomiting or swallowing difficulties.

A cost comparison reveals that ondansetron orodispersible film (*Setofilm*) is currently a lower cost option than ondansetron orodispersible tablets prescribed either generically or as *Zofran Melt*.

Product	Quantity	Cost (£)
<b>Ondansetron 4mg tablets (generic)</b>	<b>10</b>	<b>£1.71</b>
<b>Ondansetron 8mg tablets (generic)</b>	<b>10</b>	<b>£42.70</b>
Ondansetron 4mg orodispersible tablets (generic)	10	£37.76
Ondansetron 8mg orodispersible tablets (generic)	10	£75.53
Ondansetron 4mg oral lyophilisates SF tablets ( <i>Zofran Melt</i> ) (GlaxoSmithKline)	10	£35.97
Ondansetron 8mg oral lyophilisates SF tablets ( <i>Zofran Melt</i> ) (GlaxoSmithKline)	10	£71.94
<b>Ondansetron oral film 4mg (<i>Setofilm</i>) (Norgine)</b>	<b>10</b>	<b>£28.50</b>
<b>Ondansetron oral film 8mg (<i>Setofilm</i>) (Norgine)</b>	<b>10</b>	<b>£57.00</b>
Ondansetron syrup 4mg in 5ml		
Ondansetron syrup 4mg/5ml	50ml (10 doses)	£36.36

### **PACEF Recommendation:**

**Low cost generic ondansetron 4mg tablets are recommended first line. Where an 8mg dose is required, 2 x 4mg tablets should be prescribed due to the prohibitively high cost of the 8mg tablets. For patients experiencing genuine problems due to high levels of nausea and vomiting or swallowing difficulties, ondansetron oral film 4mg and 8mg (*Setofilm*) represents a useful second line alternative to ondansetron orodispersible tablets or *Zofran Melt*. *Setofilm* is designated AMBER without shared care in line with all other approved ondansetron products approved for use through the *Lincolnshire Joint Formulary*.**

**PRODUCT DISCONTINUED: FUSIDIC ACID 1% GEL EYE DROPS (FUCITHALMIC)**

Fusidic acid 1% gel eye drops (*Fucithalmic*) have been discontinued with immediate effect by Amdipharm. The company have launched a replacement generic product known as fusidic acid 1% gel eye drops. The *Drug Tariff* price will remain at £2.69 until September 1<sup>st</sup> 2014 when the price is due to increase to £7.57.

Chloramphenicol eye drops remain the first-line choice topical antibiotic when treatment of bacterial conjunctivitis is required. Most bacterial infections are self-limiting. Mild cases should not need treating. Fusidic acid 1% gel eye drops remains on the joint formulary as a second line alternative to chloramphenicol.

**Acknowledgements**

Many thanks to Cathy Johnson, Interface Lead Pharmacist, GEM CSU and Robyn Thompson, Senior Pharmacist, United Lincolnshire Hospitals Trust for their help in the compilation of this *Bulletin*. Also many thanks to our colleagues at the Trent Medicines Information Service for their evaluations of oxycodone and buprenorphine patches.

Stephen Gibson  
Head of Prescribing and Medicines Optimisation GEM CSU

August 2014

THIS DOCUMENT IS INTENDED FOR USE BY NHS HEALTHCARE PROFESSIONALS ONLY AND CANNOT BE USED FOR COMMERCIAL OR MARKETING PURPOSES WITHOUT PERMISSION
---