

# Prescribing...

March & April 2018 Hot Topics

- ✚ The patents on tadalafil and rosuvastatin expired in April and lower priced generics should result in significant savings to the Health Fund.
- ✚ A meta-analysis of ten trials, involving 77,917 patients, of omega-3 fatty acid products concluded that they made no difference to cardiac event rates.
- ✚ Only gluten free bread and flour will be available on NHS prescriptions in the near future.
- ✚ The Canadian Government has published an excellent user-friendly tool to support deprescribing.

## Patent expiries

The patents on rosuvastatin and tadalafil expired in April 2018 and better value generics are now available. The Drug Tariff price of both these drugs is now many times lower than the branded. In January 2018 there were just 7 branded prescriptions and 420 generic prescriptions submitted for rosuvastatin, so the full saving of approximately £63,000 per annum will be made immediately. Therefore it is imperative that all new patients, without exception, are prescribed the generic. Please be aware that ezetimibe is still only available as a brand and remains a very expensive option at £26 per month compared with 98p for 28 atorvastatin 40mg tablets.

Of the 110 prescriptions submitted in January 2018 for tadalafil, 26 were for the brand i.e. Cialis<sup>R</sup>. Doctors are earnestly requested to check their records and change all patients on Cialis<sup>R</sup> to generic tadalafil. Each prescription for the brand wastes up to **£25**. The estimated saving to the fund will be £26,000 per year at current rates of generic prescribing and up to £34,000 per year if all patients on branded Cialis<sup>R</sup> are switched to generic.

## Omega-3 fatty acid supplements and cardiovascular disease

Drugs and Therapeutics Bulletin reported in March 2018 the results of a meta-analysis of ten large randomised trials which assessed the association of omega-3 fatty acid (eicosapentaenoic acid [EPA] and docosahexanoic acid [DHA]) supplement use with the risk of fatal and non-fatal cardiovascular heart disease (CHD) and major vascular events. The results, that they were of no benefit, add further weight to the advice to not prescribe or recommend these products. They were of course removed from the local prescribing list recently, so these results are reassuring to the local healthcare community.

The meta-analysis (10 trials; 77,917 high-risk people) included studies that involved at least 500 participants and ran for at least 1 year (mean duration 4.4 years). The main outcomes included fatal CHD, non-fatal myocardial infarction (MI), stroke, major vascular events and all-cause mortality, as well as major vascular events in study population subgroups.

Of the 77,917 participants, 61% were men and the mean age at entry was 64 years. About 66% of participants had a history of CHD, 28% had previously had a stroke and 37% had diabetes. The association of treatment with outcomes was assessed for 6,273 CHD events (2,695 CHD deaths and 2,276 non-fatal MIs) and 12,001 major vascular events. Across the studies, the daily doses of EPA varied from 226mg/day to 1,800mg/day and DHA varied from 0 to 1,700mg/day.

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In the main results, omega-3 fatty acid supplementation had no significant association with CHD death (rate ratio [RR] 0.93; 99% CI 0.83 to 1.03), non-fatal MI (RR 0.97; 99% CI 0.87 to 1.08) or any CHD events (RR 0.96; 95% CI 0.90 to 1.01). Omega-3 supplementation also had no significant association with major vascular events (RR 0.97; 95% CI, 0.93 to 1.01) overall or in any subgroups. The study's authors concluded that their meta-analysis provided no support for recommendations to use approximately 1g/day of omega-3 fatty acids in individuals with a history of CHD for the prevention of fatal CHD, nonfatal MI or any other vascular event. They note that studies of the effect of higher doses (3-4g/day) on vascular events are underway.

In the UK, capsules containing 1,000mg of omega-3 fatty acids are licensed as adjuvant treatment in secondary prevention after MI at a dose of one capsule daily. However prescribing has also fallen considerably the UK.

The results of this meta-analysis support the local decision to stop funding them and the recommendations from the National Institute for Health and Care Excellence (NICE) that healthcare professionals should not offer omega-3 fatty acid compounds for the prevention of CVD to people who are being treated for primary or secondary prevention, people with CKD or people with type 1 or type 2 diabetes. There are now calls in the UK to review the license, as numerous individual studies and meta-analyses have had similar findings.

### Gluten free products on prescription

The NHS has been reviewing the availability of what it considers to be high cost and low or no value products on prescription. Given the size and the complexity of managing the billions of prescriptions dispensed in the NHS each year, it is no surprise that this has taken some time.

The decision on gluten free products has just been announced. Only the "staples" i.e. bread and flour mixes will continue to be available on prescription and products such as pastas, pizza bases and all confectionery will not be available. We have sought clarification from the NHSBSA about how this will work in practice. But it is possible that only the staples will remain in the Drug Tariff and that all other products will be "black listed".

Once the UK position is announced, we immediately look at what these changes will mean to Guernsey and Alderney. However prescribers and pharmacists are advised to be aware that the legal position is that only those ACBS GF products in the Drug Tariff are prescribable as Pharmaceutical Benefit. Therefore it would be wise to only prescribe GF staples for newly-diagnosed coeliac patients from now on.

### Deprescribing

The Canadian Deprescribing Network has developed a number of excellent tools to support deprescribing. They are available at: <https://deprescribing.org/>. The tools include an evidence summary, guidelines and algorithms for four specific drug classes PPIs, benzodiazepines, oral drugs for Type 2 Diabetes and antipsychotics. This is an excellent resource and is highly recommended.

Written by : **Geraldine O'Riordan** , Prescribing Advisor, Edward T Wheadon House, Le Truchot ,  
St Peter Port GY1 3WH. Email : [geraldine.oriordan@gov.gg](mailto:geraldine.oriordan@gov.gg)

References : Drug Tariff May 2018 , Epact.net, Drugs and Therapeutics Bulletin March 2018 <https://deprescribing.org/>