

# PRIMARY CARE PRESCRIBER

*The monthly prescribing bulletin for GPs, pharmacists, trainees and community*



April 2017

Primary Care Services &  
Medicines Advisory Group

## A new perspective

### A publication for GPs (and others) by GPs

When Paul Grey, NHS Scotland's Chief Executive says to the Scottish Parliament that our local financial shortfall needs fixed by "prescribing savings... found in general practice" we may feel disengaged with the outflow of prescribing information pushed to us—invariably with some stick (or carrot) following through.

As we know the problem is much more complex than this.

This publication is not a stick—it isn't a carrot either.

This monthly newsletter hopes to provide the primary care community with a breadth of prescribing information to improve quality, inform of changes, highlight cost differences and safety aspects of the highest risk cornerstone to our daily practice - prescribing.



**Solifenacin (Vesicare®)**

### Target Drug

Solifenacin 5mg is £27.62 & 10mg £35.91 (30 tabs). This will now become an **AMBER** in formulary. (oxybutynin IR & MR moves to 2nd line **GREEN** due to SEs—IR being more cost effective)



### Alternative

Consider **tolterodine** at 1mg BD £2.93, 2mg BD £3.11 (56 tabs) or for 4mg MR £12.89 (28 tabs) on Scottish Drug Tariff (lets hope the price doesn't change!) Now **GREEN** first line.

### Drug Safety Updates

Canagliflozin (an SGLT-2 Inhibitor) may increase the chance of toe amputations. MHRA says it may be a class effect—one to watch. <https://tinyurl.com/kfd6ly3>

Hyoscine butylbromide injection (Buscopan®) could be associated with 8 unexpected deaths. Hard to be sure—it's prescribed so often. Possibly used for 'cramping pain' when the cause was more serious. <https://tinyurl.com/k6kdq6u>

### BNF Updates

More of a lack of update—Nystatin. You may have noticed last year the dosing changed to 4mls QDS for adults. They've gone back to the previous dosing! - 1ml QDS for all. <https://tinyurl.com/lv2h5le>

### Formulary Updates

You may have spotted on Staffnet the Formulary has been rapidly reviewed. There are some important changes to commonly prescribed drug areas. The changes are summarised here: <https://tinyurl.com/mgnfqy2>

### Costs to note

*In this section we'll highlight some surprises, price drops, price increases and drugs coming off patent. Worth a search to see how many you might have on repeat...!*

Prochlorperazine buccal 3mg 28 tabs **£24.15** versus 5mg tablets **£1.11**  
Oilatum Shower Gel **£17.16**/500g versus Hydromol Bath & Shower **£4.92**  
Quetiapine MR 200mg 30 tabs **£56.55** versus Quetiapine 100mg BD 60 tabs **£2.36**  
**PRICE RISE:** Cimetidine 200mg 60 tabs now **£24.25**  
Nefopam 30mg 90 tabs **increased** from £10 to almost £50—now at **£47.80**

## Emollients

### TRY THE LEAST COSTLY FIRST

You may possibly have noticed ScriptSwitch has been tweaked recently regarding emollients. Basically for each thick ointment, ointment, gel, cream, lotion, hand wash and bath additive it will suggest you try the most cost effective.

In some cases the alternative is exactly the same as the well-known alternative. E.g. Isomol® gel is 15% liquid paraffin and 15% isopropyl myristate. It costs £2.92 for 500g.

Doublebase® Gel contains the exact same ingredients but it's £5.83.

As such, for NEW acute prescriptions please con-

sider these cheaper alternatives which are around half the price and contain the same ingredients.

The more we request the more pharmacies will stock and this move is consistent with other Scottish and UK practice.



## Neuropathic Pain

We have to accept that this is a challenge to manage with variation in practice.

Dr Michelle Watts has led a review in this area and has come up with the algorithm here: <https://tinyurl.com/lc2lr75>

In summary:

Topical: menthol in aqueous cream or capsaicin

can be tried over 2 weeks.

Oral: amitriptyline (off-licence) or gabapentin 1st line (alone or in combination).

After these consider: pregabalin (coming off-patent this summer!!)

Opiates are not routinely recommended.

Lidocaine patch can be used following the pathway guidance <http://tinyurl.com/lbuwmg>. A smaller (cheaper) lidocaine patch is on the horizon—watch this space!

Patients should ideally be reviewed regularly to ensure the indication is clear and that it is effective.



## Something of interest from the Journals...

DTB this month (<https://tinyurl.com/mjlsqte>) published an article on premature ejaculation. A problematic area without a great evidence base.

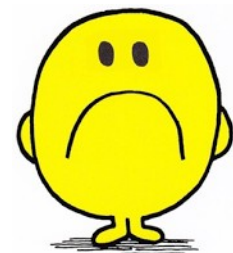
Referral to psychosexual counselling is an option if there appears a clear psychological component.

Other options include: an SSRI -the only licensed is dapoxetine (more expensive than other SSRIs & needs an IPTR) - taken daily, an SSRI can delay ejaculation by 1-5mins.

Lidocaine 2.5%/Prilocaine 2.5% cream (Emla® £12.30/30g) off-label can

delay by up to 6 minutes.

The newest (and most controversial) option would be the lidocaine/prilocaine spray (Fortacin®) which is licensed, though costs £100 for 20 sprays and would need to be on a private script!



## Your ideas

As the focus in the new contract moves towards peer driven quality improvement, there will no doubt be prescribing lessons which are transferable to other Clusters.

If your Practice or Cluster has looked at any area of prescribing and changed something for the better (or something which hasn't worked as well!) then please let us know at the email below and we'll spread the word!

For example: An audit of women on the Combined Hormonal Contraceptive (CHCs) in a practice identified variation in practice. Most were being prescribed on 'acute'. Not all had a weight/BP/smoking status/documentation of checking for contraindications noted.

Change: The practice will now prescribe CHCs on repeat started when they next attend a GP/nurse prescriber. They'll get 4 issues through the year and at their last issue be alerted by a slip on the prescription that this is their last issue and will need to attend a GP/PN with suitable competency to discuss and formally review if they want it reissued.

Gem: Document 'advised patient to read the patient information leaflet' in these consultations to ensure you've covered *all* contraindications and what to do if they forget to take a pill!

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### *Useful prescribing websites*

Renal Drug Database (CKD drug dosing) <https://renaldrugdatabase.com/user/login> (Username/Password via pharmacist/register).

UKTIS (prescribing information in pregnancy) [https://www.uktis.org/html/maternal\\_exposure.html](https://www.uktis.org/html/maternal_exposure.html) [only available 'off server'. Hit continue at the warning.]

BUMPS (patient leaflets for website above) <http://medicinesinpregnancy.org/Medicine--pregnancy/>

Syringe Driver Compatibility <http://www.palliatedrugs.com/> (Register for free and hit SDSD)

Knowledge Network has links to Enteral feeding book (can it be crushed?!) as well as other useful Medicines Information Resources <http://www.knowledge.scot.nhs.uk/home.aspx>

TOXBASE <https://www.toxbase.org/> (Username/Password given on registration)

Tayside Pharmacy Publications (DTCs/Tayside Prescribers): <http://www.taysideformulary.scot.nhs.uk/news.asp>

*Tayside Medicines Information Centre TAY-UHB.medinfo@nhs.net or 01382 632351 will always help with prescribing issues covered on the websites above*