PostScRxipt – PrimaRxy Care

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THE NEW NHSGGC FORMULARY AND PREFERRED LIST: Prescribing formularies have been actively encouraged in the NHS and other healthcare systems for many years. One of the key recommendations in Audit Scotland's *"A Scottish prescription: Managing the use of medicines in hospitals"* from 2005 is that NHS Boards should develop and monitor use of joint formularies and treatment protocols that promote cost-effective prescribing.

Both Greater Glasgow and Argyll & Clyde had well established formularies; Glasgow's joint Formulary had been in existence for 13 years. 2007 will see the first edition of the *NHS Greater Glasgow and Clyde Formulary*. The Formulary team explain below why it should be seen as a useful tool, shaped by prescribers for the best interests of everyone whether manager, prescriber or patient.

WHAT'S DIFFERENT ABOUT THE NEW NHSGGC FORMULARY? Previously, the *Glasgow Formulary* consisted of a list of medicines for use within acute and primary care. A few therapeutic classes also had Drugs of Choice, which were considered to offer the maximum benefit for patients in terms of clinical effectiveness, safety, patient acceptability and cost-effectiveness.

The formation of NHSGGC offered the opportunity to review how the *Formulary* was structured. A two-tier system was chosen with medicines added to the *Formulary* falling into one of two categories:

- *Preferred List*

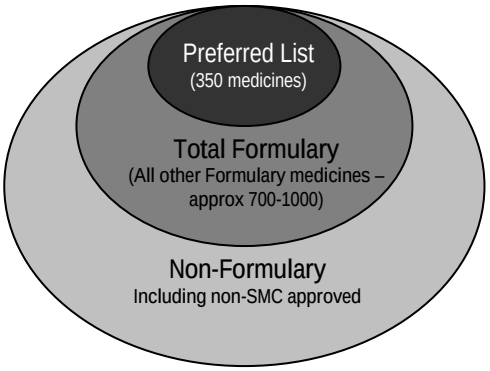
  or
- *Total Formulary*

This structure is similar to that used by Clyde in their *Formulary*. The *Preferred List* is a progression of the Drugs of Choice programme. It offers cost-effective medicines covering common conditions which are appropriate for initiation in general practice and by those prescribing outwith their specialty area.

NHS Greater Glasgow and Clyde

The *Total Formulary* contains all other *Formulary* medicines, including those more suited to specialist initiation and use. Medicines not in either the *Preferred List* or the *Total Formulary* are non-*Formulary*.

The general structure is shown below.



WHAT DOES PREFFERED LIST AND TOTAL FORMULARY MEAN? Using ACE inhibitors and angiotensin-II receptor antagonists as an example, drugs have the following status:

Ramipril	**Preferred**
Lisinopril	**Preferred**
Candesartan	**Preferred**
Losartan	**Preferred**
Captopril	Total *Formulary*
Enalapril	Total *Formulary*
Perindopril	Total *Formulary*
Irbesartan	Total *Formulary*
Valsartan	Total *Formulary*
Cilazapril	Non-*Formulary*
Fosinopril	Non-*Formulary*
Imidapril	Non-*Formulary*
Moexipril	Non-*Formulary*
Quinapril	Non-*Formulary*
Trandolapril	Non- *Formulary*
Eprosartan	Non- *Formulary*
Olmesartan	Non- *Formulary*
Telmisartan	Non- *Formulary*

THE FORMULARY - RESTRICTING PRESCRIBING FREEDOM? Prescribers are encouraged to prescribe *Formulary* medicines; and in most cases should consider medicines from the *Preferred List.* Non-*Formulary* drugs can be prescribed, but use is monitored to ensure this happens for valid reasons and in exceptional circumstances.

As part of *Formulary* management, a "non-*Formulary* medicines list" of high-cost and high prescribing volume drugs was devised. In secondary care, a non-*Formulary* form must be completed for all drugs in this list before a ward supply can be made. The forms can be obtained from the local pharmacy distribution or from the *Formulary* section of the intranet.

A non-*Formulary* policy has been developed for the managed sector of NHSGGC and a complementary policy is under development for primary care contractors. This will include details of how non-*Formulary* prescribing will be monitored and consider the implications when specialists ask other practitioners to prescribe drugs which are non-*Formulary*.

ELECTRONIC FORMULARY FOR PRIMARY CARE: Work is underway to develop an electronic *Formulary* for primary care practitioners across NHSGGC. Versions are planned for all the major software systems.

PIROXICAM: The European Medicines Agency (EMEA) has issued advice on the use of all systemic forms of piroxicam. There are concerns over the safety profile (particularly serious GI and skin reactions) compared with other NSAIDs. Current advice is:

- There is no need for urgent action.
- Patients who have previously received piroxicam for acute use should receive an alternative medicine if they need similar treatment in the future.
- Patients receiving piroxicam on a long-term basis should have their treatment reviewed at their next **routine** appointment. If appropriate, alternative treatment should be considered.
- For all NSAIDs, the lowest effective dose should be used for the shortest period necessary to control symptoms.

Piroxicam is non-*Formulary*. The *Preferred List* options are diclofenac, ibuprofen, indometacin (for gout) and naproxen.

RIMONABANT: The EMEA has also issued advice on rimonabant for obesity. One in ten people taking rimonabant may develop psychiatric side effects, most commonly low mood and depression. Approximately one patient in every hundred may experience suicidal thoughts. Current advice is:

- Rimonabant is contraindicated in patients with major depressive illness and / or treated with antidepressants.
- Rimonabant should not be used in patients with current suicidal ideation or with a history of suicidal ideation or depressive disorder unless the benefit is considered to outweigh the risk.
- Therapy with rimonabant is not recommended in patients with any uncontrolled psychiatric illness
- Treatment with rimonabant should be stopped if depression occurs.
- Patients and carers or relatives should be informed about the risk of depression and encouraged to stop treatment and seek medical advice if symptoms occur.
- Rimonabant is non-*Formulary.* It was not approved for use by the SMC.

NEW SYRINGE PUMPS FOR PALLIATIVE CARE: The phased implementation of the new ambulatory syringe pump (McKinley T34) for palliative care patients in Glasgow has started in the west of the city. The first areas using the pumps are St. Margaret of Scotland Hospice, West Glasgow CHCP, North Glasgow CHCP, Clydebank Health Centre, Bearsden, Milngavie, Bishopbriggs and selected wards in the Western and Gartnavel Hospitals. Transfer in all of Glasgow should be complete in spring 2008. Any questions please contact Elayne Harris, Area Pharmacy Specialist (Palliative Care) by radiopage (07659 136753) or phone 0141 427 8316.

A similar changeover programme is underway across all sectors of care in Clyde. This will be the only pump used for palliative care in hospitals, hospices and community, with the actual changeover to the T34 scheduled for early September 2007. Some areas, eg hospices may transfer sooner if training for all staff is complete. Training has started, guidelines have been updated and documentation revised. There has been close collaboration with colleagues within Glasgow.

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