

PRESCRIBING WORKSTREAM

WORKING TOWARDS QUALITY COST-EFFECTIVE PRESCRIBING

In an effort to address quality cost-effective prescribing across primary and secondary care, several areas of prescribing practice have been identified as priority areas for review. The support of all prescribers, pharmacists and nurses would be appreciated to ensure the success of this work.

All patients should have the benefits highlighted, in relation to medicines' safety, at the point of prescribing and dispensing.

CLOPIDOGREL GUIDANCE

To follow the Tayside clopidogrel guidance in relation to Acute Coronary Syndrome (ACS) and Secondary Prevention.

[Tayside Prescriber DTC Suppl No 51 \(May 05\)](#)

Key points are as follows:

- In ACS maximum benefit from aspirin and clopidogrel achieved in the first three months, normally recommended for 9-12 months, thereafter reverting to long-term aspirin monotherapy.
- There is an increased risk of gastrointestinal bleeding when prescribing the combination (aspirin and clopidogrel). Review therapy after three months in patients with a low risk of further coronary events.

Guidance

- *If your patient has received clopidogrel and aspirin for more than 12 months, consider review*
- *If your patient has a low risk of further coronary events, consider review at 3 months*

REVIEW PATIENTS ON A PROTON PUMP INHIBITOR (PPI)

All new patients requiring a PPI should be prescribed a short course of treatment and reviewed regularly without receiving a repeat prescription. Patients require to be informed of the proposed treatment plan.

NICE guidance, "Dyspepsia - management of dyspepsia in adults in primary care" recommends:

- All patients requiring long-term management of symptoms for dyspepsia should be offered an annual review of their condition
- Encouraging patients to try stepping down or stopping treatment
- The return to self-treatment with antacid and/or alginate therapy may be appropriate.

Your practice pharmacist/clinical pharmacist will provide information/support.

Guidance:

If your patient has received a PPI for longer than one year, consider review and step-down.

WOUND FORMULARY

An NHS Tayside Wound Formulary is being developed to cover both primary and secondary care. The aim of this formulary is to provide practitioners with up-to-date, evidence-based guidance on wound assessment and management. The formulary provides for a broad range of wound types, descriptions, treatment aims and advice on the most appropriate product(s) to use.

The formulary should be used as an educational tool to promote cost effective prescribing in the management of wounds.

The Formulary will be produced and distributed by Autumn 2006.

If you wish to be involved in the consultation, please contact kathleen.fairbairn@nhs.net

RESIDENTIAL/ NURSING HOMES

Management of medicines within nursing and residential homes has been identified as an area requiring review through the Waste Collaborative.

A project will commence in Summer 2006 to implement this work.

TRIPTORELIN – gonadotropin-releasing hormone (GnRH)

Local urologists support the use of the most cost-effective GnRH analogue which is triptorelin (Decapeptyl® SR)

Guidance

- *Prescribe triptorelin (Decapeptyl® SR) for new patients when asked to commence a GnRH analogue by the urology clinic.*
- *Consider changing patients currently receiving goserelin (Zoladex®) or leuprorelin (Prostap®) to triptorelin (Decapeptyl® SR), followed by a review of patient acceptability of the new administration route.*

(Note: Decapeptyl® SR is given by IM injection every 3 months)

DIABETIC METERS/STRIPS

The NHS [Blood Glucose Meter Policy](#) 2006 outlines the blood glucose meters of choice for use within NHS Tayside. Indicated below are the NHS-prescribable testing strips used with the first line meters for adult type 1 and type 2 diabetic patients.

NB: the meters are not available on NHS prescription.

Adults type 1 diabetes: MediSense Optium Plus® for use with MediSense Optium /Xceed meter

Adults type 2 diabetes: Ascensia Microfill® for use with Ascensia Contour® meter

Other meters may suit particular individual patient needs. Please see the full policy for details.