PostScRxipt – PrimaRxy Care

NHS Greater Glasgow and Clyde

January 2008

SWITCH TO CFC-FREE BECLOMETASONE MDI: The Department of Health have confirmed that the European Commission are keen to set a final date for the use of CFCs throughout Europe. Although no date has been formally announced it looks unlikely that companies will be able to obtain CFC gas for much longer. Indications from the largest manufacturer of beclometasone CFC-containing MDIs are that supplies may stop around the third quarter of 2008.

In the first quarter of 2007/08 NHSGGC issued 33,157 prescriptions for beclometasone CFC-containing MDIs, accounting for 82% of all beclometasone prescriptions. This represents a substantial volume of patients who will need to be changed ahead of these products being phased out. With this in mind the **Medicines Resource Management Group have agreed that all patients currently on beclometasone CFC-containing MDI should have their therapy reviewed at the next available opportunity and be switched to an appropriate CFC-free product.**

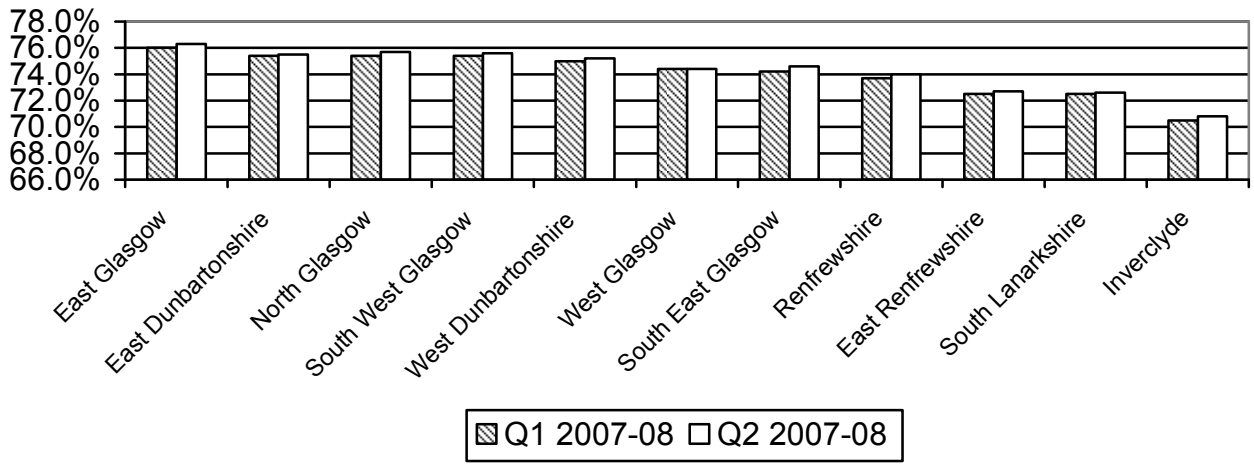
There are currently two CFC-free MDI formulations of beclometasone on the GG&C formulary: Clenil Modulite® & QVAR®. These different products are not equipotent and should be prescribed by brand name for safety reasons. Clenil Modulite® is equipotent with existing CFC containing MDIs and is the preferred product in GG&C. It is only available as a standard MDI device. QVAR® is approximately twice as potent as existing CFC containing MDIs and should be prescribed at half the dose. QVAR® is available as both a standard MDI and as the Easi-breathe® device. Care should be taken when switching existing patients to ensure they are put on an equivalent dose and receive a device which they can effectively use.

It is acknowledged that some patients will not attend for review and may need to be switched by letter. Prescribing Support Pharmacists are available to advise and support practices and can provide support materials such as search and patient letter templates.

CO-PROXAMOL: The MHRA has stated that no further stock of co-proxamol will be released into the supply chain by manufacturers after the 31st December 2007. It will remain legal to supply stock released prior to this until the expiration date. The MHRA has asked manufacturers to make a voluntary withdrawal of stock and to arrange to receive returned stock from wholesalers and pharmacies. Prescribers are reminded that co-proxamol is now an unlicensed product.

FORMULARY PREFERRED LIST COMPLIANCE: The first edition of the combined Greater Glasgow and Clyde Formulary introduced the preferred list in August 2007. This is a list of cost-effective formulary medicines covering the most common conditions and which are appropriate for initiation in general practice and by those prescribing outwith their specialty areas. It consists of approximately 350 medicines.

5.3million prescriptions were dispensed in July to September 2007, of which 74.5% were for preparations included in the preferred list. The following chart illustrates adherence to the preferred list by CHP.



GMS MED10 AUDIT SUBMISSION INFORMATION

MED 10 AUDITS: For the past two years in Glasgow, GP practices could appeal or send in prescribing reviews/audits in support of MED10. For this year (07/08) practices who have either agreed to carry out an audit as part of MED10 or are planning to submit an audit or review in support for the prescribing indicator targets, should send this information to their local CHCP Prescribing Leads for consideration. CHCP Prescribing Leads will analyse any prescribing information submitted in support of MED10 and make a decision as to whether the information submitted is of a sufficient standard to warrant achievement of MED10.

Practices should submit any agreed reviews/audits by 31st March 08. Final notification of MED10 achievement will be sent to practices in July 08. Any appeal relating to MED10 achievement should be made **no later than 29th August 08** and must include relevant audits/reviews.

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