

# PRIMARY CARE PRESCRIBER

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

## The new BNF Online

### A step forwards...

The new version of the BNF (written and online) has been polarising.

The new printed version of the BNF has become unusable for some.

Likewise the online version drowned some clinicians in many search results for a single search term.

The Royal Pharmaceutical Society has listened to feedback and launched a [new website](#).

At the moment you are needing to register and login each time. We wait to see if we can automatically login on NHS computers recognising the IP address as currently happens.

That said, the new website brings browsing by therapeutic area using a table of contents, a new Quicksearch feature to find the required dosing more readily and a clearer layout.

There is a suggestion the old website may imminently discontinue.

NHS Tayside Medicines Information Centre will update us all soon if there are any considerations for clinicians regarding access.



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Primary Care Services &  
Medicines Advisory Group



### Target Drug

Accrete® tablets are a source of not infrequent negative feedback from patients who can usually readily identify their Accrete®. "The large, chalky tablet..."



### Alternative

Accrete® One a day is now available at the same price per day as standard Accrete®. It still delivers enough Vitamin D/calcium. It is a chewable tablet and tastes very good. There are cheaper alternatives, but the list price is not always indicative of the price paid by the NHS.

Importantly this version cannot be put into daily dispense boxes.

### Drug Safety Updates

MHRA has [warned prescribers](#) on the dangers of 'natural' Chinese herbal creams. Yiganerjing cream was found to contain steroid (clobetasol propionate as is contained in Dermovate®) and two other anti-fungals.

MHRA also [highlights](#) the flammability of some topical head lice treatment. Caregivers/patients should be warned of this risk and avoid smoking/naked flames.

### BNF Updates

No updates of note.

### Formulary Updates

STI Treatment Guidelines have been updated to a single page summary [similar to other antibiotic policies]. This is available directly via this [link](#) or on Tayside Prescribing Guide/Guide to Antibiotic Use/ GU/UTI /Sexually Transmitted Infections.

Kyleena® is accepted as **GREEN** for Intrauterine Contraception (5 years, slimmer than Mirena but not licensed for HRT or heavy menstrual bleeding)

Carbamazepine is accepted as **GREEN on** Formulary, first line treatment for trigeminal neuralgia.

### 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...!*

Trimovate® is available but now costs £64.95 (inc all charges as a special) versus £3.37 for Timodine®  
Circadin® 2mg SR x30 tablets £30.78 versus generic (unlicensed) Melatonin MR 3mg x60 tablets £24.26  
Citalopram 20mg 28 tabs £1.68 versus Fluoxetine 20mg 30 caps £0.98 versus Sertraline 50mg 28 tabs £1.46

## Scottish Government Plans

The Scottish Government has **published** three important reviews on prescribing strategy in Scotland.

Each is branded as a 'Guideline for Improvement'. The topics chosen were: Chronic Pain, Respiratory and Diabetes.

The Guidelines are there to: "to allow Boards, Clusters and individual practitioners to reflect on prioritised areas, including addressing unwarranted variation."

The data itself is interesting to browse, but does feel a little bit like the Prescribing Quality Indicators, which have been distributed around Primary Care for many years and do not always change practice.

Money on drugs for chronic pain and diabetes with glossy strategies to review prescribing is difficult to put in context, when the non-drug alternatives are not as readily available. (see last month's PCP on weight loss support for T2DM).

The respiratory document attempts to tease out quality indicators in line with the SIGN/BTS Guidelines.

How much attention these documents will get and how much they will change prescribing in their respective areas remains to be seen. Prescribing is only one part of the management in these conditions. That said, there was local involvement in the development and we hope for more easy access options forthcoming beyond those available on a GP10.

## Tayside Formulary

Tayside Area Formulary has a few exceptions prescribers should be mindful of.

It is not written to support palliative care prescribing. Although a drug might be a **RED** on local Formulary, in the palliative context the use in primary care may be routine. For example, oxycodone is **RED** on for-

mulary, but is a suitable 2nd line opiate for primary care in the palliative context.

In palliative care, we should all be referring to the **Scottish Palliative Care Guidelines** in the first instance.

Moreover, it does not cover Paediatric Prescribing.

As Scottish Government continues to progress with the SNF

(with an update available [here](#)), the role of a local Formulary in the coming 5 years will for the moment still be important—the SNF will not be as dynamic as the local formulary, nor have the breadth needed for all new medicines.



## Something of interest from the Journals...

The Royal Society of Medicine has **published** a concerning paper on the use of private online virtual consultation websites..

Most companies offer the opportunity to subscribe to the website on a monthly basis.

Prescriptions are dis-

pensed on a private basis.

Search 'get antibiotics' and the first hit is an advert for a website "Regulated by the CQC" with "Need antibiotics? See a GP Now—Same-day Prescriptions".

It is unclear how they

check a temperature, auscultate or examine an ear, though advertise 'Get a prescription' rather than 'get an assessment'.

The implications for antibiotic stewardship are clearly a concern...



## Your ideas

A colleague highlighted an interesting case regarding an important reminder in the use of transdermal (patch) opiates.

A patient was admitted with an infection and during admission was noted to be opiate toxic. The patient denied any other opiate use—though “she was made to feel like a junkie”.

Heat/fever and vasodilators have long been associated with increase absorption of any transdermal medication.

Although we have known about this for many years, use of transdermal opiates is on the increase, and as such we should be mindful. Possibly a reduced dose is reasonable during illness...? Difficult... the art of medicine!

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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](http://www.agingbraincare.org/uploads/products/ACB_scale_-_legal_size.pdf)

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/>

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 SDS)

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](mailto:TAY-UHB.medinfo@nhs.net) or 01382 632351 will always help with prescribing issues covered on the websites above