



PRIMARY CARE PRESCRIBER



The festive monthly prescribing bulletin for GPs, pharmacists, trainees, AHPs and community nurses.



December 2017

Primary Care Services &
Medicines Advisory Group

ScriptSwitch had a holiday!

What was the impact?

ScriptSwitch was turned off for a period of time over the last month as you may have been aware.

This was due to corrupted data files generating erroneous suggestions.

ScriptSwitch is an important decision aid to help clinicians make drug choices which are more cost effective or reflect formulary.

At a Single National Formulary event in Tayside recently we highlighted how better software support could improve this linking the suggestion not only based upon a drug choice, but also for a diagnosis. That said, SNF has a long way to go before launch (in some form) in late 2019.

Each month between 1500 and 2400 switch suggestions are accepted in Tayside. Savings are rising at a staggering rate and across Tayside in October switch suggestions saved £45,000.

This data is interpreted with caution—as a clinician learns what triggers exist, they hopefully prescribe the suggested drug first.

That said, we are always adding more to suggest the most cost effective options.

Turning off ScriptSwitch came at a cost, but having it on is also tedious at times!

Feedback on S/switch be made to [Primary Care Prescriber](#).



Target Drug

The MHRA highlighted in April only 20% of females of child bearing age on valproate were aware of the risks of taking the medication were they to become pregnant. This despite warnings in 2015 and 2016 with suggested letter templates.

Beyond neurology, some patients are no longer under secondary care, others are from paediatrics or psychiatry.



Alternative

Given the 30-40% risk of developmental disability and 10% risk of birth defects the risks are significant. Prescribers should consider checking that all patients have been informed and offered contraception. Warning cards should also have been given out by the dispensing pharmacy.

Costs to note

Surprises, price drops, price increases & drugs coming off patent.

Aspirin 300mg standard tablets £3.35 versus *dispersible* (for migraine) 32 tabs £1.25

Diamorphine 5mg amps x5 amps £12.87 vs morphine 10mg amps x5 amps £4.68

Dipyridamole 100mg 84 tabs £12.14 versus clopidogrel 75mg 28 tabs £1.89

Mefenamic acid 500mg 28 tabs £50.00 versus 250mg 100 tabs £9.54

Drug Safety Updates

MHRA this month remind us that Quinine has a dose dependant effect on QT interval & advises caution in those with AV block.

MHRA also gave further advice on switching branded anti-epileptic drugs.

A warning was also given on the dangers of online slimming pills.

BNF Updates

Viagra® will be available OTC in Spring 2018 after reclassification.

Important Shortage

The maker of hydrocortisone injection 1ml used for Addison's has advised they will cease production until late 2018 due to manufacturing issues.

The alternative to prescribe is: hydrocortisone sodium succinate (Solu-Cortef) 100mg powder, with a 2ml ampoule of solvent (sterile water).

Patient's with Addison's should also be highlighted in Special notes to remind clinicians to consider steroids in acute illness.

Formulary Updates

November's DTC summarises the HRT formulary update.

Podophyllotoxin was added as **GREEN** to formulary for treatment of genital warts. Imiquimod is now **GREEN** for peri-anal warts.

Oxybutynin has moved to **AMBER** as a second line anti-muscarinic.

Pharmacy First

In time for the forthcoming busy festive period, the 'Pharmacy First' Service has now launched and allows patients to get treatment for uncomplicated UTIs in females age 16-65 & for impetigo in a community pharmacy.

The pharmacists carry out a consultation, give advice & treatment under local PGD's. The PGDs available are Trimethoprim, Nitrofurantoin (both 3-day courses) and Fusidic Acid cream. Nitrofurantoin is first line in the 17 pharmacies who can access clinical portal. Pharmacists without access will use Trimethoprim first line and only use Nitrofurantoin if they are able to confirm renal function e.g. through OOH. GP practices will be informed where a supply is made.

If a pharmacy cannot provide the service they will direct the patient to another appropriate provider. A confirmed list of pharmacies who are not participating will be provided to GPs, OOH & other pharmacies in January 18.

Posters advertising this service will be sent to GP practices this month. A copy of the service specifications & PGDs can be found on [Staff-net](#).

There are also 9 community pharmacists who are independent prescribers. They are trained in a wide range of common conditions which may fall outside the PGDs.

Community Pharmacy Emergency Supplies

Community pharmacies can provide resupply of patient's regular medications when they run out—invariably on a public holiday!

Following consultation, there have been a few changes made to increase the utility of this service.

This includes:

Removal of the requirement for the medication requested for supply to be

on a "repeat prescription" [so would now include those on "regular acute"].

Removal of the exclusion criteria to now permit dispensing 2 supplies in a row.

Removal of the example within the PGD of what "prescriber unavailable" increases the flexibility to allow a pharmacist to dispense the medication in more situations.

A full report on the changes is available [here](#) with a copy of the PGD [here](#).



Something of interest from the Journals...

Public Health England published [guidelines](#) reiterating that antibiotics should not be used for sinusitis. Despite this [91% of patients](#) attending a GP with sinusitis are still prescribed antibiotics.

Far more importantly some festive considerations to be mindful of:

Christmas tree contact dermatitis can be caused by colophonium in spruce and pine trees and is reported in the journal [Contact Dermatitis](#). It can also cause respiratory symptoms.

The Journal of Emergency Medicine also [reports](#) on the danger of

swallowing Christmas sweets whole. They'll be distracting on your CT...!

[Colleagues in the Netherlands](#) [for some reason] wanted to know if you can safely add Chinese flavouring (monosodium glutamate) to their Christmas dinner... Yes it was OK!



Your ideas

Some practices have been asking about the recently published NHS England [list](#) [on page 16] of 18 medications, which should not be prescribed in Primary Care.

The paper goes into detail to justify each suggestion. Some drugs are clearly out with current guidelines, with others not infrequently prescribed e.g. liothyronine, lidocaine patch, omega-3 fatty acids and homeopathic remedies.

They also provide a list of 24 conditions for which we should be restricting prescribing (page 171).

It has provided some food for thought both locally and nationally.

There are some benefits to having a national policy for clarity. Without this, it's much harder to defend declining to prescribe.

Written by: Dr S Jamieson, GP, Kirriemuir Medical Practice. Clinical Lead Prescribing, Angus HSCP. Medicines Advisory Group, Area Drug & Therapeutics Committee, Angus Representative.

Primary Care Services
Kings Cross Hospital
Cleington Road
Dundee
DD3 8EA

E-mail: pcprescriber.tayside@nhs.net

Useful prescribing websites

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

Safe for lactation (type the medicine name in the top search box) <https://www.sps.nhs.uk>

Anticholinergic Drug Burden http://www.agingbraincare.org/uploads/products/ACB_scale_-_legal_size.pdf

UKTIS (prescribing information in pregnancy) 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/>

HIV drug Interaction Checker <http://www.hiv-druginteractions.org/>

Hepatitis Drug Interaction Checker <http://hep-druginteractions.org/>

Syringe Driver Compatibility <http://www.palliativesdrugs.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