PostScRxipt – PrimaRxy Care

April 2010

ANTIBIOTIC SCRIPT ALTERNATIVE: General practices will be receiving a supply of non-prescription pads this month. These contain information on reasons why antibiotics are not always recommended. The pads may be issued to patients as an alternative where an antibiotic is not necessary for self-limiting respiratory tract infections. These pads are based on a Department of Health initiative. It is intended that they will act as an aid to reducing inappropriate antibiotic prescribing and will help to educate patients on the risks and consequences of overuse of antibiotics.

ELLAONE® (ULIPRISTAL ACETATE): The new emergency hormonal contraceptive, EllaOne® was recently added to the GGC Formulary restricted to use by GPs and sexual health services only in women presenting between 72 – 120 hours after unprotected intercourse for whom the insertion of an IUD is not acceptable (IUDs are favoured by sexual health services because they also provide an ongoing method of contraception). Levonorgestrel (Levonelle 1500®) remains the oral preparation of choice for women presenting up to 72 hours within NHSGGC.

CONTROLLED DRUG INSTALLMENT REQUIREMENTS: Following our information sent to all practices in November, please remember that scripts for controlled drugs to be issued by instalments **MUST** conform to the legal requirements. **Both** the dose and instalment amount must be stated separately. Examples for methadone 1mg/ml are:

- Send 700ml,
- Dose 50ml daily,
- Supply 50ml daily, 100ml Saturday

- Send 700ml,
- Dose 50ml daily,
- Supply 200ml Monday, 150ml Friday

If the prescription does not comply with the writing regulations the pharmacist should generally not dispense it and should send the patient back to the prescriber for the script to be amended. There may be situations, however, where not supplying could have a significant detrimental effect for the patient. This must be taken into account and steps taken to try to protect patient safety.

NHS Greater Glasgow and Clyde

VORICONAZOLE AUDIT: An audit has recently been carried out within GP practices in NHSGGC on the prescribing of voriconazole. Voriconazole is a broad spectrum antifungal drug which is licensed for the treatment of serious fungal infections. It has a complex side effect profile and a potential to interact with several other drugs. In the NHSGGC formulary, voriconazole is restricted to use in secondary care on the advice of a microbiologist or haematologist primarily in immunocompromised patients with progressive, possibly life threatening infections and for treatment of candidaemia in non-neutropenic patients in those who cannot take amphotericin B. Voriconazole is expensive and can cost up to £160 per patient per day. The average item cost dispensed in primary care in NHSGGC during April to November 2009 was £8417 and quarterly expenditure on voriconazole in primary care has more than doubled in the past 12 months.

Data on voriconazole was gathered from GP prescribing records by prescribing support pharmacists and technicians and showed that most of the prescribing was initiated in Cystic Fibrosis units and Haematology Departments. Despite actual patient numbers being low, the budget impact in primary care is high and this interface issue is being highlighted to specialists in the acute sector. The formulary restriction may be reviewed.

SANDYFORD CHLAMYDIA POLICY: The Sandyford have recently adopted a policy of prescribing doxycycline as their preferred treatment of *Chlamydia trachomatis* infection. This decision was based on cost and supply. The infection management guidelines for primary care offer two first-line treatments:

Doxycycline 100mg twice daily for 7 days (£0.99 - £2.29)
Or
Azithromycin 1g single dose (£5.06)

The decision on which treatment to prescribe in general practice should be individualised.

To receive this bulletin electronically, send an e-mail to nhsggc-postscript-subscribe@googlegroups.com
Send comments, contributions or suggestions to prescribing@ggc.scot.nhs.uk

GMS INDICATORS 2010/11

The GMS indicators for 09/10 have been agreed by the Prescribing Management Group (Primary Care). The baseline data for the setting of indicators is from October to December 2009. The final measurement will be using **January - March 2011** data. The three prescribing indicators for the scheme are selected from the following:

INDICATOR
Clopidogrel should account for ≤ 750 DDD/1000 weighted patients per quarter or an absolute decrease of 50 DDDs/1000 weighted patients from baseline [Rationale: *Clopidogrel is restricted to use in patients who cannot take aspirin and as per the antiplatelet guideline.*]
Total antibiotics should account for no more than 6670 DDDs/1000 weighted patients per annum [Rationale: *Antibiotic prescribing rate is increasing despite the known problems of resistance and overuse.*]
SIP feeds should account for no more than £750 per 1000 weighted patients per quarter or a decrease of £200 per 1000 weighted patients from baseline [Rationale: *SIP feeds should only be prescribed according to the NHS GGC guidelines for prescribing oral nutritional supplements in the community.*]
Quinolone DDDs per 1000 patients during winter should be no more than 5% from summer [Rationale: *This is a national HEAT target to help reduce c.difficile infection rates.*]
Hypnotics and anxiolytics should account for no more than 2800 DDDs per 1000 patients per quarter or a decrease of 200 DDDs per 1000 patients from baseline [Rationale: *These drugs should be reserved for short courses to alleviate acute symptoms. Their use should be limited due to the dependence potential, street value and side effect profile.*]
PPIs should account for no more than 8000 DDDs per 1000 weighted patients per quarter or there should be an absolute decrease of 500 DDDs per 1000 weighted patients from baseline [Rationale: *PPIs are the third most prescribed class of drug in NHSGGC. Long-term use of treatment doses of PPIs may be inappropriate. Prescribing of PPIs should be reviewed and dose reduced or discontinued.*]
Formulary wound dressings should account for at least 70% of all wound dressings or there should be an absolute increase of 10% (Items) [Rationale: *Formulary wound dressings are more cost-effective and should be used in preference.*]
Preferred List generic ACEIs & AIIRAs (lisinopril, ramipril, losartan and candesartan) should account for at least 70% of all ACEI and AIIRAs per quarter or there should be an absolute increase of 5% from baseline (Items) [Rationale: *Formulary choices are evidence-based and cost-effective.*]
Morphine should account for at least 60% of all morphine and oxycodone prescribing per quarter or there should be an absolute increase of 10% from baseline (Items) [Rationale: *Oxycodone is restricted to use in patients with moderate to severe pain who cannot tolerate or find MR morphine ineffective.*]
Preparation of a robust repeat prescribing protocol which minimises risk to both patients and staff is efficient for both patients and staff and minimises the potential wastage of medicines [Rationale: *Improving repeat prescribing systems can benefit patients in terms of risk reduction and reduces wastage of medicines. It also ensures that patients have the right medicine, in the correct dose when needed.*]
Tramadol should account for no more than £250 per 1000 patients per quarter [Rationale: *Tramadol is restricted to use when simple analgesia has failed. MR formulations are non-formulary.*]
4C antibiotics (cephalosporins, co-amoxiclav, clindamycin and quinolones) should account for no more than 10% of all antibiotics per quarter [Rationale: *4C antibiotics are associated with an increased risk of c.difficile infection and should only be prescribed in line with the infection guidelines of both acute and primary care.*]
Ezetimibe should account for no more than £500 per 1000 weighted patients per quarter Rationale: *There is no compelling outcome data to support the prescribing of ezetimibe.*
Orlistat should account for no more than £200 per 1000 weighted patients per quarter [Rationale: *Restricted use as per NICE Tech appraisal 22. Only Rx on advice of weight management service.*]
Fentanyl lozenges and buprenorphine patches should account for no more than £400 per 1000 weighted patients per quarter [Rationale: *Fentanyl lozenges are restricted to initiation by palliative and cancer care specialists. Buprenorphine patches are non-Formulary. Both are expensive treatment options.*]
Antidepressants - review of those on repeat prescription for antidepressants who have not had a medication review in the last 15 months [Rationale: *To ensure the appropriate long-term use of antidepressants.*]
Generic amlodipine maleate/mesilate should account for at least 80% of all amlodipine, felodipine, isradipine, lacidipine, lercandipine, nicardipine, nifedipine and nisoldipine (i.e. dihydropyridine calcium-channel blockers) per quarter or there should be an absolute increase of 5% from baseline [Rationale: *Amlodipine and nifedipine are the formulary dihydropyridines. Amlodipine is the most cost-effective.*]
Prescriptions for inhaled fluticasone (including combinations) should account for no more than £1800 per 1000 weighted patients per quarter or there should be a decrease of £100 per 1000 weighted patients per quarter [Rationale: *The most appropriate and cost-effective device should be prescribed. Patients on high doses should be reviewed regularly and stepped down if appropriate.*]

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