PostScRxipt – PrimaRxy Care

October 2010

DRESSINGS FORMULARY UPDATE:

The wound formulary 2nd edition is now available on line:
http://www.ggcformulary.scot.nhs.uk/Wound%20formulary%20April%202010.pdf
and in hard copies from the local prescribing teams. Building on the success of the first edition and evolving to meet the demands of the service to optimise quality of care the formulary provides a comprehensive list of products which can be used for all wound types in the majority of instances.

Choice of products and ongoing wound management for individual patients remains the responsibility of the clinician carrying out the care. Clinicians are responsible for ensuring that they are aware of indications and contraindications for use of products on formulary. The challenge for the clinician is to ensure safe, patient-centred, cost-effective, evidence-based timely wound care.

At present advice on products should take into account the latest bulletin from the National Prescribing Centre which carried out a major literature search with key points highlighted below. Adopting the formulary while considering the following points will ensure we make best use of resources and achieve positive patient outcomes.

Summary of MeReC Vol 21 No01 Bulletin National Prescribing Centre, NHS June 2010)

- Systematic reviews of advanced wound dressings have repeatedly highlighted the lack of high-quality studies using clinically relevant endpoints.
- There is insufficient high-quality evidence to distinguish between any of the advanced wound dressings used in the management of chronic wounds.
- There is reasonable evidence that hydrocolloid dressings are more effective than conventional gauze dressings in healing pressure ulcers. However, there is no evidence that they are more effective than simple low-adherent dressings when used under compression for the treatment of venous leg ulcers.
- There is no robust clinical evidence that dressings containing antimicrobials (e.g. silver, iodine or honey) are more effective than unmedicated dressings for the prevention or treatment of wound infection.
- Unless the use of a specific dressing can be adequately justified on clinical grounds, it would seem appropriate for NHS health professionals to routinely choose the least costly dressing of the type that meets the required characteristics (e.g. size, adhesion, conformability, fluid handling properties, etc.) and is appropriate for the type of wound and its stage of healing.
- Indiscriminate use of topical antimicrobial dressings should also be discouraged because of concerns over bacterial resistance and toxicity.

http://www.npc.co.uk/ebt/merec/therap/wound/merec_bulletin_vol21_no01.html

Supply Problems and update to the Wound Dressings Formulary

- Premierpore® adhesive dressing is not currently stocked by the main pharmacy wholesalers and is proving difficult to source therefore Mepore® has been added to the formulary as an alternative to Premierpore® in primary care
- Silflex® (Advancis®) is available to order in all sizes from Phoenix (East Kilbride) and AAH. AAH have the two smaller sizes in stock and will hold all sizes by end September.

If there are any delays or challenges in receiving products or you have concerns in the efficacy of products new to the formulary please contact the prescribing lead or Lynne Watret, Tissue Viability Nurse.
Email: Lynne.watret@ggc.scot.nhs.uk

Wound Formulary Compliance
The aim is to achieve 70% wound formulary compliance across Greater Glasgow and Clyde. Compliance figures at present demonstrate a wide variation between practices with an average across GGC primary care of 66%. More detailed individual prescriber figures can be provided by the CHCP prescribing teams.

Any further information or clarification on use of products can be accessed through lead pharmacists and the primary care Tissue Viability Nurse Lynne Watret.

SPECIALS:

The Drug and Therapeutics Bulletin October 2010 offers the following advice with respect to 'specials.'

What exactly are specials?
A pharmaceutical special as defined by law is a medicine made to satisfy the needs of an individual patient. They are unlicensed products prepared by licensed manufacturing units. They have not been assessed for safety, quality and efficacy by the licensing authority.

When should a special be used?
Wherever possible, where drug treatment is necessary, a patient should be offered a medicine that is licensed for use in the UK. Sometimes, however, it may be necessary to meet a particular need through the use of an unlicensed special. This should be a last resort only after thorough consideration of alternative strategies such as:

- A licensed medicine in a suitable formulation e.g. dispersible tablets or liquid
- If no suitable licensed formulation , then consider using a licensed medicine off-label (crushing tablets or opening capsules)
- Possible switch to a different therapeutic agent in same class or a different route of administration for a licensed medicine.

Only after all the above have been carefully considered should a special be decided upon.

Professional Information
The General Medical Council (GMC) advises that unlicensed medicines can be prescribed but that the prescriber must:

- have decided that an alternative, licensed medicine would not meet the needs of the patient
- have reached the decision that there is sufficient evidence base /experience of its use to show that it is safe and efficacious
- accept responsibility for prescribing the unlicensed medicine and checking the patient's care including monitoring plus follow up.
- record in the patients notes both the medicine and the reason for using it.
- give the patient full information on the implications of using an unlicensed product and ask the patients consent to this. This is important to document in the patients notes.

How much do they cost?
There is no regulation of the pricing of specials which can vary dramatically between manufacturers, and these costs are borne by the NHS through the GP prescribing budget. Recently NHS expenditure on specials has substantially increased. It would be useful for prescribers to know the cost of a special prior to prescribing so that they assess value for money. A recent change in the law, which is UK wide, now allows price lists for unlicensed medicines to be published and shared. This will allow pharmacy contractors to access information on the availability and cost of specials from different suppliers.
Some examples of specials and the degree of variation in possible costs:

- Spironolactone 50mg/5ml Oral suspension - **prices can vary from £6.25 to £109.85 for 100ml**
- Diltiazem 2% cream - **prices can vary from £6.25 to £168.15 for 30g**
- Omeprazole suspension 20mg/5ml - **prices can vary from £24.51 to £180.36 for 150ml**
- 1% ichthammol in zinc ointment - **prices can vary from £4.42 to £119.19 for 100g**
- Salicylic acid 5% in aqueous cream - **prices can vary from £50 to £152.82 per 500g**

SPOONS FOR ADMINISTRATION OF LIQUID MEDICINE:

A report recently published in the International Journal of Clinical Practice recommended that domestic teaspoons and tablespoons should not be used to measure liquid medicines. The study, found that the volume of spoons ranged from 2.5ml to 7.3ml. Even using a standardised spoon, the volume of liquid measured ranged from 3.9ml to 4.9ml. This provides further support for a policy of using oral medicine syringes to administer liquid medication, particularly to children.

SALIVA SUBSTITUTES:

Most products have been classified as borderline substances by the Advisory Committee on Borderline Substances (ACBS), i.e. that they can be prescribed as drugs for the treatment of dry mouth caused by having (or having had) radiotherapy or sicca syndrome (see BNF for details). Prescriber must endorse prescriptions 'ACBS'. Before prescribing artificial saliva products the patient could be advised on the following simple measures to try alleviate their symptoms:

- Frequent sips of cool drinks, sucking pieces of ice, sucking sugar-free fruit pastilles.
- Eating partly frozen melon or pineapple chunks (tinned only).
- Petroleum jelly can be applied to the lips to prevent drying and cracking.

Consider artificial saliva when symptoms remain troublesome despite simple measures. Other considerations to take into account should be:

- Products can hasten tooth decay in a dry mouth if they contain sugar (e.g. fruit juices) or are acidic (e.g. Glandosone® spray, Salivix® pastilles, and SST® tablets). Alternative products may be appropriate in people who still have their own teeth and are not in the terminal phase of life (see BNF for details).
- Some products contain mucin from pigs (e.g. AS Saliva Orthana®) which may be unacceptable to certain groups of people, such as vegetarians, and people of Jewish or Muslim faith.

CODEINE CONTAINING LIQUID OVER–THE–COUNTER MEDICINES:

Recent MHRA advice on **Codeine-containing liquid over-the-counter medicines: is that they should not be used for cough for under 18 year olds.**

The Commission on Human Medicines and its Paediatric Medicines Expert Advisory Group have advised that codeine-containing OTC liquid medicines should not be used for cough suppression in children and young people younger than age 18 years.

These products are currently available for supply by pharmacists.

Manufacturers are updating the packaging and leaflets for OTC liquid cough medicines that contain codeine to include the updated advice. The new information will begin to appear in pharmacies from April 2011, and in the meantime existing packaged medicines will continue to be sold and pharmacists have been asked to consider the new advice when recommending cough medicines for children.

NASAL STEROID SPRAY:

The first choice in the GGC Formulary remains beclometasone diproprionate. Mometasone furoate was added to the Preferred List in February 2010 but should be reserved for patients for whom beclometasone has been ineffective or not tolerated due to the associated costs.

ORAL CANCER:

Mouth cancer, if caught early, has a five year survival rate of 74% but if not, the rate drops to less than 50%. Awareness of risk factors and symptom recognition by patients are crucial as early detection greatly improves the chances of survival, morbidity and patients' quality of life. Please access the following link in the BMJ online learning site to increase your knowledge and awareness of oral cancer http://learning.bmj.com/learning/search-result.html?moduleId=10015809

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