

Medicines

Optimisation news headlines

August - September 2019

Hormone Replacement Therapy

There has been a lot of recent publicity about shortages of HRT products. Many people have experienced problems around supply of FemSeven or Elleste brands and we have now been advised that Evorel products will be unavailable from October 2019 until midway through 2020.

The British Menopause Society (BMS) have dedicated a [web page](#) to the current supply shortage, providing an indication of the current status for most of the products. However this situation changes on a daily basis and there may be local factors that impact availability.

A chart is provided at the end of this newsletter that shows the comparisons for each type of HRT; i.e. combined sequential, combined continuous, oestrogen only and progesterone only. Should a change of product be necessary due to lack of supplies, this should be to an alternative of the same type. In particular patients should not be changed from a combined oestrogen and progesterone product to an oestrogen only product unless there is a clinical indication to do so.

Product options for each type of HRT can be found in the appendix along with brief guidance to indicate when it is appropriate to prescribe each type. The BMS also has a number of [resources](#) to assist with decisions around the use of HRT.

Addition of hospital supplied drugs to GP clinical record

It is important to record medicines for which the hospitals retain prescribing responsibility on the individual patient record within the GP prescribing system. Potential risks of not recording hospital prescribed medicines include:

- Inadvertent co-prescribing of interacting medicines,
- The potential to miss side effects or not attribute them to drug therapy
- The potential for doses to be missed if a person is admitted to a different hospital provider

A [guide](#) can be found on the West Hampshire CCG website providing instructions on how to record this information for each clinical system. Please note that within SystmOne this process will add the drug to the past medication but will not currently add it to the repeat list. Some SystmOne practices may choose to add the hospital drug manually to the repeat template, including a clear note in the dose instructions that it is a HOSPITAL DRUG ONLY and NOT TO BE PRESCRIBED. A number of medicines are subject to restricted prescribing rights on the clinical systems, but authorisation of these items can be extended to certain other personnel if required. Please discuss this with a member of the Medicines Optimisation Team if you would like any assistance. The guide also reminds us that it is equally important to remove details about hospital only medications when treatment ceases.



Melatonin liquid

The 5mg in 5ml strength has been removed from the Drug Tariff, so the only licensed liquid preparation that community pharmacies can access is a 1mg in 1ml solution that has been marketed for prevention of jet lag in adults.

However this licensed product is for **adults only** and the SPC specifically states that it **should not be prescribed for children** on safety grounds.

Specials can still be obtained but the prescriber needs to specifically request this as outlined on the PSNC website:

<https://psnc.org.uk/our-news/contractor-notification-melatonin-oral-solution-retrospective-price-adjustment/>

Circadin tablet remains the preparation that is recommended in the shared care guidance as first line for all. The tablets can be halved to cover all dosage requirements and can also be crushed and added to a small amount of water or soft food for those who are unable to swallow them whole.

Sensitivity results from secondary care

There have been some comments about the lack of correlation between the results of sensitivity tests and guidance on choice of antibiotic.

For those practices that send samples to the microbiology lab at Bournemouth hospital, an [information sheet](#) has been produced to try and improve this situation. Some relevant points from the sheet are shown below:

- Indicate if this is an upper UTI (fever, loin pain etc) so that appropriate antibiotic options are tested and released (nitrofurantoin is NOT effective in upper UTI or sepsis)
- Specify any planned or recent antibiotics, to ensure the lab releases the appropriate result, and any relevant antibiotic allergies.
- Urine culture methods target the common pathogens, but light growths or unusual organisms could be missed – please highlight any unusual clinical details, or recurrent sterile pyuria on the request.

Feedback from other acute trusts in the area varies in the detail, but works on the same principle of providing as much information with the request as possible in order to maximise the value of the reply. In particular, at UHS, the information provided will determine the set of sensitivity discs that is used to test a sample.

CQC information on emergency drugs

In response to a number of questions regarding the optimal contents of GP bags, the [link](#) will take you to some updated information from CQC that may be of interest. Whilst the exact requirements for individual practices will be dependent on factors such as location and ease of access to other services this provides a starting point for determining your own needs. One important change is the replacement of diazepam rectal solution with buccal midazolam.

Opioid resources

Following some recent educational and sharing sessions that took place at the Medicine Optimisation Group meetings, we have a number of resources to support the review of opioid prescribing. Please ask your Medicines Optimisation Pharmacist or Technician if you would like access to any of these resources.

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Summary of HRT products

Shown in order of increasing cost for each group of products (as of August 2019)

Type	Brand	Oestrogen	Progestogen	Form	Dose
<p>Sequential combined</p> <p>For peri-menopausal women</p> <p>Switch to continuous combined HRT after one year or for women over 54years of age.</p> <p>Induces monthly bleed (except quarterly for Tridestra)</p> <p>NB: Sequential combined preparations carry two prescription charges.</p>	Elleste Duet	Estradiol (1mg or 2mg)	Norethisterone (1mg)	Tablet	One tablet daily (16 oestrogen only followed by 12 combined)
	Clinorette	Estradiol (2mg)	Norethisterone (1mg)	Tablet	One tablet daily (16 oestrogen only followed by 12 combined)
	Novofem	Estradiol (1mg)	Norethisterone (1mg)	Tablet	One tablet daily (16 oestrogen only followed by 12 combined)
	Femoston	Estradiol (1mg or 2mg)	Dydrogesterone (10mg)	Tablet	One tablet daily (14 oestrogen only followed by 14 combined)
	Trisequens	Estradiol (2mg then 2mg then 1mg)	Norethisterone (1mg)	Tablet	One tablet daily (12 oestrogen only, followed by 10 combined, then 6 lower dose oestrogen)
	Tridestra	Estradiol (2mg)	Medroxyprogesterone (20mg)	Tablet	One tablet daily (70 oestrogen only followed by 14 combined, then 7 placebo)
	Evorel Sequi	Estradiol (50mcg)	Norethisterone (170mcg)	Patch	Sequential oestrogen only or combined patches One patch twice a week
	FemSeven Sequi	Estradiol (50mcg)	Levonorgestrel (10mcg)	Patch	Sequential oestrogen only or combined patches One patch once a week
	<p>Continuous combined</p> <p>For post-menopausal women (more than 12months since last period)</p>	Kliofem	Estradiol (2mg)	Norethisterone (1mg)	Tablet
Kliovance		Estradiol (1mg)	Norethisterone (500mcg)	Tablet	One tablet daily
Elleste Duet Conti		Estradiol (2mg)	Norethisterone (1mg)	Tablet	One tablet daily
Indivina		Estradiol (1mg or 2mg)	Medroxyprogesterone (2.5mg or 5mg)	Tablet	One tablet daily
Femoston Conti		Estradiol (500mcg or 1mg)	Dydrogesterone (2.5mg or 5mg)	Tablet	One tablet daily
Premique Low Dose		Conjugated oestrogen (300mcg)	Medroxyprogesterone (1.5mg)	Tablet	One tablet daily
Evorel Conti		Estradiol (50mcg)	Norethisterone (170mcg)	Patch	One patch twice a week
FemSeven Conti		Estradiol (50mcg)	Levonorgestrel (7mcg)	Patch	One patch once a week



Type	Brand	Oestrogen	Progestogen	Form	Dose
Oestrogen alone Only for women without a uterus or who are using an additional progesterone only preparation (see below). Progesterone is required to stop endometrial proliferation in women with a uterus.	Bedol	Estradiol (2mg)		Tablet	One tablet daily
	Elleste Solo	Estradiol (1mg or 2mg)		Tablet	One tablet daily
	Zumenon	Estradiol (1mg or 2mg)		Tablet	One tablet daily
	Progynova	Estradiol (1mg or 2mg)		Tablet	One tablet daily
	Premarin	Conjugated oestrogen (300mcg, 625mcg or 1.25mg)		Tablet	One tablet daily
	Evorel	Estradiol (25mcg, 50mcg, 75mcg, or 100mcg)		Patch	One patch twice a week
	Elleste Solo MX	Estradiol (40mcg or 80mcg)		Patch	One patch every 3-4 days
	Estraderm MX	Estradiol (25mcg, 50mcg, 75mcg or 100mcg)		Patch	One patch every 3-4 days
	Estradot	Estradiol (25mcg, 37.5mcg, 50mcg, 75mcg or 100mcg)		Patch	One patch every 3-4 days
	FemSeven	Estradiol (50mcg, 75mcg or 100mcg)		Patch	One patch once a week
	Progynova TS	Estradiol (50mcg or 100mcg)		Patch	One patch once a week
	Oestrogel	Estradiol (0.06%)		Gel	2.5-5g applied to arm, shoulder or inner thigh once a day.
	Sandrena	Estradiol (500mcg or 1mg)		Gel (sachet)	0.5-1.5g applied to inner thigh once a day
Progesterone alone	Mirena		Levonorgestrel (20mcg/24hrs)	IUS	To be replaced after 5 years
	Climanor		Medroxyprogesterone (5mg)	Tablet	10mg once a day on days 14 to 28
	Utrogestan		Progesterone, micronised (100mg)	Capsule	200mg daily at bedtime on days 15 to 26 (12 days), or 100mg daily at bedtime on days 1 to 25
Oestrogen alone, for local application May be preferable where urogenital symptoms predominate	Ovestin cream	Estril (1mg)		Vaginal cream	0.5g daily for up to 4 weeks, then 0.5g twice a week
	Blissel	Estril (50 mcg per g)		Vaginal gel	1g daily for 3weeks, then 1g twice a week
	Generic preparation	Estril (0.01%)		Vaginal cream	Initially one applicatorful daily then reduce to twice a week.
	Vagifem	Estradiol (10mcg)		Vaginal tablet	1 daily for 2 weeks, then twice per week.
	Estring	Estradiol (7.5mcg)		Vaginal ring	Replace every 3months. Maximum of 2 years continuous use.

References

Mims online, August 2019

Red Whale GEMS, Menopause and HRT: which HRT?

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