PRIMARY CARE PRESCRIBER

The monthly commentary on therapeutics for GPs, pharmacists, trainees, AHPs & community nurses.

October 2019

Prescribing updates written for Primary Care in NHS Tayside

The price is right..?

How to know the price of medicines

Whilst the prices of medicines on Vision or EMIS are convenient to check, most of the time it won't be the same as what we will pay. Their prices are taken from ***DM&D***. For branded medicines this price is likely to be the same as what we will be charged, but as this is the minority of medicines, for the majority generic medicines the price will be taken from ***English Drug Tariff***.

If we want to know the price of a medicine, the first port of call should be the ***Scottish Drug Tariff***. [Prices on SDT are listed in 'pence']. If the medicine isn't listed there, you can then check the ***BNF***, ***MIMS***, ***DM&D*** or the price on Vision/EMIS, which *should* all be the same. ScriptSwitch also uses SDT and if needed DM&D.

Ultimately the price paid is determined by the eVADIS team at NSS who will charge based on the price in ***Scottish Drug Tariff*** or if it's not listed there it'll be the price given to them by the manufacturer (which should be the same as the other sources above).

We cannot search eVADIS prices directly, but can see what they've charged on ***PRISMS*** prescribing reports. We have spotted errors in charging in the past and had these corrected.

Target Drug

Bath additives are making a return to the product to avoid this month. This is in acknowledgement of the 'Research Paper of the Year Award' to Dr Miriam Santer at RCGP Conference last month. She ***presented*** her work on the ***BATHE Study***, which found no evidence to support poured-in bath additives as a treatment for childhood eczema. The most commonly used were Oilatum®, Aveeno® and Balneum®.

Alternative

The comparator group used soap substitutes or their usual emollient to wash with on a luffah/sponge (such as we have on ***Tayside Formulary***). We eagerly await their follow on ***BEE Study*** (Best Emollient in Eczema) results by the end of 2020. This should definitively advise on the best form of emollient (which we assume just now to be ointment).

Drug Safety Update

Picato® was removed from Formulary last month in anticipation of this ***MHRA warning*** regards the possible increased risks of skin cancer associated with Picato® use. We are to advise patients who have been treated with Picato® to be "vigilant for new skin lesions".

MHRA have ***advised creatinine clearance*** should **always** be used to check dose for renal function when prescribing DOACs. Use of eGFR for dosing of DOACs is known to increase risk of bleeding events as a consequence of overestimating renal function.

MHRA also advise we should use creatinine clearance instead of eGFR when using nephrotoxic drugs, in elderly patients, those with BMI <18 or >40 and those with which are renally excreted with a narrow therapeutic index (such as digoxin or sotalol).

Formulary Update

No formulary updates of note this month.

Respiratory queries

A 60 year old lady with bronchiectasis handed in a sputum sample earlier this week without seeing a clinician and today you receive a message to say she wishes antibiotics for increased productive cough. You can see her sputum sample is negative and she is on nebulised Colomycin®. *See page 3 for discussion.*

Costs to note

Prednisolone 10x 25mg tablets £13.91 *[non formulary]* versus 40x5mg tablets £2.10
Prochloperazine 10x 3mg buccal tablets £5.79 versus 28x5mg tablets £1.11
Colecalciferol 20mg (800iU) 30 caps £3.60 versus £9.99 for 365 capsules 1000iU bought over the counter
****From October—March all should take vitamin D over the counter as per *Government advice*****

Prescribing Support

Scottish Government are currently modelling what a new electronic prescribing and dispensing system would look like for Scotland. It is good to be able to support such an initiative—it is ambitious, but I cant see it being available any time soon.

Fundamentally, any new system must to inherit the prescribing risks that GPs have traditionally taken on. In a future prescribing landscape—and even now—GPs are less involved in the process which decide which medicines a patient is taking.

As Scotland welcomes the first cohort of prescribing Advanced Paramedic Practitioners, to join pharmacists, physiotherapists, nurses and optometrists who can prescribe, the GP is less involved in determining what medicines a person is taking both acutely and on repeat.

Concurrently, we have patients seeing specialist AHP/nursing colleagues in hospital clinics who make recommendations and this advice is actioned by administration or pharmacotherapy staff without GP involvement.

For anyone who has used ***pDQIP*** on ***STU***, it is daunting how many possible safety triggers there are in each practice. Many are acceptable, some less so and others mandate proactive change (I promise some are worth a look).

A future system itself must apply intelligent thinking, noting recent blood results, co-morbidities, highlighting important interactions in a more useful manner.

GPs cannot take on the responsibility for the ongoing underinvestment in safer prescribing systems, in particular when they are not the clinicians initiating the prescribing.

Drug driving legislation update

Drug driving limits and new roadside tests were introduced in Scotland on 21 October 2019.

There will be a 'zero tolerance' to some drugs (cannabis, ketamine, LSD, meth, heroin, ecstacy and cocaine) and an 'acceptable limit' placed on others usually available on prescription. That said, even if the level is below the limit for a prescribed drug, they can still be prosecuted under the existing impairment offence. The new limits are summarised ***here***.

Concurrently, the DrugWipe® system which is now being used, can detect both cannabis and cocaine in 5 minutes at the roadside in a device which looks much like a pregnancy test. The outcome is slightly different in this case, as if impairment is positively proven, there is a minimum 12-month driving ban, up to six months in prison and a fine of up to £5,000.

Something of interest from the Journals...

In a summary of the other winning research papers from RCGP Conference, the ***TASMINH4 study***, was highly commended. They showed conclusively that home BP monitoring (with or without telemonitoring) led to lower overall blood pressure than clinic led titration. Curiously the BP control for telemonitoring and self-monitoring was similar, but those using telemonitoring used significantly more medications compared to the self-monitoring group.

The next highly commended paper was the ***MIR Trial*** - where in a similar theme to the ***BATHE study*** - they were commended for showing a negative outcome: there is no clinically important benefit in adding mirtazapine to SSRI/SNRI for depression. There was no difference in secondary outcomes, nor adverse effects either.

Respiratory queries

A 60 year old lady with bronchiectasis handed in a sputum sample earlier this week without seeing a clinician and today you receive a message to say she wishes antibiotics for increased productive cough. You can see her sputum sample is negative and she is on nebulised Colomycin®.

Setting aside the issue of remote assessment of patients with respiratory symptoms, this case does highlight a critical understanding regards Colomycin® (Colistimethate sodium/Colistin sulfomethate sodium). Due to the nature of this nebulised product, sputum samples will commonly be negative. Antibiotics in these situations should be based on reported symptoms/ signs and not on the recent sputum culture result. Where sputum samples can show an emerging resistance pattern more generally, they are poor diagnostic aids, and near useless to exclude infection, in particular for those on Colomycin®.

*If you wish any further information on this, or any other area of respiratory medicine in Tayside, please **email**.*

Think you've got medical statistics sorted? Check your knowledge with this 2 minute quiz!

Written by: Dr S Jamieson, GP. Kirriemuir Medical Practice. Clinical Lead Prescribing, Angus HSCP. Medicines Advisory Group, Drug & Therapeutics Committee, Angus Representative PCP is a commentary on therapeutics and policy. It is reviewed prior to publication, but isn't written as policy itself.

Useful prescribing websites

Renal Drug Database (authoritative CKD drug dosing) Username/password via your practice pharmacist

Safe for lactation (type the medicine name in the top search box)

Anticholinergic Drug Burden (a useful calculator to add up cumulative anticholinergic burden)

UKTIS (advice on the safe prescribing drugs in pregnancy) [Hit **continue** at the warning.]

BUMPS (patient leaflets for each drug in the website above)

HIV drug Interaction Checker

Hepatitis Drug Interaction Checker

Cancer Drug Interaction Checker ***[NEW ADDITION]****

Syringe Driver Compatibility (Register for free and hit **SDSD** (4th tab at the top))

Knowledge Network has links to Enteral feeding guide (can it be crushed via PEG?!) & Drugs safe in lactation book in the **Medicines Information Resources** section. Use an Athens login.

TOXBASE Username/password given on registration. You can register the practice.

Tayside Pharmacy Publications (Previous Tayside Prescribers, PCP and ADTC Supplements)

The NNT.com The NNT for medications. It doesn't quantify the gain, but the NNT to get a benefit (which it itself might be small). The NNT also assumes an 'ideal' patient and again not bespoke to all.

Tayside Medicines Information Centre TAY-UHB.medinfo@nhs.net or 01382 632351 will always help with prescribing issues covered on the websites above