# PostScRxipt – PrimaRxy Care

## May 2008

**ROSIGLITAZONE:** The European Medicines Agency (EMEA) announced in a statement in January that rosiglitazone is contraindicated in patients with an acute coronary syndrome (ACS) and that its use in patients with ischaemic heart disease (IHD) and peripheral vascular disease (PVD) is not recommended. Following these warnings, the Diabetes MCN and ADTC have agreed:

- Rosiglitazone has been removed from the preferred list of the GGC Formulary
- Rosiglitazone products remain in the total Formulary
- It is now restricted to initiation by or on the advice of a consultant diabetologist in addition to existing restrictions

Patients currently receiving rosiglitazone who have an acute coronary syndrome should have their treatment reviewed by a diabetes clinic at the earliest opportunity. If the use of a thiazolidinedione is found to be beneficial in the individual, then pioglitazone should be initiated and re-titrated according to response.

Patients with IHD or PVD should be reviewed at their next diabetic clinic appointment and the decision to switch to an alternative should be made on an individual basis. Diabetes specialists are willing to offer advice on an individual patient basis if required.

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Other patients currently receiving rosiglitazone who do not have IHD/PVD or ACS should have their treatment reviewed at their next scheduled diabetic clinic review.
See http://tinyurl.com/5lfys2 for the ADTC statement on the formulary status.

**FOSTAIR®:** This is a new combination inhaler containing beclometasone and formoterol indicated for the treatment of asthma where a combination product (inhaled corticosteroid and long-acting beta-$_2$ agonist) is appropriate. It has been added to the Preferred List in the Formulary restricted to patients at step 3 or above of the SIGN/BTS Asthma Guidelines.

Prescribers should note that 100 micrograms of beclometasone in Fostair® is equivalent to 250 micrograms of non-extrafine particle formulations. The extrafine particle formulation of Fostair® results in a more potent effect and therefore requires a lower dose. This should be considered when changing patients to or from other beclometasone inhalers.

Fostair® is supplied via the cold chain to pharmacies and is stored in the fridge (for up to 15 months). Once dispensed to the patient it does not have to be refrigerated. The shelf life is 3 months after opening.

**CORRECTION:**
The second sentence in the perindopril article in May's bulletin should have read 'not dose equivalent' rather than 'not bioequivalent'.

**GMS INDICATORS:** An additional two indicators are being included in the total list of indicators for GMS MED10 for 08/09. (For the original list please see Postscript Primary Care March 2008 Bulletin). These are illustrated in the following table:

| Indicator | Target |
|---|---|
| **Potential Generic Savings as a % of total expenditure**<br>Rationale: *Generic products are of the same quality as branded products but are most often significantly cheaper.* | **≤0.25%** |
| **Standard Isosorbide mononitrate (ISMN) as a % of all ISMN**<br>Rationale: *There is no evidence that once daily preparations are more effective than standard release preparations given by twice daily dosing or that once daily improves compliance compared to twice daily dosing* | **≥70%*** (or absolute increase of **10%**) |

*Please note that the isosorbide mononitrate target was erroneously quoted as 60% in some of the GMS letters sent out in April.
Practices are reminded that the deadline for advising us of which actions have been selected is the end of this month (May).

# HAYFEVER

Patients with symptoms such as runny nose, sneezing, watery eyes, itching of the soft palate and sometimes wheezing or shortness of breath may have allergic rhinitis (hay fever). Symptoms normally occur between March and September. Although this is often thought of as minor, many patients can be unwell.

Antihistamines and intranasal corticosteroids are the mainstay of treatment.

**ANTIHISTAMINES:** Oral antihistamines are appropriate for patients with occasional symptoms, allergic conjunctivitis, less than 5 years old, and when oral administration is favoured. Cetirizine is the recommended first line non-sedating antihistamine in the Formulary. Loratadine is also listed in the preferred list and fexofenadine in the total Formulary as an alternative. Chlorphenamine is the only sedating antihistamine on the preferred list with promethazine as an alternative for hayfever in the total Formulary.

Intranasal azelastine is also available if oral administration is not necessary.

| | Cost/28 days |
|---|---|
| Cetirizine 10mg tablets | £0.50 |
| Loratadine 10mg tablets | £0.99 |
| Fexofenadine 120mg tablets | £6.23 |
| Chlorpheniramine 4mg tablets | £0.74 |
| Promethazine 25mg tablets | £3.06 |

Source: Drug Tariff April 2008, BNF 55

**NASAL SPRAYS:** Intranasal corticosteroids are the preferred treatment option for patients who are pregnant or breastfeeding, where nasal blockage is the predominant symptom or when polyps are present and when antihistamines are not effective in patients where sneezing or nasal discharge is the predominant symptom.

Budesonide and beclometasone nasal sprays are the preferred list choices and should be considered first for patients for whom intranasal corticosteroids are appropriate. Fluticasone and mometasone are listed in the total formulary and should be reserved for patients that cannot tolerate or who do not respond to the preferred list drugs.

Sodium cromoglicate is an alternative in patients with persistent symptoms and nasal congestion. It may be less effective than the above treatments but can be useful in children and pregnancy.

| | Cost/28days |
|---|---|
| Beclometasone 50mcg nasal Spray | £3.70 |
| Budesonide 100mcg nasal spray | £4.49 |
| Fluticasone 50mcg nasal spray | £11.69 |
| Mometasone 50mcg nasal spray | £7.83 |
| Sodium cromoglicate nasal spray | £9.85 – £17.76 |

Source: Drug Tariff April 2008, BNF 55: March 2008

**EYE DROPS:** Sodium cromoglicate, emedastine and olopatadine are the formulary choices for seasonal allergic conjunctivitis with cromoglicate being the only preferred list option.

**VACCINES:** Grazax is a new oral treatment for grass pollen induced allergic rhinitis and conjunctivitis. It has not been accepted by the SMC and is therefore non-formulary.

For the UK pollen forecast see www.bbc.co.uk/weather/pollen/index.shtml

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