

PRIMARY CARE PRESCRIBER

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



May 2017

Primary Care Services &
Medicines Advisory Group

A new idea

Scottish Formulary

The Scottish Government hopes to implement a Scottish Formulary by 2019.

On 16th May I attended a Stakeholder's event for this on behalf of the RCGP.

Plans are still at an early stage and as yet, we haven't established what precisely a Scottish Formulary will be or the governance around it.

There are issues with a smaller number of people deciding on a formulary for all; equally there are opportunities to facilitate better evidence based prescribing.

Issues of the interaction/response by pharma are also a concern as there is value in having different teams across Scotland assessing suitability and finding different approaches.

Equally, the value that comes from local 'buy in' from clinicians to know a formulary decision has been discussed locally rather than dictated from above shouldn't be underestimated.

That said, one way or another, it is clear this will be happening. I will keep you posted!



Target Drug

Nefopam has rocketed in price. At the moment it remains **GREEN** in the formulary. £573 for a year on lowest dose—up to £1744 at highest dose



Alternative

Of course there isn't a perfect alternative!

Using co-codamol 30/500 is £88/year.

The variation in prescribing is massive with some practices using it lots, and some not at all.

It may be worth reviewing to check if it is still effective. If not consider stopping.

Trimethoprim

There's a national shortage of trimethoprim suspension.

For children, a working suggestion is co-amoxiclav susp for acute UTI, or if penicillin allergic/prophylaxis use cefalexin susp. Nitrofurantoin is very expensive.

Drug Safety Updates

The MHRA have again warned against using Valproate in woman of child bearing years. 30-40% risk of neurodevelopmental disorder & 10% risk of birth defects. Again, might be worth a review. <https://tinyurl.com/mkm3p6t>

There's also local guidance here: <https://tinyurl.com/mmxqggf>

A local risk alert highlights the dangers of long-term nitrofurantoin on lung, liver & kidney function. Patients on a prolonged course should be warned of symptoms of pulmonary fibrosis and we should assess 'regularly' if using beyond 6m with LFTs, (U&Es) and CXR—some areas recommend spirometry. NICE recommend antibiotics for UTI prophylaxis for up to 6m. <https://tinyurl.com/lwkxsqa>

BNF Updates

No news from the BNF this month.

Formulary Updates

There is now a 500mcg adrenaline autoinjector on Formulary available for adolescents/adults >60kg—Emerade®.

The device is easy to use and cost is comparable—training video is a short and available online. <https://tinyurl.com/lbyfezf>

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...!

Prednisolone soluble 5mg 28 tabs £49.23 versus 5mg tabs £0.98

Omeprazole 10mg dispersible 28 tabs £8.40 versus Lansoprazole 15mg dispersible £2.62

Nitrofurantoin 12 x 50mg tabs £5.60 versus 6 x 100mg MR tabs £4.07 (and easier to take)

Price Drop: Mirtazapine now £3 for 15mg & 45mg and £1.40 for 30mg 28 tabs

Emergency Contraception

The FSRH have recently updated their guideline on Emergency Contraception. <http://tinyurl.com/mbnr47y>

Ulipristal (ellaOne®) will prevent more unintended pregnancies than levonorgestrel but is less effective if progesterone is taken in the 7 days before or 5 days after.

The patient cannot breast feed for 1 week after taking ulipristal.

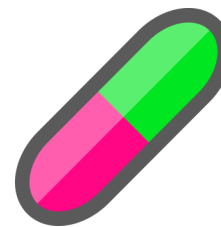
Levonorgestrel of course is limited with a smaller window of effectiveness.

The FSRH have produced quite a complex set of algorithms to follow in their new guideline—even if you have a special interest you need to concentrate!

There remains the copper coil, which although isn't as accepted, remains the most effective emergency contraception and can be

fitted up to 120 hours post UPSI and beyond this up to 5 days after day of expected ovulation (2 weeks before next period due). You would need someone available to fit the coil and have one in stock.

Given the consequences of getting this wrong, it is worth just taking a moment to read through and saving the link for that Friday afternoon appointment!



ScriptSwitch

Many find this utility a real bug-bear adding to the clicks we have to do when creating a prescription. Then it deletes all the instructions we've typed...!

However, it is a very powerful tool to communicate changes in costs which we would struggle to communicate any other way. E.g. Lidocaine patch

is now 15% cheaper to prescribe as the brand Ralvo® (available from 22nd May). Even larger savings by prescribing Longtec® rather than generic oxycondone MR or OxyContin® (Shortec® is the IR version— also cheaper).

Price variation is continual, and highlighting

changes is important in a resource finite system.

If you do spot a suggestion which isn't justified please let me know and we can assess—or any you'd like added.

Some people trigger it off more than others by their prescribing habits. No one is wrong— it's just different.



Something of interest from the Journals...

The Lancet this month (<http://tinyurl.com/kabg8yt>) has an in-depth review read on severe cutaneous drug reactions. Athens login gets you access.

From Steven-Johnston syndrome to rarer variants, the take home message is to identify the

reaction early — remembering it can take up to 6 weeks to develop.

Consider in patients with a rash, fever, mucous membrane involvement, large blisters, facial oedema, pustulosis and visceral involvement. Stop the drug and if you

are not sure, call dermatology on call for help.

PCDS (an excellent dermatology website) do a GP-friendly summary with an initial overview then links on the top right to the mild/moderate and severe reactions. (<http://tinyurl.com/low5br7>)



Your ideas

Dundee practices (and further afield) have been moving patients on opiate replacement therapy (ORT) to daily dispensing for all their psychotropic drugs.

Where we'd ideally like to be reducing drug deaths, Cochrane at the moment can't find evidence for this and only this month produced a review on the subject. <https://tinyurl.com/kow2e4v>

It might prevent diversion of the drugs so reducing deaths out with the ORT cohorts—but we simply don't have evidence for this at the moment.

Drug deaths with multiple prescription drugs is clearly emotive, so it'll be interesting to see what impact this has.

There is a time cost to the pharmacist in doing this —but if it does reduce drug deaths it would be worth considering.

Locality Pharmacist

MAG are looking for a new locality pharmacist rep. If interested please contact your line manager for further details.

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

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.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