PostScRxipt – PrimaRxy Care

October 2009

VORICONAZOLE: There has been a significant increase in the volume of prescribing of voriconazole in primary care in Greater Glasgow and Clyde (NHSGGC) over the past 18 months. Voriconazole is a broad spectrum antifungal drug licensed for use in life-threatening infections.

The Formulary status of voriconazole is for Specialist Use Only; GPs should **not** be asked to prescribe this by hospital physicians.

DIANETTE® ADVICE: Cyproterone acetate with ethinylestradiol (co-cyprindiol or brand name Dianette®) is licensed for second-line treatment of severe acne or moderately severe hirsutism in women. The Commission on Human Medicines have suggested that co-cyprindiol is associated with a higher risk of venous thromboembolism (VTE) compared to conventional low dose combined oral contraceptives.

- Co-cyprindiol should **not** be used solely as a contraceptive
- Co-cyprindiol should only be used for its licensed indications
- Co-cyprindiol is contra-indicated in patients with a history of VTE or multiple risk factors (See BNF p446 for list)
- Discontinue 3-4 months from complete resolution of symptoms

NHS Greater Glasgow and Clyde

ANTIBIOTIC AUDIT: Practices have been sent an audit template which can be used to audit the overall prescribing of antibiotics within a practice. This may be useful in identifying prescribing issues in this area of prescribing practice including identifying differences between current practice and the recently launched infection guidelines.

Due to changes in the calculation of `weighted patients` within Prisms and the unexpected H1N1 pandemic, it was decided that practices may submit an audit report for achievement of this indicator for 09/10. A copy of the proforma was sent to all practices last month. This audit should be of overall antibiotic prescribing in the practice and should cover each of the most common indications for prescribing eg urinary and respiratory tract infections.

I-CAPS®: I-Caps® is a food supplement marketed for eye health. As it is not a licensed medicine it is non-Formulary and is subject to Pay and Report. This means that prescribers may be asked to justify NHS prescribing and could be asked to pay for it from their remuneration. I-Caps® may be purchased over the counter.

INTERACTIONS WITH MACROLIDE ANTIBIOTICS: The safer use of medicines subcommittee of the ADTC issued a risk awareness notice at the end of last month regarding serious interactions with macrolide antibiotics. This followed a local incident.

The notice advises prescribers to always check for potential interactions every time a new medicine is prescribed, particularly for medicines known to have a higher potential for drug interactions and those with a narrow therapeutic index.

Potential interactions with macrolides are numerous and can cause serious harm to patients, for example, there is a risk of life-threatening ventricular arrhythmias with drugs which prolong the Q-T interval such as pimozide and amiodarone. Toxicity can also occur with a range of other medicines including warfarin, theophylline, simvastatin, atorvastatin, ciclosporin and carbamazepine. The usual mechanism is inhibition of cytochrome P450 enzymes, which results in increased plasma concentrations of concurrent medicines metabolised by these enzymes.

For information on interactions see the current BNF and individual Summaries of product characteristics, available at: http://www.emc.medicines.org.uk/

NHS Greater Glasgow and Clyde Pharmacy COPD Initiative

COPD is a costly, prevalent, morbid, long-term condition. Patients can suffer frequent exacerbations that often require health service intervention either in acute or primary care. One priority for NHS GGC is to improve management of COPD. Funding has been obtained through a 'spend to save' programme, for Prescribing Support Pharmacists (PSPs) to systematically approach all practices across NHSGGC to offer medication review clinics for patients with COPD.

Why COPD?

Improving medicines management can improve patient knowledge, concordance with their medicines and morbidity. Patients often have problems with medication because inhalers for COPD are complicated to prescribe and difficult for patients to use. More than 25% of patients cannot use their inhalers properly and around 15% order more inhalers than they need, for various reasons.

Why Pharmacists?

Pilot work demonstrates that pharmacist-led practice based COPD clinics identify and resolve medication issues and improve cost effectiveness. On this basis, NHSGGC has invested in additional pharmacist resource, with the aim of reviewing some 8000 patients across all CH(C)Ps. The experienced pharmacists running the clinics have also undertaken an additional programme of training in COPD.

What will the reviews involve?

After there is agreement with the practice patients will be invited to their surgery for a full medication review with particular emphasis on their respiratory medicines.

Review will consider: inhaler technique, inhaler knowledge and ordering patterns. Patient symptoms and concerns are also considered as the pharmacist tries to optimise inhaled therapy. The review may also provide the opportunity to help patients make lifestyle interventions and provide general advice on the self-management of COPD.

Don't patients with COPD already get reviewed by GPs and practice nurses as standard?

Yes. However, results from the pilot have demonstrated that pharmacists were able to identify and resolve additional care issues. The pharmacists providing the service are from your existing CH(C)P's prescribing team who will enhance and not duplicate the work done in each practice. This service will be evaluated in terms of costs saved and impact on health service utilisation.

Where do I find out more?

For further information contact your local CH(C)P Prescribing Team.

GENERIC PRESCRIBING POLICY: Greater Glasgow and Clyde Area Drug and Therapeutics Committee supports a policy of generic prescribing for the majority of medicines.

It is noted that in some cases, the generic versions of a medicine may not have exactly the same indications listed on the market authorisation as the original branded medicine, but as bioequivalence to the original branded medicine must have been demonstrated as part of the generic market authorisation process, ADTC considers that any additional risks of prescribing and dispensing the medicine generically are negligible.

Exceptions to the generic prescribing policy:

- when the pharmacokinetic profiles of different brands of the same medicine differ widely
- medicines with a narrow therapeutic index where any variation in the drug concentration in the blood increases the risk of toxicity or treatment failure for the patient.

Where formulary medicines should be prescribed by brand name, this will be indicated in the prescribing notes of the GGC Formulary.

This advice does not override an individual clinician's decision to prescribe what he/she believes to be the most appropriate treatment for an individual patient.

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