

PostScript - Primary Care

January 2010

CLOPIDOGREL POST-PCI PROTOCOL:

We have been informed that the protocol at the Golden Jubilee Hospital has changed for using clopidogrel after percutaneous coronary intervention (PCI). The new protocol consists of **150mg clopidogrel for seven days** following PCI then reducing to 75mg for the remainder of the course. The total course lengths will remain the same (12 – 52 weeks depending on stent type). This is based on the results of the OASIS-7 study (still to be published). The quantity supplied on discharge should not change as a result of this new protocol.

MUCOCLEAR NEBULISER SOLUTION-SAFETY ISSUES:

Mucoclear (sodium chloride 6%) nebuliser solution has been available in the UK for the past year.

Mucoclear is indicated to mobilise lower respiratory tract secretions in mucous consolidation and is most commonly used in patients with Cystic Fibrosis. Mucoclear would normally be initiated in hospital where a test dose is given under the supervision of a nurse to ensure that the patient does not experience bronchoconstriction.

Sodium chloride 0.9% ampoules can be used via a nebuliser to hydrate respiratory secretions and are commonly used in chronic respiratory conditions like COPD and asthma.

There have been incidents reported where patients have been inadvertently prescribed Mucoclear (sodium chloride 6%) instead of sodium chloride 0.9% ampoules. This has resulted in patients experiencing bronchoconstriction, leading to hospitalisation.

Pharmacists receiving prescriptions for Mucoclear (sodium chloride 6%) nebuliser solution are encouraged to be aware of this

potential prescribing error. Before dispensing this item, pharmacists should confirm that the patient has had this nebuliser solution before.



UNLICENSED MEDICINES - NHSGGC POLICY:

The NHSGGC unlicensed medicines policy was approved by the ADTC in December and will shortly be available on [staffnet](#). The policy relates to prescribing and supply of unlicensed medicines in the acute services division but also addresses issues around continuity of supplies between acute and primary care.

The policy covers the prescribing and supply of unlicensed medicines (medicines without a UK marketing authorisation) and off-label medicines (use of a licensed product outwith the terms of the marketing authorisation).

The policy states that where an unlicensed or off-label medicine is prescribed in hospital and needs to be continued post-discharge, arrangements regarding responsibilities must be agreed between primary and acute care. The policy states that the hospital consultant recommending the medicine is responsible for ensuring the GP is provided with adequate information (see policy for minimum requirement).

UNLICENSED MEDICINES – CHANGES TO LEGISLATION:

The legislation for nurse and pharmacist independent prescribers has changed to allow the prescribing of unlicensed medicines, effective from 21 December 2009. This change also enables non medical prescribers to prescribe medicines that are mixed prior to administration as these are classed as unlicensed medicines.

These changes enable nurse and pharmacist Independent Prescribers to mix medicines themselves and to direct others to mix. Supplementary prescribers can also mix medicines themselves and direct others to mix, but only where the preparation forms part of the Clinical Management Plan for an individual. Nurse and Pharmacist Independent Prescribers can now prescribe unlicensed medicines for their patients, on the same basis as doctors and dentists.

INDICATOR FEEDBACK FROM 2008/09

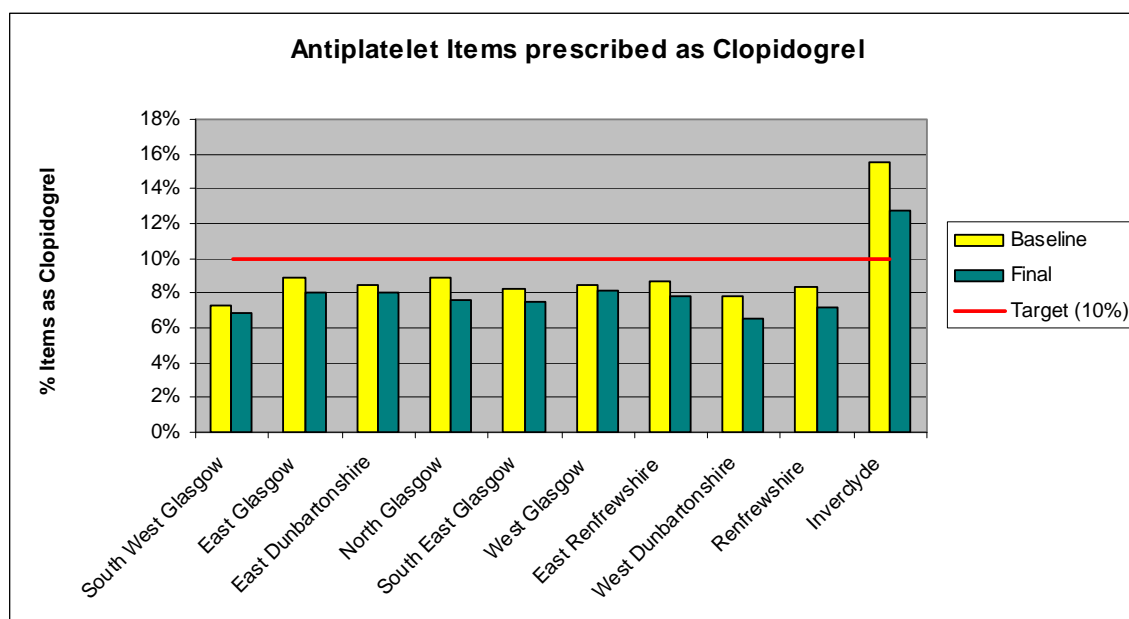
This is the second in a series of reports of the results of the Rational Prescribing Scheme (RPS) indicators for last year.

CLOPIDOGREL: Clopidogrel is restricted in the Formulary to use in patients who cannot take aspirin due to intolerance despite a proton pump inhibitor or due to contraindication. It may also be used in combination with aspirin in accordance with the NHSGGC Antiplatelet Guideline.

One of the Rational Prescribing Scheme (RPS) indicators was:

Clopidogrel should account for less than or equal to 10% of all antiplatelet drugs or there should be an absolute decrease of 5%.

The following chart illustrates the change in prescribing rate between the RPS baseline (October to December 2007) and the final measurement using data from October to December 2008:



This indicator saved NHSGG&C approximately **£428k** during 2008/09

BECLOMETASONE CFC-CONTAINING MDIs:

Hospital pharmacy departments in NHSGG&C are now reporting supply problems with CFC-containing beclometasone metered dose inhalers (MDIs). CFC-free inhalers are now supplied to patients in hospital. Prescribers and pharmacists in primary care should be aware of this and ensure that patients continue to receive the same CFC-free inhaler after discharge.

Prescribers are reminded of the MHRA advice that CFC-free MDIs are not interchangeable and should be prescribed by **brand name** to help prevent any medication errors due to the differences in potency between Clenil Modulite® and Qvar®. Clenil is the preferred CFC-free aerosol MDI in NHSGGC.

FORMULARY FOR EMIS: There is now an electronic version of the NHS Greater Glasgow and Clyde drug formulary for the EMIS prescribing system. Practices wishing to install this should contact their prescribing support pharmacist or their local CH(C)P Prescribing Lead.

HEALTHY START VITAMINS: Please note that Healthy Start Vitamin drops or tablets are not prescribable on a GP10; GP10A or Nurse Prescription. The only way these items can be dispensed is on redemption of a Healthy Start coupon or letter or a Sunshine Vitamin Clubcard.