

# PostScript - Primary Care

August 2009

**STOCK ORDERS:** We are often asked for advice on what items may be ordered from pharmacy using a stock order (GP10A). Stock orders should only be used:

- To order drugs and appliances for the immediate treatment of patients and drugs which are to be administered by the doctor himself eg adrenaline injection for anaphylaxis or benzylpenicillin for suspected meningitis
- For supply to a patient when their need cannot be met by giving a prescription in the normal way

**DON'T WASTE MEDICINES CAMPAIGN:** The issue of unused medicines within the NHS is receiving increasing scrutiny from the government and the media. The Department of Health estimates that 10% of all drugs prescribed in primary care are unused and destroyed. Wasted medicines cost the NHS in Scotland almost £100 million every year. Across primary care in NHSGGC, approximately £24 million of medication is wasted annually which could pay for an additional 4,000 hip replacements or 3,158 heart bypass operations.

A few CH(C)Ps across NHSGGC took part in a publicity campaign last year to raise awareness of the safety and cost issues associated with over ordering of medicines. The message to patients was "Only order what you need". Posters and leaflets were displayed in various locations encouraging carers and patients to only order repeat prescriptions they needed. The campaign highlighted the dangers associated with hoarding medicines and the fact that unused medicines cannot be recycled. September 2009 sees the launch of a similar but much larger campaign targeting the whole of NHSGGC. This campaign will involve television and radio advertisements, posters, medicine waste audits in community pharmacies and awareness training sessions on repeat prescribing/medication wastage for practice staff.

**PRACTICES** should ensure repeat prescribing systems are carefully managed with synchronisation of repeat intervals, alerts when medicines are ordered too frequently, drugs no longer required are removed from active repeat list etc. Audit and review work is being undertaken in practices to support this.

**PHARMACIES** should check that the patient requires the drugs before ordering on their behalf and when dispensing, be alert to over-ordering and link with the practice and patient to ascertain reasons. The 'Not Dispensed' initiative is ongoing.

**HOSPITALS** are continuing the roll out of 'Making the Most of Your Medicines' with the use of patients' own medication while in hospital. Discharge prescriptions should clearly state any intentional changes to a patient's medication and include reasons for these changes.

Stock orders should not be used in place of a GP10 to supply medication to named patients. Unlike prescriptions, stock orders are subject to the addition of VAT which increases the cost of such supplies to the NHS.



**NEW TEAM MEMBERS:** We are fortunate to have two new team members join the central prescribing team during July: Sean MacBride-Stewart, Lead for Prescribing Resources and Andrew Morgan, Prescribing Support Technician.

Sean joins us from NHS Lothian where he was a Primary Care Pharmacist for 10 years. He has also spent time at NHS Services Scotland within the PRISMS project and the Medicines Utilisation Unit.

Andrew has a background in hospital pharmacy and has special interests in IT. Andrew's role will involve developing tools to support prescribing management.

## NEW PREPARATIONS OF FENTANYL CITRATE – CARE REQUIRED!

We are aware of medication incidents arising since the recent launch of two new preparations of fentanyl citrate. Prescribers and pharmacists should be aware of:

- the differences between the preparations
- the potential risks arising from confusion between the products which are not bioequivalent
- and hence the need to prescribe by BRAND name.

Actiq® Lozenges - Fentanyl citrate **lozenge** with oral applicator has been on the market and in use for many years. [GPASS generic description - fentanyl citrate with integral oromucosal applicator LOZ]

Recently launched products:

- Abstral® Tablets - Fentanyl citrate **sublingual** tablets. [GPASS generic description - fentanyl citrate sublingual fast dissolving tabs]
- Effentora® - Fentanyl citrate **buccal** tablets. [GPASS generic description - fentanyl citrate buccal tabs]

Both **Abstral®** and **Effentora®** are currently non-Formulary and should be prescribed **only** on the recommendation of a specialist in palliative care medicine who are collecting data across GGC to assess their potential place in therapy.

These preparations are not equipotent and not interchangeable.

They are also used in a different dosing schedule to conventional immediate release opioids (eg Sevredol) used for breakthrough pain – Abstral® and Effentora® both require a **minimum** period of four hours between doses.

### Prescribing on GPASS:

When a brand name is entered in GPASS, the system defaults to the equivalent generic name (fentanyl citrate). Selecting fentanyl citrate produces a drop down menu of preparations listed in **alphabetical order of formulation type** therefore if you want to select the **generic name** for Actiq you have to scroll down the list to find the correct preparation. Although the formulations are quite clearly marked on the drop down menu the potential for error is obvious when changing from brand to generic. GPASS has been made aware of the problem with the drop down menu for this drug. Clicking the proprietary tab and prescribing these preparations by brand name brings up only the correct product description on the drop down menu.

**All prescribers are therefore advised that the safest course of action is to prescribe Actiq®, Abstral® and Effentora® by brand name by selecting the proprietary tab as indicated.**

Practices using other software systems should check how these preparations are listed when prescribed generically and implement the same course of action.

### Community pharmacy

Community pharmacists should take extra care when dispensing these formulations of fentanyl, and whenever possible, check with the patient or carer, that the product prescribed is in accordance with their expectations, and that they fully understand the intended dosing schedule.

If prescribers or pharmacists are in any doubt about the intended preparation, the dose, frequency or method of administration, contact the specialist team who commenced the fentanyl citrate preparation (if known) or seek guidance from one of the specialist palliative care pharmacists: Janet Trundle, Macmillan Specialist Pharmacist in Palliative Care, tel 01505 706542, [janet.trundle@renver-pct.scot.nhs.uk](mailto:janet.trundle@renver-pct.scot.nhs.uk); Elayne Harris, Area Pharmacy Specialist Palliative Care, tel 07876478140, [elayne.harris@ggc.scot.nhs.uk](mailto:elayne.harris@ggc.scot.nhs.uk).