

# PRIMARY CARE PRESCRIBER

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



September 2017

Primary Care Services &  
Medicines Advisory Group

## When the going gets tough...

### CCG review

The strain on prescribing budgets is not just a local issue.

In England, CCGs continue to consider a wide range of options to tackle the issue.

The NHS Clinical Commissioners Group—a group representing all CCGs—is currently in consultation regarding a list of medications they feel lack evidence and should not be prescribed in primary care.

<http://tinyurl.com/y94qhavu>

In the list published, some of the therapies have been the subject well established debates—e.g. homeopathy. Others are more commonly prescribed and are likely going to be the subject of more intense review.

These kind of changes are unpalatable for some.

A colleague uses the analogy of airlines to fly with on holiday. We would all like to fly on a premium airline—with a seat upgrade! However, in the NHS we can't provide that level of service, and so instead we are flying on a budget airline.

The NHS is safe, it will fulfill the statutory requirements, but we are not a premium airline.

There are difficult choices to make. The paper echoes Realistic Medicine in certain aspects—we have a finite budget and need to make best use of the limited resources available.



### Target Drug

Amorolfine topical antifungal for nail infections is £8.27 for each 5ml bottle and has a cure rate of ~13% after 1 year of weekly use.

Unless the infection is very localised on the nail, it's unlikely to work and is non-formulary.

Fungal nail infections are generally a cosmetic issue, so the effort to apply treatment must be balanced against the factors above.



### Alternative

If needing treatment (hyphae seen or +ve culture with patient eager to treat), terbinafine 250mg once daily for 6 weeks for hand nails and 3 months for toe nails can be used.

Cost is £37 for 6 week course & £75 for a 3 month course.

LFTs checked at baseline & every 6 weeks on treatment with a 70% cure rate. Further information can be found here: <http://tinyurl.com/ychbfqge>

### 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...!*

Prochlorperazine 3mg buccal continues to soar in price **£28.83 for 28 tabs** versus £1.11 for 5mg.

Nitrofurantoin 50mg 12 caps £6.77 versus 100mg MR 6 caps £4.07

Pregabalin costs dropped by 30% for all strengths in September's Drug Tariff.

## Drug Safety Updates

MHRA have highlighted a rare complication from corticosteroids in any form—central serous chorioretinopathy. They recommend patient using steroids reporting blurred vision/disturbance should be evaluated for this rare condition. <https://tinyurl.com/y753d766>

### BNF Updates

There have been no BNF updates since the last edition.

### Formulary Updates

Across Tayside all oxycodone MR should be prescribed as the brand LongTec® and oxycodone IR prescribed as ShortTec®.

On the formulary there is a neuropathic pain algorithm. <https://tinyurl.com/lc2lr75>

Nefopam is being moved to an **AMBER** on formulary—a review algorithm is written with publication pending.

Sildenafil cannot—for the moment—be prescribed in primary care for Raynauds. Until this legislative issue is sorted, it will remain a **RED** on formulary for this indication.

The entire contraception section has been reviewed. News of this in the next PCP.

## Antibiotics for a sore throat

National guidance based on the [PRISM study](#) recommends the FeverPAIN scoring system is now used to guide antibiotic prescribing in acute sore throat for adults and children age 3 years and over. NHS Tayside [ENT Antibiotic policy](#) has now been updated to include this.

A desktop version of FeverPAIN is available [here](#) to allow easy calculation and a copy/paste review to place into clinical notes.

Unlike Centor scoring, FeverPAIN can detect multiple strains of streptococcus (A,C&G).

Using the FeverPAIN score to guide prescribing has been shown

to improve symptom control and reduce antibiotic prescribing by around one third.

### Fever pain score 0—1

13—18% chance of streptococcal infection.

No antibiotics suggested

### Fever pain score 2 –3

34—40% chance of streptococcal infection.

Delayed antibiotic strategy (prescription left at reception for collection for use if no better after 3 days)

### Fever pain score ≥4

62-65% chance of streptococcal infection.

Antibiotic likely required. (or prescription can be delayed for a maximum of 2 days).



## ScriptSwitch is being declined...

ScriptSwitch is a powerful point of prescribing computer programme to help prescribers reflect local formulary.

It can equally be a distraction at a critical point in a consultation!

We try to make it as complimentary as possible to the clinical need and welcome feedback via the PCP email.

Last month in one local IJB there was £10,000 worth of suggestions declined for drugs which were pharmacologically identical.

These included: Colpermin®, Movicol®, Lustral®, Oxycontin®/OxyNorm®, Versatis®, Lyrica®, Keppra®, Lamictal®, Flomaxtra® XL, Viagra®, Cialis® and branded eye drops. In total this represents about

**£500,000** worth of suggestions per year declined across Tayside for drugs which are exactly the same...

I think these are not being accepted by repeat and acute reordering systems in practices.

Each practice should consider how best to take account of these suggestions given potential savings.



## Something of interest from the Journals...

The Cochrane Collaboration publishes systematic reviews on many subjects each month.

These can be viewed [online](#) or on their [tablet/app version](#).

Their reviews are thorough and of high quality.

Paracetamol received a lukewarm [review](#), this

time for cancer pain where there is no high-quality evidence to support or refute the use alone or in combination with opiates.

Antiseptics for burns (topical agents applied to discourage bacterial growth) were also [re-viewed](#). The authors' concluded it was uncer-

tain whether these (expensive..) antiseptics made any difference in healing, infections, or other outcome.

Lastly I'd highlight, their review on [molluscum](#).

There remains no evidence for any topical therapy with risks involved in treating.



## Your ideas

*Please consider emailing your ideas for the next edition. We don't need to advertise where it's come from, but it's good to learn from experience elsewhere!*

Solifenacin is now **AMBER** on formulary. After a period of treatment for overactive bladder, many people can discontinue treatment as symptoms improve, in particular if they adopt lifestyle changes such as reducing/stopping caffeine intake. In total £882,260 is spent on this drug per annum in Tayside.

Colleagues in one Angus practice conducted a GP led review of all patients on solifenacin. After a telephone consultation with a GP, 59% of patients on solifenacin agreed to a trial off medication. Solifenacin prescribing was reduced by 43% at 6 months following review.

The resources needed to do this type of review are considerable... However, the savings are significant if this could be replicated across Tayside.

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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.]

HIV drug interaction checker <http://www.hiv-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 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