

PRIMARY CARE PRESCRIBER

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



October 2017

Primary Care Services &
Medicines Advisory Group

Discussing risk

NICE turns the corner

Every NICE and SIGN guideline has a preamble—to paraphrase: this is a guideline—you must come to a shared decision with each individual person, for each intervention we suggest.

Alendronic acid has hit the headlines in the past year.

Fife GP and University of Dundee's Prof Bruce Guthrie lead the NICE [Multimorbidity Guideline](#), which found no evidence to continue alendronic acid beyond 3 years.

NICE have released a [decision aid](#) for their osteoporosis guideline reflecting this new guidance.

Of note, [this study](#) shows patients require a 50% absolute reduction in risk of fracture before considering a drug to mitigate this risk.

So what would the patient say to this: for a 10% fracture risk over 10 years for 1000 people taking this drug, 900 won't have a vertebral fracture. 45 have a fracture whether they take the drug or not, and 55 avoid a fracture. Do you wish this drug with 955 out of 1000 gaining no benefit? Unfortunately that's not an absolute risk reduction of 50%... it's 5.5%.

Prof Guthrie is the speaker at the forthcoming [RCGP Autumn Symposium](#).



Venlafaxine MR

Target Drug

In previous PCPs, the conflicting role of branded versus generic prescribing has been discussed. Variations in the costs of the same medications being supplied is frustrating.

Generic venlafaxine MR is now advised against by [MHRA and DM&D](#) as the generic drugs are not bio-equivalent.

Generic costs £10.40 for 28 x 75mg MR and £17.40 for 28 x 150mg MR.



Alternative

There are many brands of venlafaxine MR on the market. Currently the cheapest is Venlalic XL which is £2.60 for 30x 75mg MR and £3.90 for 150mg MR.

Curiously, this is cheaper than 75mg IR, which is £3.04 for 28 days supply.

Costs to note

Surprises, price drops, price increases and drugs coming off patent. Worth a search to see how many you might have on repeat...!

Diffiam® 0.15% mouthwash 300ml £6.50 versus generic Benzylamine 0.15% £5.65

Diffiam® 0.15% spray 30ml £4.24 versus generic Benzylamine 0.15% spray £3.74

Co-codamol 15/500 [non-formulary] 100 tabs 15/500 £4.93 versus Co-codamol 8/500 100 tabs £3.62

Lymecycline 408mg 28caps £4.45 vs Doxycycline 100mg 28caps £3.89 vs Oxytetracycline 250mg 112 caps £4.92

Drug Safety Updates

MHRA this month have released 2 warnings of note: miconazole oral gel is contraindicated in those using warfarin. <https://tinyurl.com/yahudqn2>

They also warn of the risks of high [over] dose loperamide causing cardiac adverse reactions in doses above 40mg daily. <https://tinyurl.com/y7ad26zn>

BNF Updates

BNF 74 includes updates on management of [pre-mature ejaculation](#) and the management of [cerebral palsy spasticity in children](#).

Formulary Updates

The [Contraceptives Section](#) of TAF has been updated.

TAF will no longer recommend one brand, but will highlight the cheapest of each type utilising ScriptSwitch.

Sayana-Press® is now the first line injectable progesterone given higher efficacy in real world studies and is for self-injection.

T-Safe® 380A QL is first line IUD given higher efficacy and lasts 10 years.

Emergency contraceptives should be chosen using the most appropriate drug as per [FSRH Guidelines](#)—there is no 'first choice'.

Antiepileptic Drugs

As we mentioned in August's PCP, the [migraine section](#) of the Formulary has been updated.

Prescribers may have noticed that topiramate is now being used for prophylaxis in migraine and cluster headache.

It is likely to be second line for the former in the forthcoming SIGN guideline on Migraine—there will be useful algorithms in this guideline, which will hopefully compliment our local Formulary choices.

Prescribers should be mindful that topiramate is an enzyme inducer and as such will decrease contraceptive efficacy.

A full list of enzyme inducers and enzyme inhibitors which interact with contraception can be found [here](#).

Enzyme inducers are safe to use with the Depo-Provera® & Sayana-Press® injection, Mirena® IUS and copper coil.

There is also an effect on efficacy of emergency contraception and you should refer to the FSRH [guidelines](#) specifically for information on prescribing in this population.

There is also a useful list of drugs which should be prescribed by brand [here](#) with the different categories of AEDs listed [here](#).



Focus on variation

NHS Tayside have written to all GPs twice in the past few weeks regarding variation.

The first letter highlighting the variation of prescribing with each practice. The second was a follow up letter highlighting 5 key themes of variation.

There is no doubt with the headlines of the past week, NHS Tayside are under a significant pressure to effect

change as quickly as possible.

I am concerned that if we do not make changes, difficult decisions will have to be made to find the savings, which are being sought.

There doesn't appear to be spare capacity in any cohort of staff to implement the changes needed in the time-scale being expected.

The 5 key areas highlighted—melatonin, inhalers, mesalazine, liothyronine and edoxaban—are all rapidly having plans generated to effect the changes necessary.

Due to the fluctuations in the costs of medications purchased by the NHS, which are out of our control, this type of work is likely to continue.

Something of interest from the Journals...

This week, American Family Physician published an [article](#) on the merits of dexamethasone for sore throat. This reminded me of a [BMJ article](#) of 2009 which discussed similar.

[BMJ Best Practice Guideline for Tonsillitis](#) recommends steroids for those on the brink of losing

swallow. I do use this in OOH at times [with prednisolone rather than dexamethasone] —I would suggest the evidence on inpatients is a different population.

The evidence quality isn't fantastic. Moreover, the studies do not make it easy to compare complication rates.

For the possibility that this may help preserve swallow to allow a patient to stay at home, this strategy doesn't seem unreasonable until better evidence emerges.

For this indication—despite the price—the use of soluble prednisolone seems reasonable!



Your ideas

The GMC specifically mentions in their [Guidance](#) the responsibilities of doctors with regards to blood monitoring when prescribing.

With the removal of QOF, we are critically looking at our chronic disease reviews and on closer examination, at times, we have drifted away from monitoring for adverse effects of medications, to non-evidenced based screening—this risks harm when not supported by the UKNSC or mandated on advice from the MHRA for example.

There is no single, authoritative source to assist. This website from 2014 is worth a look [here](#)—a new version is due later this month—I will put a link in next PCP if it is released.

One clear gem is from [NICE](#) (#6): people started statins should have LFTs checked at 3 months after starting and after 1 year. If normal, no testing thereafter. Cholesterol should never be rechecked after reaching a target 40% reduction in non-HDL cholesterol.

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

Primary Care Services
Kings Cross Hospital
Cleington Road
Dundee
DD3 8EA

E-mail: pcprescriber.tayside@nhs.net

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.]

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

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

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