CITY SCRIPTS

Brighton and Hove Clinical Commissioning Group

Prescribing Newsletter March 2014

This newsletter is produced by the Medicines Management Team at the CCG, and is sent to all local GPs, Practice Nurses and Community Pharmacists. We would welcome any feedback on the content and usefulness of the newsletter and suggestions for future topics.

Immediate Release versus Modified Release – what is the difference?

- The active ingredients in immediate release (IR) tablets and capsules are usually released within 15 to 30 minutes of swallowing.
- The term "modified release" (MR) defines preparations that have been designed so the rate of release of the active ingredient is controlled in some way, usually slowed down. MR preparations are usually identified by the initials MR, SR, XL, SA, LA in the drug name.
- MR formulations are often more expensive than IR forms, but more importantly MR forms are not bioequivalent to their IR form, so it is important that patients are not inadvertently switched between the two
- The convention is that if modified release is not specified by its associated symbols beside the name of the medication, then immediate release is intended

Examples:

  - SPfT request for quetiapine 50mg at night – since there is not a 50mg immediate release prep., then the intention is for 2x 25mg at night, not 50mg **MR** one at night
  - Endocrinology request for hydrocortisone tabs 5mg twice daily – intended to be 10mg tablets, half a tablet twice a day, not 5mg MR tablets one twice a day

www.npc.nhs.uk/merec/other_non_clinical/resources/merec_bulletin_vol11_no4.pdf
www.ema.europa.eu/docs/en_GB/document_library/Scientific_guideline/2009/09/WC500003124.pdf

CCG Website Updates on Prescribing Policy and links to useful resources

- **The Prescribing Pages on the CCG website are now accessible without a password**
- Following on from the item on treatment of UTIs in the City Scripts January 2014 newsletter, there is now guidance available for the **Diagnosis of UTIs in Primary Care**. The key messages are:
  - Do not dipstick in suspected UTIs in over 65s – treatment is based on symptoms
  - In women under 65, do not culture routinely, treatment is based on symptoms and dipstick
  - Do not treat asymptomatic bacteriuria
- A Frequently Asked Questions (FAQ) on Blister packs and 7 day scripts has been endorsed by the CCG, NHS England as commissioners of community pharmacy, LMC and LPC, as the professional organisations representing GPs and community pharmacists respectively
- **Molludab**, a medical device containing potassium hydroxide 5%, is **not** on the Joint Formulary and therefore **it should not be prescribed** locally on the NHS. Patients/ carers who want to try it are advised to consult their community pharmacist should they wish to purchase it over the counter.
- The price of **soluble prednisolone 5mg** has significantly increased to **£42.78 per 30**.Only prescribe this particular formulation where patients are unable to swallow the small tablets.
  SPfT's Swallowing Pills leaflet may be a useful resource to refer to

EMA's restrictions on use of strontium ranelate (Protelos®) include

- Only be used to treat severe osteoporosis in postmenopausal women and men at high risk of fracture, for whom treatment with other products is not possible due to contraindications or intolerance
- Must not be used in patients with established, current or past history of ischaemic heart disease (IHD), peripheral arterial disease (PAD) and/or cerebrovascular disease, or those with uncontrolled hypertension
- Decision to prescribe strontium is based on an assessment of the individual patient's risks. The patient's risk of developing cardiovascular disease should be evaluated before starting treatment and on a regular basis thereafter, generally every **6 to 12 months**;
- Strontium should be stopped if the patient develops IHD, PAD, cerebrovascular disease or if hypertension is uncontrolled

In 2013, 36 BHCCG practices prescribed 1700 items of strontium, equivalent to 120 patient years.
Action: Prescribers should review their patients currently on strontium as necessary as per advice above

NHS England funded drugs

Treatment for certain conditions is now commissioned by NHS England, details of which are noted in the Prescribed Specialised Services Manual accessible from the NHS England website. There is also a list of medicines commissioned by NHS England from secondary and tertiary care.

Below is a list of drugs which GPs may have historically prescribed, but are now commissioned by NHS England through secondary and tertiary care – this list is not exhaustive. Please note that it is condition specific.

At the moment, this applies to **new patients only**, where patients are established on these drugs and GPs have been prescribing, please continue to do so until further notice.

Cystic Fibrosis: colistimethate sodium; Dornase alfa; tobramycin, IV antibiotics
Pulmonary Arterial Hypertension: sildenafil, tadalafil, bosentan
Transplant immunosuppression only: azathioprine; ciclosporin; mycophenolic acid; mycophenolate mofetil; sirolimus (Rapamycin); tacrolimus
Dialysis-induced anaemia: darbepoetin; Epoetin (all variants)
Adult renal dialysis only: sevelamer
Hyperparathyroidism: cinacalcet

Action: Prescribers in primary care should **not prescribe** these drugs for **new patients** in the conditions specified. If there is any doubt, please contact the CCG Medicines Management Team

Recording specialist prescribed medication

The Good Practice Guidelines for GP electronic patient records v4 (2011) notes:
"*It is important that medicines not prescribed by the practice but which are of future clinical significance are recorded on the practice system*", medicines such as clozapine, anti-TNF, HIV drugs, zolendronic acid, chemotherapy, homecare etc.
Surrey and Sussex LMC confirms that it is good practice to record specialist prescribed medication on GP patient records, providing there are provisions to prevent prescriptions being issued – for example,. adding additional text to dosage instructions: "HOSPITAL ISSUE ONLY – DO NOT DISPENSE".

The main software providers now include the facility to record medication prescribed elsewhere on the patient's clinical record, which allows the system to flag up potential interactions but prevents the medicine being inadvertently issued
SystmOne TPP - In the clinical tree bar on the left hand side of the screen, highlight Medication and right click. Select "Record Other Medications", add drug as normal.

***EMIS* -** Add medication in exactly the same way as other drugs. It is recommended that to ensure that errors are not made in issuing these medications; additional text is added to the dose instructions as noted above. The distinction is made at the issue stage.

Web - In the issue screen select "change all" in the toolbar at the top, choose "hospital (no print)"
LV - drugs are issued using the method "outside".

Vision InPS - Drugs prescribed outside the practice can be recorded in the Therapy Add using the picklist under Source of Drug.
For further information: How to record 3rd party medications on GP Clinical Systems

Consultation on changes in prescribing restrictions to generic sildenafil

Loss of Viagra's UK patent protection in June 2013 resulted in cheaper generic sildenafil. In January 2014, the Department of Health launched a consultation on proposals to remove the prescribing restrictions for **generic sildenafil**, on the basis that wider availability of the cheaper generic products is affordable and can bring health benefits for patients. The consultation closes on 21st March 2014.

Community Pharmacy Audit

There is a contractual requirement for community pharmacies to conduct clinical audit.
The Surrey and Sussex 2013-14 audit is on the safe use of NSAIDs (including COX2 selective inhibitors), focusing on gastrointestinal safety. During the audit, pharmacies may occasionally identify patients on regular, long-term NSAID therapy without gastro-protection and such patients may be flagged to prescribers for review. For further information, please contact carina.livingstone@nhs.net (07909 000283) or your local pharmacy.
Action:

- Lansoprazole 15mg or omeprazole 20mg are the PPI doses recommended for GI protection
- Practices may want to let their local pharmacies or know how they would like to receive this information.