

# PostScript - Primary Care



addition to the first NRT preparation (Nicorette<sup>®</sup> Patches are the 1<sup>st</sup> choice), gum or microtabs can also be supplied if necessary (inhalators and nasal sprays are alternatives).

## July 2010

**NRT DUAL THERAPY PROTOCOL:** The Area Drug and Therapeutics Committee and Tobacco Planning and Implementation Group recently approved the use of dual nicotine replacement therapy (NRT), during the first four weeks of a quit attempt in NHS Greater Glasgow and Clyde. This means that in

**Due to financial constraints this can only occur up to week four and only products from the Nicorette<sup>®</sup> range can be supplied.**

NRT supply is now a core part of the NHS community pharmacy service in Scotland; clients should be directed to one of the local Smokefree services (see [Postscript Primary Care – March 2010](#) for details).

**TRAVEL VACCINES:** Travel vaccines which may be prescribed on the NHS under the General Medical Service Contract are:

- |                            |               |
|----------------------------|---------------|
| ✓ Cholera                  | ✓ MMR/Rubella |
| ✓ Diphtheria/Tetanus/Polio | ✓ Smallpox    |
| ✓ Hepatitis A              | ✓ Typhoid     |

All other travel vaccines and malaria prophylaxis should be prescribed via a private prescription.

NHS travel vaccines are supplied and administered on an individual basis and therefore should be prescribed on a GP10. Travel vaccines should not be obtained by stock order.

The purpose of a stock order is:

- 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 normal way eg in emergencies
- 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 17.5% oncost plus VAT which increases the cost of such supplies to the NHS.

For more travel vaccine details see: [www.travax.scot.nhs.uk](http://www.travax.scot.nhs.uk), [www.fitfortravel.nhs.uk](http://www.fitfortravel.nhs.uk)  
[http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH\\_079917](http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_079917)

**FLUCLOXACILLIN FORMULATIONS:** The cost of flucloxacillin suspension 250mg/5ml has increased recently to £28.89 for 100ml. Prescribers are recommended to limit prescribing of the suspension to those patients who cannot swallow capsules.

Formulation	Drug Tariff Cost
Flucloxacillin Syrup 125mg/5ml x100ml	£4.41
Flucloxacillin Susp 250mg/5ml x100ml	<b>£28.89</b>
Flucloxacillin 250mg Caps x28	£3.21
Flucloxacillin 500mg Caps x28	£4.26

**VISION SYNONYM REMOVED:** Vision users should be aware that Penicillin is now only prescribable as Phenoxymethylpenicillin on this system. The 'Penicillin V' synonym entries have been removed and no longer appear on the latest version of the drug dictionary.

## DISCONTINUATION OF INSULIN PRODUCT

In December 2010, **Human Mixtard® 30 10ml**, **Human Mixtard® 30 Innolet®** and **Human Mixtard® 30 Penfill®** will be withdrawn by Novo Nordisk.

A short-life working group of the diabetes managed clinical network was set up to develop a plan to manage this change. Humulin M3® is the direct equivalent to Mixtard® 30 and the group agreed the majority of patients can be safely switched to this insulin. This change of insulin requires a change of pen and also needles from Novofine® to BD Microfine®. The Diabetes MCN will co-ordinate the changes but the support of all healthcare professionals is requested. Community pharmacists will be supplied with information leaflets advising patients how to prepare for the withdrawal of their insulin.

**What does this mean for patients?** Patients receiving Human Mixtard® 30, Human Mixtard® 30 Innolet® and Human Mixtard® 30 Penfill® need to have their insulin therapy reviewed.

**Who will perform the review?** The community Diabetes Specialist Nurses (DSNs) will review patients who do not attend a hospital diabetes clinic. Patients attending a hospital diabetes clinic before December 31<sup>st</sup> 2010 will be reviewed at their next appointment. Hospital patients whose next appointment is later than that should contact their hospital diabetes team to arrange a review.

**What do GP practices need to do?** Practices are asked to identify and letter patients currently receiving all variations of Human Mixtard® 30. A letter template prepared by the MCN will be provided this month. The letter explains the reason for the change and invites the patient to make an appointment with a DSN.

Practices should forward a complete list of patient names and addresses to their local DSN.

**Will patients require a change in insulin?** All affected patients will need to change their insulin. The MCN recommends that patients on Human Mixtard® 30 are switched to the directly equivalent insulin Humulin M3®. Patients who use a pen device can continue to do so but will need to be shown how to use the Humapen Luxura® with Humulin M3®. Patients who use an Innolet device may in many cases be able to manage a pen. Patients who rely on Innolet® for their independence will require significant input and assessment by a specialist diabetes service within primary or secondary care because there is no equivalent alternative insulin for this device. A switch from Mixtard® 30 to analogue insulin will rarely be appropriate and must be discussed with a consultant diabetologist.

**What can community pharmacists do?** Inform patient/carer of the changes and advise them to expect a letter from their GP practice.

**GLUCAGEN SHORTAGE:** Novo Nordisk have recently advised that stocks of GlucaGen® HypoKit to pharmaceutical wholesalers will be limited for the foreseeable future, due to manufacturing issues. Pharmacies unable to obtain GlucaGen® in the normal way may contact Novo Nordisk on 0845 600 5055 for a direct supply. Alternatives are IV glucose infusion or GlucoGel® (for conscious patients). Care should be taken to restrict prescribing/dispensing/ordering of available supplies where necessary eg to replace out of date stock, for patients who need it etc.

**VENLAFAXINE GENERIC FORMULATIONS:** We have been made aware that there are significant savings to be made by prescribing venlafaxine MR as tablets rather than capsules. Prescriptions for venlafaxine capsules will be reimbursed at the drug tariff price (see table below). Venlafaxine MR tablets are bioequivalent to MR capsules.

Prescription written as:	Dispensed as:	Pack size	Cost (75mg, 150mg)	Drug tariff cost
Venlafaxine MR CAPS	Efexor XL®	28	£22.50, £37.51	£22.50, £37.51
	Foraven XL®	28	£22.50, £37.51	£22.50, £37.51
	Tifaxin XL®	28	£10.50, £17.50	£22.50, £37.51
	Venaxx XL®	28	£10.40, £17.40	£22.50, £37.51
	Winfex® XL	28	£29.41, £39.03	£22.50, £37.51
Venlafaxine MR TABS	Venlalic® XL	30	£11.20, £18.70	N/A
	Viepax® XL	28	£13.98, £19.98	N/A