PRIMARY CARE PRESCRIBER

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

June 2018

Primary Care Services &

Medicines Advisory Group

Generics

Isn't it cheaper and better to prescribe generically??

In general yes, but life is not that simple!

All emollients are prescribed by brand. By changing the way we prescribe significant savings can be made. Moreover there are other examples such as Epaderm® ***ointment***, which is identical to newly released Epimax® ***ointment***—switching saves £20,000.

However, there are lots of examples where we need to prescribe by brand e.g. inhalers, some *anti-epileptics*, nifedipine, theophylline and non-medicines e.g. Ensure® and catheters.

The cost is determined either by tariff price (which reimburses community pharmacy costs) or by manufacturers themselves (which includes a guaranteed profit).

We do not always prescribe generically as in some cases it's also not as safe (e.g. Oxycodone).

Be assured we don't always chase the cheapest option. It is cheaper to even prescribe Amoxil® rather than amoxicillin (but this is not a suggestion!).

Target Drug

For a period of almost 2 months we switched from Pregabalin to Alzain®. Prior to this the price was £56 a box in Scotland, versus £2.29 for the generic in England and this was the case for over 6 months.

As the highest prescribers in Scotland we were paying highly for this.

To move to a brand would save £25K per week. With reluctance after 6 months of trying to get tariff price to reduce we switched to Alzain®.

Alternative

Two months after, we switched to Alzain® after the tariff price was reconsidered. Generic Pregabalin now undercuts the brands (though not quite as cheap as England at £8.05/box).

Drug Safety Updates

The MHRA have *highlighted* the importance of correct training in tiotropium inhaler technique after receiving 2 Yellow Cards relating to patients placing the capsule in the mouthpiece instead of inside the inhaler and the patient almost choking.

BNF Updates

The BNF has updated the Valproate entry in line with the *MHRA guidance*. Neurology are about to start to search for patients on valproate for epilepsy/ headache not under their care. That said, GPs should still refer any female patients not under a specialist's care in line with MHRA guidance. (not forgetting psychiatry patients as well).

Formulary Updates

Perindopril is no longer first choice antihypertensive in cerebrovascular disease. Blood pressure in these patients should be managed in line with standard hypertension guidelines.

Controlled Drugs

When no longer required, controlled drugs should normally be handed to a pharmacy. When given to a practice, they should be destroyed and Practice CD SOP covers this process.

They cannot be regarded as stock or used for other patients.

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...!

Tolterodine 2mg 56 tabs £3.40 versus 28x4mg MR £12.89
Cetirizine 30 tablets £1.01 versus £0.69 via UK Online chemist
Ibuprofen 400mg £0.30 for 8 tablets versus 16x200mg for £0.35 at Tesco®
Paracetamol tablets £0.70 for 32 versus £0.60 at Tesco® (other retailers are available!)

Overtreatment of functional gastric disorders in children

The year-on-year increase in prescribed baby milk is a difficult to untangle. Either we were not treating a disease which we should have been, or now we are treating those who would come to no harm without treatment.

Similarly, in this ***article***, the authors have reviewed the international arena of functional gastric disorder guidelines. This include regurgitation, colic and constipation. They have concluded most functional gastric problems in infants can be managed without any drug treatment.

In England, ***an estimated*** £49.1M is spent on prescriptions for these disorders and an additional £23.2M on over the counter treatments—all with very little/no evidence.

Infantile colic and regurgitation are common and problematic in the first 3 months of life and most resolve spontaneously. Treatments have side effects and are mostly ineffective when compared to placebo.

Parental education, reassurance and simple advice is as good and safer. Overfeeding is a common problem often overlooked in lieu of giving Gaviscon® for example.

The distress of a crying infant is significant and it is understandable we have turned to Infacol®, Gaviscon®, glycerol suppositories and colic/reflux formula milks.

We have to reflect on what happened in the past before these options existed. Reassurance to increase confidence is important but will be difficult to deliver in an era when 'cows milk allergy' seems to be the diagnosis of choice for a crying baby.

Chronic pain in Children and Young People

At SIGN Council 2 weeks ago, Dr Lesley Colvin (Chair of Pain Medicine at University of Dundee) presented the new Scottish guidelines on the ***Management of chronic pain in children and young people***.

When writing SIGN 136 (Chronic Pain) (which Dr Colvin Chaired) there was insufficient evidence in this area to really meet the criteria for a SIGN Guideline on pain in children, but there was felt to be a need for at least a consensus guideline to be created.

The summary recommendations (page 12—15) provide a 3 level approach to pain from community setting to tertiary centre care.

For level 1, this included using online ***psychoeducation tools***, exercise advice and simple analgesia (paracetamol, oral/topical NSAID and included lidocaine plasters!).

Worth a glance through to be aware of the options available.

Something of interest from the Journals...

I have previously highlighted the Canadian ***de-prescribing protein pump inhibitors*** paper, which is an excellent audit tool to facilitate reviewing of long-term PPIs with view to continuing where justified and supporting discontinuation where reasonable.

Beyond this, Canadian Family Physician have since released 3 further guidelines on the same theme with similarly helpful algorithms to support de-prescribing audits.

These include: ***de-prescribing of benzodiazepine***, ***anti-psychotics for behavioural and psychological symptoms of dementia and insomnia*** and lastly on ***antihyperglycaemic agents in the elderly.***

In an environment where at times we struggle to keep up with everyday demand, it is understandable to be hesitant to try these.

That said, the variation of prescribing in the Quality Indicator reports would suggest it is possible to safely reduce prescribing levels.

Your ideas

Mucolytic therapy may help reduce exacerbations and modestly improve health status in those with COPD who are not also on an inhaled steroid. It still appears in the international ***GOLD guideline*** for COPD as a treatment option.

NHS Tayside is a high prescriber of mucolytic medicines (mainly carbocysteine). However, I am unsure how rigorously we follow the advice to only use in those not on an inhaled steroid.

That said, rather than carbocysteine (2 capsules TDS/1 cap QDS etc), the newer formulary/MCN choice has been changed to acetylcysteine—prescribed as the brand Nacsys®. As a once daily effervescent tablet, Nacsys® allows a reduction in pill burden and is more cost-effective.

Prior to switching we should ensure the patient is finding the treatment effective—as with many treatments we only know if it is helping if stopped. A trial stop is recommended and if restarting moving to the new formulary choice of Nacsys®.

This switch can be done at any time, though during an annual COPD review would seem convenient.

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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/

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

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

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