

PostScript - Primary Care

May 2009

LOW DOSE NALTREXONE: We have received several queries recently on the prescribing of low dose naltrexone for multiple sclerosis and other conditions such as chronic fatigue and cancer. Naltrexone (at standard doses of 25-50mg) is only licensed as an adjunct to prevent relapse in former opioid-dependent patients. Medicines Information are looking at the evidence base for these unlicensed indications and we will report on this in a future bulletin. Until then we cannot recommend it is prescribed.

MHRA ADVICE FOR ORAL SALICYLATE GELS IN UNDER 16s:

The MHRA has issued precautionary advice on the use of oral salicylates in children under 16. The advice states that these products should not be used in children under 16 due to the theoretical risk of Reye's Syndrome. The products affected include Bonjela[®] and Bonjela Cool Mint Gel[®]. Community Pharmacists have already received advice to supply Calgel[®] as an alternative under the NHS Minor Ailment Service.



PRESCRIBING INDICATOR ENQUIRIES:

The letters have now been sent to all practices with information on the prescribing indicators for 2009/10.

If you have any queries on the content of these letters, please contact your local CHCP prescribing lead. Contact details can be found in [December 2008's bulletin](#).

BECLAZONE EASI-BREATHE[®]: Beclazone Easi-Breathe[®] inhalers are being withdrawn on 31st July 2009. All patients currently using these should have their therapy reviewed at the next available opportunity and be switched to an appropriate beclometasone CFC-free product. The only CFC-free Easi-Breathe[®] formulation of beclometasone on the *Formulary* is QVAR Easi-Breathe[®]. This product is not equipotent and should be prescribed by brand name for safety reasons. QVAR[®] is approximately twice as potent as Beclazone Easi-Breathe[®] and should be prescribed at half the dose. QVAR[®] is available as both a standard MDI and as the Easi-breathe[®] device. Clenil Modulite[®] is only available as a standard MDI device, however, it is equipotent with Beclazone Easi-Breathe[®]. Care should be taken when switching existing patients to ensure they are prescribed an equivalent dose and receive a device which they can effectively use. The different treatment options for patients requiring to be changed are:

- Qvar Easibreathe[®] or Qvar Autohaler[®], reducing the strength of the inhaler by 50 – 60% following the guidance in BNF. Not licensed for children.
- Clenil Modulite ± Volumatic Spacer (Volumatic should be prescribed for children under 16 years and/or patients prescribed >1000mcg of beclometasone)
- Alternative dry powder device

Strength (BDP equivalent)	Beclazone Easi-breathe [®]	Clenil Modulite [®] MDI	Qvar Easi-breathe [®]	Qvar Autohaler [®]
50mcg	£3.26	£3.85	Not available	Not available
100mcg	£10.30	£7.72	£7.74 Qvar Easibreathe [®] 50mcg	£7.87 Qvar Autohaler [®] 50mcg
200mcg	Not available	£16.83	£16.95 Qvar Easibreathe [®] 100mcg	£17.21 Qvar Autohaler [®] 100mcg
250mcg	£20.25	£16.95		

HAYFEVER GUIDANCE

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. For information on the diagnosis and treatment of hay fever see http://www.cks.library.nhs.uk/allergic_rhinitis. Medicines Q&A documents, providing information on the management of patients who are pregnant or breast feeding, can be accessed via <http://www.nelm.nhs.uk>

ANTI-HISTAMINES: Oral antihistamines are appropriate for patients with mild or intermittent symptoms. Non-sedating antihistamines are recommended first-line. The preferred *Formulary* choices are **cetirizine** or **loratadine**. Fexofenadine is a suitable alternative. Chlorphenamine is the only sedating antihistamine on the preferred list with promethazine as a suitable alternative. Desloratadine and levocetirizine remain non-*Formulary*. They offer no real advantage over *Formulary* options and are less cost-effective. Azelastine is the only intranasal antihistamine licensed in the UK for the treatment of allergic rhinitis and is available on *Formulary*.

Drug	Dose range	Cost/28 days
Cetirizine 10mg tablets	One tablet daily	£0.91
Loratadine 10mg tablets	One tablet daily	£1.19
Fexofenadine 120mg tablets	One tablet daily	£5.53
Chlorphenamine 4mg tablets	One tablet four times daily	£4.36
Promethazine 10mg tablets	1-2 tablets 2-3 times daily	£2.05 - £6.15
Desloratadine 5mg tablets	One tablet daily	£6.57
Levocetirizine 5mg tablets	One tablet daily	£4.85

Prices from Drug Tariff May 2009 (online) and BNF 57 March 2009

INTRANASAL CORTICOSTEROIDS: Intranasal corticosteroids are the preferred treatment option for moderate/severe or persistent symptoms. The preferred *Formulary* choices are budesonide or beclometasone. 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. Avamys[®], (fluticasone furoate, 27.5mcg/spray) has been added to the total formulary. It costs less than Flixonase[®] and Nasofan[®] but prescribers should be aware that the recommended doses are not equivalent on a microgram per microgram basis.

Drug	Dose range	Cost/28 days
Beclometasone 50mcg nasal spray	1-2 sprays twice daily	£1.23 - £3.12
Budesonide nasal spray 64mcg/spray or 100mcg/spray	1-2 sprays daily (or 1 spray twice daily)	£2.10 - £6.34
Fluticasone nasal spray 50mcg/spray or 27.5mcg/spray	1-2 sprays daily	£3.01 - £8.73
Mometasone	1-4 sprays once daily	£3.13 - £12.53

Prices from Drug Tariff May 2009 (online), BNF 57 March 2009 and MIMS May 2009

NASAL SPRAYS: Sodium cromoglicate is an alternative in patients with persistent symptoms and nasal congestion. It may be less effective but can be useful in children and pregnancy

EYE DROPS: **Sodium cromoglicate**, emedastine and olopatadine are the formulary choices for seasonal allergic conjunctivitis with cromoglicate being the only preferred list option. Eye drops containing benzalkonium chloride should not be used while wearing soft contact lenses.

ALLERGEN IMMUNOTHERAPY: Grazax[®] is an oral treatment for grass pollen induced allergic rhinitis and conjunctivitis, which must be taken both during and outwith the hay fever season. It has not been accepted by the SMC on the basis of there being insufficient evidence to support its use. It is therefore non-formulary.

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