

Berkshire West Area Prescribing Committee Policy Statement

Drug Name	Oral magnesium replacement therapy
Indication under review	Hypomagnesaemia
Policy No:	APC 118
Date of Issue:	January 2016
Review Date:	January 2019
Policy Statement: Magnesium-L-aspartate (Magnaspartate) should be used first line (if after correcting the cause of the deficiency magnesium is still required).	
Traffic Light Status	Green
Key Points considered:	
<ul style="list-style-type: none"> • The underlying cause of hypomagnesaemia should be addressed first. • The Medicines and Healthcare Products Regulatory Agency (MHRA) has drawn attention to an association between hypomagnesaemia and the use of proton pump inhibitors (PPIs). • Magnesium-L-aspartate (Magnaspartate) is now licensed in the UK for the treatment and prevention of magnesium deficiency and should be used first line when magnesium is required. • Scriptswitch to advise most cost effective branded product for use when licensed preparation is contraindicated or ineffective. 	
References	
<p>References</p> <ol style="list-style-type: none"> 1. Sweetman S. Martindale: The Complete Drug Reference. Accessed online via: www.medicinescomplete.com 2. Medicines and Healthcare Products Regulatory Agency. Proton pump inhibitors in long-term use: reports of hypomagnesaemia. Drug Safety Update. April 2012. Vol 5. Issue 9. A1. Accessed online at https://www.gov.uk/drug-safety-update/proton-pump-inhibitors-in-long-term-use-reports-of-hypomagnesaemia 3. Personal Communication with. KoRa Healthcare Ltd. 4. MHRA. The supply of unlicensed medicinal products ("specials"). MHRA Guidance note 14. 2014. Accessed online at www.gov.uk/government/publications/supply-unlicensed-medicinal-products-specials 5. Martin J (lead editor). British National Formulary February 2015. Accessed online via: www.evidence.nhs.uk/formulary/bnf/current 6. Martin J. (lead editor). British National Formulary for Children February 2015. Accessed online via www.evidence.nhs.uk/formulary/bnfc/ 7. National Institute for Health and Clinical Excellence. ESUOM4: Preventing recurrent hypomagnesaemia; oral magnesium glycerophosphate. Evidence summary: unlicensed or off-label medicine. 29 January 2013 Accessed online via http://www.nice.org.uk/rmpc/evidencesummarisesunlicensedofflabelmedicines/ESUOM4.jsr 8. Firoz M and Graber M. Bioavailability of US commercial magnesium preparations. Magnesium Research 2001; 14: 257-262. 9. Walker A, Marakis G, Christie S and Byng M. Mg citrate found more bioavailable than other Mg preparations in a randomised double-blind study. Magnesium Research 2003; 16: 183-191. 10. Lindberg J, Zolitz M, Poindexter J and Pak C. Magnesium bioavailability from magnesium citrate and magnesium oxide. J Am Coll Nutr 1990; 9: 48-55. 11. Muhlbauer B, Schwenk M, Coram WM et al. Magnesium-L-aspartate-HCL and magnesium-oxide: bioavailability in healthy volunteers. Eur J Clin Pharmacol 1991; 40: 437-438. 12. Summary of Product Characteristics - Magnaspartate®. 243mg powder for oral solution. Accessed via http://www.medicines.org.uk/emc/medicine/30238 [date of revision of the text 07.11.2014] 13. Personal Communication with Customer Service and Medicines Information, IDIS World Medicines. 09.04.2013. 14. Personal Communication with Medicines Information, Martindale Pharma 15. Summary of Product Characteristics – Phillips' Milk of Magnesia. Omega Pharma Ltd. Accessed via http://www.medicines.org.uk/emc/medicine/17293 [date of revision of the text 09.07.2013] 16. Personal Communication with Medicines Information, Omega Pharma UK. 17. Summary of Product Characteristics Magnesium Hydroxide Mixture BP. Thornton & Ross Ltd. Accessed via http://www.medicines.org.uk/emc/medicine/25343 [date of revision of the text 17.09.2014] 18. Personal Communication with Medicines Information, Thornton & Ross Ltd. 19. Personal Communication with Medicines Information, Arjun Products Ltd. 20. Data sheet. Maglyphos® Magnesium Glycerophosphate 1mmol in 1mL oral solution. Version 5. Issue 3. Produced 04.02.2015. Supplied by Special Products Limited 21. Technical Information Leaflet. Glysma® Magnesium Glycerophosphate Tablet 4mmol (97mg) Magnesium. October 2014. Supplied by Altovida 22. Technical Information Leaflet Glysma® Magnesium Glycerophosphate Oral Solution 1mmol (24.25mg) Magnesium in 1ml. May 2014. Supplied by Altovida 23. Personal Communication Altovida. 24. Data sheet. Maglyphos® Magnesium Glycerophosphate 4mmol Tablets. Version 1. Produced 30.08.11. Supplied by Special Products Limited 25. Data sheet. Maglyphos® Magnesium Glycerophosphate 4mmol Chewable Tablets. Version 3. Produced 07.12.10. Supplied by Special Products Limited 26. Personal Communication with Durbin PLC 27. Mag-Tab SR® Product Information. Supplied by Niche Pharmaceuticals 28. Turner P, Mishra V and Marks EMC. Effect of magnesium-L-aspartate supplementation on the plasma magnesium levels in patients with short bowel syndrome. Clinical Nutritional Supplements 2007; 2 (3): 160 29. Karei, F and Robinson C. Magnesium lactate in the treatment of Gitelman Syndrome: Patient Reported Outcomes. 06/11/14. Poster presentation supplied by author. 30. Ayuk J. and Gittoes NJL. Treatment of hypomagnesaemia. Am J Kidney Dis 2014; 63 (4):691-695. 31. Yu AS. Evaluation and treatment of hypomagnesaemia. Accessed online at www.update.com. 32. Arasaradham RP and Bolton RP. Hypomagnesaemia due to malabsorption is not always responsive to oral magnesium oxide supplementation alone. Gut 2002; 50: 897-900. 33. Ross JR, Dargan PI, Jones AL and Kostrzewski A. A case of hypomagnesaemia due to malabsorption unresponsive to oral administration of magnesium glycerophosphate, but responsive to oral magnesium oxide supplementation. Gut 2001; 48: 857-858 34. Shabaje N, Lamb EJ, Sturgess I, and Sumathipala RW. Lesson of the week. Omeprazole and refractory hypomagnesaemia. BMJ 2008; 337: 173-175. <p>Professor of Nephrology, Cambridge Institute for Medical Research. Personal communication</p>	
Date taken to APC:	4 th November 2015
Date Ratified by MMC on Behalf of the Board:	20 th January 2015

Berkshire West Area Prescribing Policies serve as a guide to clinicians. This does not overrule the clinical or budgetary responsibility of clinicians when considering treatment for individual patients.

Brown	Green	Amber	Red
These drugs have been reviewed and are not considered a cost effective use of scarce NHS resources	Medicines suitable for routine use. Primary care prescribers take full responsibility for prescribing	Medicines that should be initiated by a specialist and can be continued in primary care under a shared care agreement.	Medicines which should be prescribed by specialists only