

Prescribing...

Hot Topics October 2018

- ✚ Alimemazine will be removed from the White List on May 1st 2019.
- ✚ Colleagues are reminded that contraceptive products prescribed for treatment must be endorsed by the doctor
- ✚ The only Zinc sulphate product on the prescribing list is 125mg Zinc Sulfate Monohydrate eff. tablets.
- ✚ Prescribing of melatonin is restricted to products with a set price i.e. Melatonin 2mg MR tablets (Circadin) or Melatonin 5mg per 5 ml Oral Solution.

1. Alimemazine

The cost of both tablets and oral solution of alimemazine has increased significantly over the last year (see cost table). The Drug Tariff price is £112.85 for 28 tablets of alimemazine 10mg and £179.85 for 100mls of 7.5mg per 5 ml oral solution. In the first five months of 2018, 41 prescriptions cost £6,701. On the advice of the Prescribing Panel, alimemazine will be removed from the White List on May 1st 2019.

There is no published literature available to state that alimemazine is superior in efficacy to other antihistamines. NICE guidance recommends chlorpheniramine as a 1st line choice if a sedating antihistamine is required for urticaria. Patients currently on alimemazine for urticaria should be reviewed and changed to either chlorpheniramine or another appropriate sedating antihistamine. All new patients requiring a sedating antihistamine should be commenced on chlorpheniramine as per NICE guidance if appropriate.

Product and strength	Cost per 28 tablets
Chlorpheniramine 4mg tablets	76p
Hydroxyzine 25mg tablets	83p
Promethazine 25mg tablets	£4.65
Alimemazine 10mg tablets	£112.85

Ref : Drug Tariff November 2018

Sedating antihistamines should not be used long term unless clinically indicated. The MHRA have recommend that the maximum adult daily dose of hydroxyzine is 100mg. Do not prescribe hydroxyzine to people with a prolonged QT interval or risk factors for QT interval prolongation.

2. Contraceptives

Products listed in the Prescribing List may be prescribed at public expense for the treatment of a range of a gynaecological condition. It is not necessary for prescribers to specify the condition on the

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prescription, but if it is intended for treatment it must be endorsed "For Treatment". This is the preferred wording, but reasonable alternatives are accepted. If the prescription is not endorsed at all, pharmacists must treat it as a private prescription and not submit it to the NHSBSA. If you do, you will risk not being reimbursed.

3. Zinc Sulfate

Prescribers and pharmacists are reminded that the only product on the prescribing list is Solvazinc, which is zinc sulfate monohydrate 125mg in an effervescent tablet formulation. This costs £17.20 for 90 tablets. Zinc supplements should not be given unless there is clear, documented evidence of deficiency or in zinc-losing conditions. Zinc deficiency can occur as a result of inadequate diet or malabsorption; excessive loss of zinc can occur in trauma, burns and protein-losing conditions. A zinc supplement is given until clinical improvement occurs, but it may need to be continued in severe malabsorption, metabolic disorders or in zinc-losing states. Zinc is also used in the treatment of Wilson's disease and acrodermatitis enteropathica, a rare inherited abnormality of zinc absorption. A message that zinc sulphate monohydrate 125mg is the only available product will be put on Scriptswitch ASAP. To avoid the cost to the Health Fund and delay to patients of using unlicensed specials please ensure that any zinc prescriptions state clearly zinc sulfate monohydrate 125mg tablets. It may be easier to prescribe it as "Solvazinc".

4. Melatonin

Colleagues are reminded that GPs may prescribe Melatonin for patients under 18 years who have had their treatment commenced in Secondary Care. We do not expect Community Pharmacists to check who initiated the treatment.

The products are restricted to **Melatonin MR 2mg tablets (Circadin^R)** or **Melatonin 5mg per 5 ml oral solution, which are the best value**. MSG Paediatricians and CAMHS Consultants may prescribe one of these formulations for patients aged under 18 years in their care. In addition the small number of CAMHS patients already on **Biomelatonin** may continue until they are reviewed and switched to one of the better value products.

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References 1. NICE CKS Urticaria <http://cks.nice.org.uk/urticaria> Last revised March 2017.2. MHRA Drug Safety Update (2015) Hydroxyzine: risk of QT interval prolongation and Torsade de Pointes.4. November 2018 Drug Tariff