



• Repatriation of Renal Patients

In April 2017 the renal team at NGH started the phased repatriation to secondary care of prescribing of immunosuppressants for patients who have had a renal transplant. Since the beginning of April there have been two cases where patients were refused prescriptions at their GP practices despite the fact their prescribing had not yet been transferred to the hospital. It is essential that GP practices continue to prescribe immunosuppressants for patients who have had a renal transplant until they receive a letter confirming that prescribing for the individual patient has been repatriated to secondary care.

For more information please contact the renal pharmacy team at Northampton General Hospital: tel: 01604 545697, email: renalpatients.ngh@nhs.net

Note - Immunosuppressants for renal transplant patients who have been repatriated to secondary care should be recorded on GP systems as detailed in the "Guidance on Recording Non-practice Medication" available on Pathfinder <http://nww.pathfinder-rf.northants.nhs.uk/media/3540452/guidance-on-recording-non-practice-medication-november-2016.pdf>

• New law to control prices of generic drugs

The UK parliament has passed new legislation to close a loophole that allowed companies to raise the prices of unbranded generic drugs. The Health Services Medicinal Supplies (Costs) Act will give the government the power to control the prices of generic drugs if it believed excessive prices were being charged. <http://www.bmj.com/content/357/bmj.j2139?hwoasp=authn%3A1495895305%3A4315895%3A3266341292%3A0%3A0%3AijgPyutNgwmmUAK4mbLG6g%3D%3D>

• Mefenamic acid

There has been an almost ten-fold increase in price of mefenamic acid 500mg tablets to £59.99 (28 tablets). Mefenamic acid is a non-steroidal anti-inflammatory drug (NSAID) licensed for the treatment of mild to moderate pain, arthritis, dysmenorrhoea and menorrhagia. There is no evidence that mefenamic acid is more effective than other NSAIDs. It has a narrow therapeutic window, which increases the risk of accidental overdose, and is more likely than other NSAIDs to cause seizures in overdose. It is recommended that Mefenamic acid should **not** be a first-line choice for analgesia (including dysmenorrhoea), and should be avoided in individuals at risk of self-harm. If mefenamic acid is required then it should be considered if mefenamic acid 250mg capsules (£9.54 for 100 capsules) could be prescribed.

• Triptans

Several of the triptan products e.g. sumatriptan 50mg, zolmitriptan 2.5mg tablets and 2.5mg orodispersible tablets are currently under "price concession" status meaning that their reimbursement cost has risen significantly. The reimbursement of sumatriptan 50mg tablets has risen from £1.34 to £28.65 for 6 tablets. The cost pressure to the Northants CCGs from this increase in price is £75K/month. The reimbursement cost of sumatriptan 100mg tablets remains at £1.51 for 6 tablets.

• Risk of Pulmonary Fibrosis with long term use of nitrofurantoin

Concern has recently been raised via the Medicines Safety Officer Network about the risk of Pulmonary Fibrosis with long term use of nitrofurantoin. This is a rare side effect which may arise when nitrofurantoin is used continuously for periods longer than 6 months. It is usually reversible on stopping treatment. All patients on long term prophylactic nitrofurantoin should be reviewed. In line with PHE guidance courses of antibiotics for patients with recurrent UTI should not be longer than 3-6 months. https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/612744/Managing_common_infections_summary_tables.pdf

This edition is also available on PathfinderRF via the following link
<http://nww.pathfinder-rf.northants.nhs.uk/nene>

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