PRIMARY CARE PRESCRIBER

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

July 2017

Primary Care Services &

Medicines Advisory Group

Medication on Liberation

HMP will bridge the gap

On liberation from HMP Perth and Castle Huntley most practices and pharmacies will have had issues the transition of care from prison to mainstream practice.

In particular, issues surrounding medications can be challenging.

From now, all those who have a *planned* (…!) liberation will be provided with a GP10 with one month supply of their usual medication.

For drugs which are commonly misused, this will be limited to 7 days.

They will be given a Vision Summary and in certain cases they will be provided with a MED3.

This will come as welcome news to practices, where we recognise the success in transition of care to substance misuse services after time spent in prison.

Formulary Updates

Buprenorphine is now on TAF as **GREEN** for non-cancer pain age >65 where a fentanyl patch would be too strong.

It should be prescribed as Butec®.

More information in Tayside Prescriber. ***http://tinyurl.com/y75tqul9***

Rizatriptan melts have been discontinued and have been replaced with orodispersible tablets in TAF.

Target Drug

As prescribers, we have been eager to utilise Lyrica® with it's low NNT, favourable SE profile and rapid onset of action compared to other similar drugs... Unfortunately this was an expensive strategy whilst still under patent!

Alternative

Like an early Christmas present, Lyrica® is off-patent now for all indications and is expected to tumble in price in the forthcoming drug tariff!

Please prescribe as Pregabalin.

It's still not a perfect drug and is of course 3rd line for neuropathic pain.

It should be reviewed to ensure it is still effective and required and should be used in caution in those with a history of drug misuse.

Drug Safety Updates

The MHRA have warned of possible CV side effects when bromonidine gel (Mirvaso®) is applied to irritated/ damaged skin including after laser therapy. ***http://tinyurl.com/yc4xw4jo***

Denosumab may (very, very) rarely be associated with osteonecrosis of the external auditory canal. Patients should be warned of this and to attend if they develop persisting external ear symptoms. ***http://tinyurl.com/yc8o4twz***

Side effects and safety concerns for e-cigarettes can now be reported to MHRA on a yellow card ***http://tinyurl.com/yb7k6asd***

BNF Updates

The BNFC provides a new guideline for management of nocturnal enuresis in children. ***http://tinyurl.com/ydf2jvuh***

The BNF also now includes a new guideline on management of acute and chronic urinary retention (including due to BPH). ***http://tinyurl.com/y9uap2jw***

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...!

Atorvastatin 28 tabs 30mg (£25.51) or 60mg (£29.16) versus 40mg for £1.59

Esomeprazole GR 20mg x28 caps cutting price to £3.15 (lansoprazole 30mg caps £1.11)

Prochloperazine buccal 3mg **increased price **3rd month running** £50.68 50 tabs versus £1.98 for 50x5mg tabs

Quetiapine MR and IR are almost the same price after increases to price for all IR doses

Morphine sulphate solution

A few years ago there was a change in the drug categorisation of 10mg/5ml morphine oral solution (e.g. Oramorph® 10mg/5ml).

It became a Schedule 5 drug. This meant it was no longer subject to any of the usual CD controls/ regulations, which affect the prescriber.

As such, we can fax prescriptions and it does not need to have any special recording or meet prescription requirements for a CD.

It is the same schedule as codeine and can be treated the same.

This makes sense as it is not subject to high levels of misuse.

However, there are a few notes of caution. We must remember to ensure prescribing instructions are clear for patients and carers to avoid accidental or deliberate overdose.

We should monitor usage and should probably never be on repeat.

Consider using morphine tablets (Sevredol®) if the patient will struggle with measuring out using a syringe/spoon or drinks the medication from the bottle...!

SPOT

Safer Prescribing of Opioids Tool trial continues to gather data with over half of the required conversions validate.

As you may be aware, this tool has been designed to make opioid conversations safer and easier and involves both primary care and secondary care clinicians.

Created by a local junior doctor, Dr Roger Flint, it grew from his experience as a junior trying to convert oral opioids to subcutaneous on a ward on-call and being unable to safely do so.

SPOT uses the Scottish Palliative Care Guidelines and will continue to be improved with more developments planned.

There is a Youtube video demonstrating the process here: ***https://youtu.be/5e7Pa0BjRBI*** [remember to hit 'Match' at the end to save your calculation & add it to the study numbers].

You can still sign up to use SPOT by emailing the project's main email address.

spotstudy@opioidcalculator.co.uk

Something of interest from the Journals...

The Lancet published an important study last month on PPIs to prevent upper GI bleeds in those taking aspirin. ***http://tinyurl.com/ybx6lu3o***

The NNT with a PPI to prevent a disabling or fatal bleed was only 23 for those age >75.

As such, it is definitely worth a search to confirm all patients age >75 on aspirin are also on a PPI [15mg lansoprazole is the lowest dose, cheapest PPI licensed for this indication]. H2RA's are not licensed for this indication.

We'll be aware of the need to use lansoprazole (not omeprazole) with clopidogrel ***http://tinyurl.com/yaoba97o***

Again all those age 75 (or another high risk category) should be on lansoprazole + clopidogrel (***http://tinyurl.com/ybbfb2tg***).

Searches to check how many age >75 don't have PPI cover can be done on STU.

Your ideas

Please consider emailing your ideas to me for the next edition. We don't need to advertise where it's come from, but it's good to learn from experience elsewhere!

Our colleagues in the Respiratory Department have been metaphorically backed into a corner regarding treatment for patients with interstitial lung disease—in particular those on N-Acetyl Cisteine. While this is an old drug and was very cheap, a single company has now licensed this medication as a mucolytic. As such we'd be obliged to purchase this version as the licensed drug under GMC and MHRA guidelines. There are almost 100 patients in Tayside affected.

However, the licensed version will be £12,000 per year. After critically appraising the evidence in light of this change, it has been decided the evidence does not support the continued use.

All patients will receive a letter to let them know. It is available at health foods shops if patients wish to continue costing about £8 for 30 tablets..!

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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/

Syringe Driver Compatibility http://www.palliativedrugs.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