

PRIMARY CARE PRESCRIBER

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



May 2018

Primary Care Services &
Medicines Advisory Group

Liothyronine

The end of the road (for just now)??

Liothyronine was removed from [Tayside Formulary](#) late last year. Despite this it continues to cost £755K for around 150 patients. Tayside is the highest prescriber in Scotland.

Liothyronine lacks meta-analysis or RCT evidence to support prescribing—it would mean there is an as yet undiscovered disease by which some people do not convert T4 to T3 in their peripheral tissues; we haven't as yet found this. *So what to do?*

If TSH is not coming back to normal it is likely an absorption issue: calcium carbonate, multivitamins, PPI, H2RA, coeliac, gastritis, pernicious anaemia, IBD, milk, coffee and soya can reduce absorption.

For those remaining symptomatic despite normal TSH, consider the other conditions listed at the bottom of [this page](#) which can give similar symptoms.

For the moment, the evidence would not suggest T3 should be a treatment option. With this secondary care will not consider starting T3 in any new patients.



Valproate

Target Drug

For the second time in a year, Valproate is appearing as the drug to avoid.

MHRA have strengthened their [recommendations](#) for use in females of child bearing age due to the 40% risk of developmental disorders and 10% risk of birth defects.



Alternative

GPs must: recall all females of child bearing age needing to be on valproate and refer to secondary care for them to be reviewed. If staying on valproate they must be on a Pregnancy Prevention Programme (annual review and on an effective contraception).

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...!

Colecalciferol 800IU 30 tabs £3.60 on Tariff versus Vitamin D 1000IU 365 capsules £9.95 on [Amazon](#)
Fluoxetine 10mg 30 capsules £58.11 versus Fluoxetine 20mg 30 capsules £0.98
Tadalafil 10mg 4 tabs £2.13, 20mg 4 tabs £3.17, 5mg 28 tabs £8.55 versus 2.5mg 28 tabs £54.99
Peppermint Oil GR 84 caps £7.07 versus Colpermin IBS relief® 84 caps £12.04

Drug Safety Updates

No MHRA updates of note beyond valproate warning.

BNF Updates

The old BNF website turns off in June. The [new BNF website](#) is now available. Login will be automatic on a NHS computer. From elsewhere it's easiest to access via an OpenAthens login using the Login button at the top right.

Formulary Updates

In Tayside we are now be using Xaggitin® XL instead of Concerta XL® MR methylphenidate. They are bio-equivalent this will be a technical switch.

Timodine® guidance has been strengthened to discourage long-term use given lack of evidence.

Guideline Updates

SIGN have published their new [Migraine guideline](#). It also has a really helpful [treatment pathway](#). There are minor differences in [formulary](#) from SIGN—we were aware of these when we wrote the formulary entries.

SNF Ploughs Forward

We continue to have an active dialogue on several fronts with the Scottish Government regarding the Single National Formulary. On their website, the Effective Prescribing & Therapeutics Branch are now releasing [Monthly Updates](#).

Chapter development is underway with Gastrointestinal, Endocrine & Diabetes, Respiratory and Infections chapters due for release early next year. Formulary development groups for the next main chapters is yet to be created

Representatives from the SNF team attended MAG this month to discuss progress and answer questions.

The SNF, whilst affording opportunities for reducing variation across Scotland, still trips up at a couple of stumbling blocks, which we are working with SNF to iron these out.

As this publication highlights, we amend Formulary on a monthly basis with issues such as new drug safety alerts, changing evidence, varying price and availability of drugs all impacting on the drugs of choice. As yet there is no clear mechanism for SNF to review their initially chosen products. Each chapter is taking up to a year to initially create along with Industry and other interested parties.

Locally, we can take advantage lower cost alternatives, but this hasn't always been an option nationally. National Procurement were previously asked to select a single DOAC for Scotland, but this wasn't possible.

Engagement is key to delivery. Buy in from local clinicians is critical. With this in mind, ongoing active participation from us in this process will help deliver this project.

Holiday hormones

Norethisterone has become a 'turn to' medication for the postponement of the menstrual period.

Norethisterone is licensed at 5mg TDS for this indication.

However, even though it is a progesterone (derived from testosterone), it is partly metabolised into

ethinyloestradiol 20-30mcg (effectively like taking the combined pill).

Therefore you could effectively consider it as you would the CHC with the same contraindications.

Whilst the patient may only be taking it for a short time, it might be worth avoiding the combination of oestrogen,

dehydration during a holiday, smoking and a flight.

One [alternative](#) option (unlicensed but 1st line on formulary) is 10mg medroxyprogesterone acetate TDS. It is as effective and is not converted to oestrogen.



Something of interest from the Journals...

Colleagues from Southampton University published a headline-grabbing study in the [BMJ](#) concluding that bath additives were of "no clinical benefit" in eczema

3 bath additives were used: Oilatum®, Aveeno® and Balneum®.

483 children were re-

cruited from UK General Practice with a mean age of 5 years old.

After 16 weeks there was no difference in eczema severity versus a control.

Both groups were given standard eczema [advice](#) soaps - the control arm used standard emollients in the bath instead. Using a

standard emollient in the bath is challenging, and there are cost effective soap substitutes, which are highlighted by ScriptSwitch. Either way don't use soap instead!

Dermol® should not be used apart from in recurrent infected eczema—it's not easy to use and risks sensitisation.



Your ideas

Self-monitoring of blood pressure is recommended by **NICE** both diagnostically by Home Blood Pressure Monitoring and in monitoring those with 'white coat' hypertension.

As we have mentioned before in PCP, hypertension is usually a risk factor—not a disease per se. As such, it's less 'treatment' and more about 'attempted risk reduction'.

There are pilots utilising IT solutions to support remote monitoring of blood pressure, both locally and nationally with conflicting evidence to support.

Blood pressures taken in a practice do not reflect the methods used to establish BP targets (5 minutes+ of quiet rest minimum prior to the first of at least 2 BPs being taken).

This new **study** shows clear support for doing all BP measurements for routine monitoring at home. It makes no difference if this is done via SMS or on a sheet of paper which could be posted back or brought in at annual review.

I wonder whether we should always be monitoring out of the practice but discussing risk in person given the treatments are by no means guaranteed to deliver benefit and they carry about 10% risk of harm?

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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.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