PostScRxipt – PrimaRxy Care

NHS Greater Glasgow and Clyde

January 2011

NEW LIPID LOWERING GUIDELINES:

Additional guidance for GPs on existing patients prescribed atorvastatin 80mg daily for Acute Coronary Syndrome (ACS)

The new NHSGGC guideline for the management of cholesterol no longer includes first line treatment with atorvastatin 80mg daily for patients diagnosed with acute coronary syndrome (ACS). Patients with newly-diagnosed ACS should receive simvastatin 40mg daily and be treated in line with the guideline for the secondary prevention of coronary heart disease (CHD) and stroke. High dose atorvastatin may be used where lower doses of statin have failed to control cholesterol levels.

In Primary Care, patients prescribed atorvastatin 80mg daily for ACS may be switched to simvastatin 40mg daily.

Before switching:

- Ensure the indication for prescribing atorvastatin 80mg daily is ACS and not to achieve target cholesterol levels.
- Check cholesterol levels. It may not be appropriate to switch patients who have a high cholesterol level on atorvastatin 80mg.

SEASONAL INFLUENZA: ANTIVIRAL PRESCRIBING :

In anticipation of a potential increase in serious illness in Scotland over the coming weeks, recent advice from the Chief Medical Officer for Scotland recommends that prescribers use their clinical judgement to prescribe antivirals to individuals who are not in the clinical 'at risk' category or in a clinical priority group but who exhibit symptoms consistent with influenza. This is consistent with NICE guidance (endorsed by NHSQiS) which informs existing statutory restrictions but which envisages that prescribers may exercise their clinical discretion in individual cases. These directions can be accessed at http://www.sehd.scot.nhs.uk/pca/PCA2010(M)22.pdf

Prescribers are reminded to endorse all prescriptions for antivirals with the reference 'SLS' Pharmacists can only dispense antivirals at NHS expense if this endorsement is made by the prescriber.

UPDATE ON GLUCOSAMINE :

Following a full submission to the Scottish Medicines Consortium, it has been decided that glucosamine sulphate (Glusartel®) is not recommended for use in Scotland and is therefore not on the GGC Formulary.

The indication under review was relief of symptoms of mild to moderate osteoarthritis of the knee.

HUMULIN PENS BEING DISCONTINUED :

From September 2010 Humalog® and Humulin® prefilled pens are being discontinued over a six month period. Kwikpen® is the replacement prefilled insulin device which has been available since September and will be Lilly's only pre-filled insulin device in the UK market from 31st March 2011.

Humulin® I, Humulin® M3, Humalog®, Humalog® Mix 25 and Humalog ®Mix 50 will continue to be available in a prefilled device as Kwikpen®.

Lilly sent out details in September to GPs and community pharmacy advising of the switch. Comprehensive patient information is available in the product packaging and user guides can be accessed from the representative.

MEDICINES AWAITING SMC EVALUATION:

Prescribers are reminded that new medicines or new indications for existing medicines are considered non-Formulary and should not be prescribed routinely until they have been reviewed by the Scottish Medicines Consortium (SMC) and considered by the ADTC for inclusion in the Formulary.

A recent example is ticagrelor (Brilique®), a new antiplatelet for use in combination with aspirin for the prevention of atherothrombotic events in patients with acute coronary syndrome. It is now licensed, but has not yet been evaluated by the SMC and is currently considered non-Formulary within NHSGGC. Prescribers are strongly encouraged to complete Non-Formulary forms if they are asked to prescribe this medicine, or any other medicine not recommended for use by SMC or where advice is still unavailable.

WASTE MEDICINES:

A recent report on 'Evaluation of the Scale, Causes and Costs of Waste Medicines' in England found that quantitative and qualitative research indicates that the root causes of waste encompass:

- patients recovering before their dispensed medicines have all been taken;
- therapies being stopped or changed, eg because of ineffectiveness and/or unwanted side effects;
- patients' conditions progressing, so that new treatments are needed and others become redundant;
- patients' deaths, which may reveal previously unused medicines or may involve drugs being changed or dispensed on a precautionary basis during the final stages of palliative care;
- factors relating to repeat prescribing and dispensing processes, which may cause excessive volumes of medicines to be supplied; and
- care systems failing to support vulnerable individuals who cannot independently adhere to their treatment regimens.

Key practice points from this are;

- *Providing targeted support for patients starting new therapies and those on selected high cost/high gain treatments*
- *Supporting high quality prescribing and incentivising closer professional management of medicines supply at the point of dispensing*
- *Flexible use of 28 day and other prescribing periods*
- *Caring well for 'treatment resistant' patients*
- *Providing good quality pharmaceutical care for isolated and/or housebound patients and other people at raised risk of experiencing unobserved problems in medicine taking*
- *Undertaking MDS use audits and providing tailored care worker training on medicines taking support*
- *Improving hospital and community service liaison aimed at reducing wastage and improving treatment outcomes*
- *Delivering better integrated terminal care in home and community settings*
- *Reviewing and further developing national or local waste medicines return (DUMP) and related public information campaigns*

SPLITTING TABLETS:

Medical experts have issued a warning about the common practice of tablet splitting, after a study found that nearly a third of the split fragments deviated from recommended dosages by 15 per cent or more.

Splitting tablets could lead to patients taking wrong doses researchers from Ghent in Belgium reported recently in the Journal of Advanced Nursing. Tablets which have a narrow therapeutic margin produce the greatest risk. The study compared a tablet splitting device, scissors and a kitchen knife. They found 31% of the tablets split were different from the expected remaining dose. The splitting device was most accurate but still produced errors in 13% of cases. The split tablets are often unequal sizes and a substantial amount of tablet can be lost during splitting. It is done to increase dose flexibility and to make tablets easier to swallow.

A Royal Pharmaceutical Society spokesperson said that 'pharmacists sometimes do recommend that tablets are split but only when there is no other option'.

Researchers would like to see a greater range of tablet doses or more liquid formulations being available so that tablet splitting becomes unnecessary.

DIHYDROCODEINE PRESCRIBING BY DENTISTS:

Dentists are being advised that if a patient repeatedly requests potentially addictive analgesics they should contact the patient's GP for advice before prescribing. It may not be appropriate for the patient to receive such types of analgesia.

Community pharmacists should also be aware that patients may try to 'abuse the system' by acquiring analgesics from multiple prescribers.

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