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## ROYAL **PHARMACEUTICAL**







Royal College of Psychiatrists, Royal College of General Practitioners, Royal Pharmaceutical Society, Society of Academic Primary Care, College of Mental Health Pharmacy, British Association for Psychopharmacology, Mind (The Mental Health Charity), Bipolar UK, Rethink Mental Illness, Mental Health Network Medical Directors Forum.

Mr Hancock, Secretary of State for Health and Social Care, Palace of Westminster, Westminster, London SW1A 0AA

15<sup>th</sup> September 2020

## Ref: Proposed withdrawal of Priadel®

Dear Mr Hancock,

We are writing to express our concern at the proposed withdrawal of Priadel® and the increase in price of Camcolit® by Essential Pharma. These developments will increase cost to the NHS, add pressure on already over-stretched primary and secondary care services, and most importantly potentially compromise patient safety.

Lithium is an essential medication recommended by NICE guidance; it is proven to treat bipolar disorder and to prevent suicide. If it is stopped suddenly there is a significant risk of rebound relapse. If levels become toxic, it can cause permanent kidney damage and can be fatal.

Before withdrawing the Priadel® brand of lithium carbonate, Essential Pharma significantly increased the price of their other lithium carbonate brand, Camcolit® (1). In direct drug costs alone, it has been estimated that this will cost the NHS approximately £15 million annually. Lithium has a narrow 'therapeutic index' which means that for safe and effective treatment, the blood levels need to remain within a tight range. The various brands are not necessarily comparable and, in switching, we risk either losing the effectiveness of the medicine or the development of serious toxicity.

At least one in a hundred people have bipolar disorder and of these, one in five take lithium (2). Priadel® is available as a 200mg and a more commonly prescribed 400mg tablet. Importantly, there are approximately 28,000 individual prescriptions of Priadel® 200mg tablets to patients in primary care in England every month (3). There is no 200mg dose available in the Camcolit® brand. It is therefore likely that many of those people, particularly elderly patients who often require lower doses, will require primary or secondary care review, increasing workload on already hard pressed GP and mental health services.

Withdrawing the Priadel® brand of lithium will increase pressure at a very challenging time. Changing brands of lithium requires patient review, a plan to swap, changing the prescription, and follow-up monitoring. A significant part of the workload will fall onto primary care because long-term lithium treatment is often prescribed and monitored within primary care. Anecdotally, up to half of all patients may be in this position; and GPs and Community Pharmacists are already reporting phone calls from concerned patients.

Services will need to carry out extra blood tests when switching brands therefore exposing patients to hazards associated with attending for blood tests during the pandemic, as well as causing anxiety about potential loss of effectiveness and risks of side effects. There will also be pressure on phlebotomy services in primary and specialist care.

We are writing to see if you would, as Health Secretary, personally intervene so that Priadel® remains available in the UK with an appropriate pricing structure. We also are requesting that the issue be referred to the Office of Fair Trading. Finally, if both these approaches prove unsuccessful, we are seeking special dispensation to import Priadel® from overseas for use as an unlicensed product.

The problem outlined is urgent. Whilst Essential Pharma are not withdrawing Priadel® until April 2021, pharmacists across the UK are already reporting stock shortages, and patients, doctors and pharmacists are increasingly concerned about potential hazards.

By their actions, Essential Pharma are exposing some of the most vulnerable members of our society to unnecessary and unacceptable risk of harm when there is already an unprecedented health emergency. We are requesting your support, as Health Secretary, to stop this happening.

Yours sincerely,

Dr Adrian James (President of the Royal College of Psychiatrists)

Professor David Baldwin (Chair of the Psychopharmacology Committee of the Royal College of Psychiatrists),

Dr David Cousins (on behalf of the British Association for Psychopharmacology),

Sandra Gidley (on behalf of the Royal Pharmaceutical Society),

Dr Julie Hankin, (on behalf of the Mental Health Medical Directors Forum),

Dr Gary Howsam (on behalf of the Royal College of General Practitioners), Ciara Ni Dhubhlaing (President of the College of Mental Health Pharmacy), Dr Ian Maidment (on behalf of the College of Mental Health Pharmacy), Professor Carolyn Chew-Graham (Chair, Society of Academic Primary Care), Paul Farmer (CEO of Mind, the Mental Health Charity) Simon Kitchen (CEO of Bipolar UK) Mark Winstanley (CEO of Rethink Mental Illness)

CC: Nadine Dorries, Mental Health Minister

CC (with 24-hour delay): MPs Rosena Allin-Khan, Jonathan Ashworth, Saqib Bhatti MBE, George Howarth, Jeremy Hunt, Jeff Smith

## <u>References</u>

- 1. British Medical Association and Royal Pharmaceutical Society of Great Britain (2020). British National Formulary Number 78.
- 2. Lyall LM, Penades N, Smith DJ. Changes in Prescribing for bipolar disorder between 2009 and 2016: national-level data linkage study in Scotland. *British Journal of Psychiatry* (2019) 215: 415-421. DOI: 10.1192/bjp.2019.16
- 3. Open Prescribing (nd). EBM Data Lab, Department of Primary Care Health Services, University of Oxford

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