PostScRxipt – PrimaRxy Care

September 2011

DABIGATRAN: The SMC have recently published their advice on dabigatran (Pradaxa®) for the prevention of stroke and systemic embolism in adult patients with non-valvular atrial fibrillation (AF). They have accepted it for use in NHS Scotland for patients with one or more of the following risk factors:

- previous stroke, transient ischaemic attack, or systemic embolism
- left ventricular ejection fraction <40%
- symptomatic heart failure, ≥ New York Heart Association (NYHA) Class 2
- age ≥75 years
- age ≥65 years associated with one of the following: diabetes mellitus, coronary artery disease or hypertension

NHS Healthcare Improvement Scotland is hosting a national consensus conference on this development on 21 September and a consensus statement is anticipated soon after. The Heart Managed Clinical Network is engaged in this event and will advise NHSGGC on local implementation. Formulary status will be confirmed once this process is complete. PostScript will feature an article on the evidence for this new treatment option, including the advantages/disadvantages, in October.

Until the consensus statement is available and local implementation plans are complete, dabigatran for the prevention of stroke in patients with AF remains non-Formulary in NHSGGC.

BANK HOLIDAY INSTALLMENT PRESCRIBING: Remember to use the stamps on methadone or other controlled drug instalment scripts to ensure patients receive additional doses to cover the September bank holiday. Please note this means that patients need to attend the pharmacy on the **last working day prior to the closure** to collect the supply, which is usually the Saturday. Patients who collect the full weekend dose on Fridays will still have to attend on the Saturday for Monday's supply unless the prescription is altered to state that collection can occur on the Friday.

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APIDRA SUPPLY PROBLEM: Sanofi have advised of an interruption to the supply of a number of Apidra® (insulin glulisine) preparations. Pharmacists will be able to source supply for individual prescriptions from the manufacturer however if they are unable to obtain a supply the patient will require to be reviewed for an alternative. In this instance practices should refer patients to the local diabetes team. The affected products are:

- Apidra® Optiset® prefilled pens - limited supplies - due to be withdrawn at end of 2011
- Apidra® Solostar® prefilled pens - limited supplies - normal supply to resume Dec 2011
- Apidra® ClikSTAR® cartridges- limited supplies - normal supply to resume Dec 2011

SIP FEED QUANTITIES: As you are aware the sip feed contract for NHSGGC has changed to the Abbott Ensure® range of sip feeds. The new range of sip feeds come in **220ml bottles** for the standard sip feeds but are also available as Parallel Imports of 200ml tetra packs. Prescribers are advised to specify the 220ml bottles where possible as these provide 10% more calories per unit. In addition to the higher nutrient content the bottles are easier for patients to hold; the lids can be replaced should a patient be unable to consume all the sip feed at once and they are less likely to be damaged than the tetra packs.

In EMIS this can be done by typing '28P' in the quantity field, to prescribe 28 bottles. This appears on the prescription as 28*220ml. Unfortunately in Vision this is not possible and the total quantity in millilitres must be entered.

The exception to this is the Ensure Plus Fibre and Ensure Twocal bottles which come as 200ml.

Respiratory Prescribing Indicators

Two new prescribing indicators have been introduced for 2011/12. These support a practice review of patients prescribed Leukotriene Receptor Antagonists and Mucolytics. 16 and 24 GGC practices have selected these indicators, respectively.

Leukotriene Receptor Antagonists (LRAs)

- A review of the prescribing of LRAs, (Montelukast and Zafirlukast), should be carried out to establish whether they are being prescribed appropriately for the correct indication and at the recommended age appropriate dose, in line with current NHSGG&C Asthma guidelines for Primary Care/The British Guideline on the management of Asthma (SIGN 101 revised May 2011)
- Montelukast for the management of asthma, is the only LRA on the NHSGGC Formulary, restricted to use by clinicians experienced in treating asthma. Use for seasonal allergic rhinitis is considered non-Formulary.
- Use in asthma in children aged two to 14 years is restricted to initiation by specialists in paediatric asthma care.
- In line with asthma Guidelines the dose of inhaled corticosteroid should be titrated appropriately and a trial of long acting β2 agonist offered before initiation of montelukast is considered.
- The efficacy of montelukast should be assessed and therapy stopped if no clear benefit is perceived by the patient.
- The cost of LRA prescribing is increasing and the current annual spend across NHSGG&C in primary care is approximately £1.22million. By reviewing the prescribing of LRAs, this should encourage appropriate use as recommended by the guidelines, and avoid inappropriate prescribing.
- Analysis of prescribing data shows the average level of prescribing across NHSGGC GP practices is 6.3 items per 1000 patients per quarter.
- In 2011/12 review of leukotriene receptor antagonist prescribing has been offered to practices with a high volume of prescribing as a prescribing indicator.
- The indicator target is that leukotriene receptor antagonists should account for fewer than 8 items per 1000 patients per quarter or there should be a decrease of 2 items per 1000 patients per quarter from baseline.

Mucolytics

- Mucolytics are agents which are believed to increase the expectoration of sputum by reducing its viscosity. Some of these drugs, particularly N-acetylcysteine, may also have antioxidant effects, which may contribute to their clinical effects. Steam inhalation with postural drainage is effective in bronchiectasis and in some cases of chronic bronchitis. In some patients with COPD and a chronic productive cough, mucolytics can reduce exacerbations.
- Mucolytic therapy should be reviewed after 4 weeks of treatment and should be stopped if there is no benefit after this period. It should only be continued if there is symptomatic improvement such as reduction in frequency of cough and sputum production.
- If continued, mucolytic therapy should be stepped down to maintenance dose in accordance with NHSGGC guidelines.
- Mucolytics should not be used routinely to prevent exacerbations in patients with stable COPD.
- Analysis of prescribing data shows the average level of prescribing across NHSGGC GP practices is 6.5 items per 1000 patients per quarter
- One of the NHSGGC prescribing indicators in 2011/12 is that mucolytics should account for less than 8 items per 1000 patients per quarter or there be an absolute decrease of 5 items per 1000 patients per quarter from baseline.
- The aim of a review is that the prescribing of mucolytics should follow UK, national and local guidance and formulary recommendations without compromising patient safety or care.

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