



Prescribing Bulletin

August 2011



Hi,
Thanks from me, Liz Leitch, Formulary pharmacist, to the Prescribing Support Team, who have allowed me to hijack this bulletin to share the update and reminders for the Borders Joint Formulary (BJF) 2011-2012.

The work involved in updating, formatting, editing and publishing the BJF takes months and consequently by the time you receive your shiny new formulary, some of the sections will already have been updated:

- Since BJF 2011-2012 was published the ophthalmology section has been reviewed & the BJF on the intranet should soon reflect those changes.
- The respiratory section has been reviewed by the respiratory formulary working group. The changes reflect the work that Lynda Taylor, specialist respiratory nurse, has been involved with during her secondment with the prescribing support team.

I would appreciate any feedback on the formulary content (email me at liz.leitch@borders.scot.nhs.uk) and would welcome an invitation from any of the GP practices to present a formulary update (duration of presentation depends on the amount of discussion stimulated. I can do a whistlestop tour through the Formulary in under an hour!). It's always a pleasure to help with queries about the status of new medicines in NHS Borders, and I aim to respond to email queries in a "timely manner" (i.e. by return if it's a straightforward query!) – so don't hesitate to contact me.

- **Specialist initiation/specialist prescription only medicines are in pink.** Costs are taken from the May Scottish drug tariff & BNF March 2011.

GASTRO-INTESTINAL

Addition to formulary

Colesevelam – specialist initiation followed by GP prescribing, second choice after colestyramine

Formulary amendment

Laxido replaces Movicol as cost effective compound macrogol preparation of choice. Laxido remains a second choice preparation (senna +/- lactulose is first choice, where medication is indicated)

Formulary reminder

Esomeprazole 40mg is locally approved for specialist initiation in refractory GORD for 4 weeks initially; then reviewed & continued for a further 4 weeks if clinically indicated.

Esomeprazole 20mg is non-formulary.

Costs/month:

Omeprazole 20mg £1.72 v

Lansoprazole 30mg £2.13 v

Esomeprazole 20mg £18.50

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CARDIOVASCULAR

Additions to Formulary:

- Dronedaronone – specialist initiation for patients intolerant of amiodarone
- Rivaroxaban for VTE prophylaxis post arthroplasty, with the complete supply being dispensed on discharge from BGH.
 - 2 weeks treatment post knee replacement;
 - 5 weeks post hip replacement.
- Prasugrel – alternative antiplatelet for patients who do not tolerate clopidogrel. Initiated by cardiology, co-administered with aspirin for prevention of atherothrombotic events in patients with ACS.

The lipid lowering section of the formulary has been reviewed to reflect current best evidence.

- **Rosuvastatin**, is added to the BJF, as a third choice statin option. Statins are the evidence-based cholesterol lowering drugs of choice and use in treatment of hypercholesterolaemia should be maximised. **Simvastatin** is first choice, **atorvastatin** is second choice and rosuvastatin is third choice.
- Use of **ezetimibe** should be minimised by ensuring that patients have had a trial of all three formulary statins. **Ezetimibe** should not be used either as a single agent or in combination with statin (apart from indications below). Current evidence does not support association between **ezetimibe** and clinical outcomes of reduction in Cardiovascular morbidity and mortality.
- Prior to increasing dose / switching choice of statin, diet and compliance with statin medication should always be assessed.

Triglycerides

- Fasting cholesterol and triglycerides should be checked prior to commencement of treatment. (Alcohol excess and diabetes should be excluded prior to commencement of treatment for patients with triglycerides > 6mmol/L.

- 40mg simvastatin is first choice for patients with triglycerides between 3 – 6mmol/L. Fasting cholesterol and triglycerides should be rechecked after 3 months treatment and if triglycerides remain >3 (and cholesterol is within range) then fenofibrate 160mg daily should be added. (**Fenofibrate** replaces bezafibrate as fibrate of choice in the formulary).
- Patients with triglycerides > 6mmol/L should commence on fibrate treatment with fenofibrate 160mg daily.
- Specialist advice from the consultant biochemist is available for patients who do not respond to this guidance.

RESPIRATORY

Prednisolone - as part of NHS Borders drug cost efficiencies the use of the 25mg and EC preparations is to be minimised.

- There is no documented evidence to support use of the EC formulation of prednisolone (although local clinicians do support use for a small number of patients).
- The 25mg prednisolone formulation is prescribable for patients who are on a daily dose of prednisolone above 40mg daily.
Prednisolone 5mg £1.03/28 v
Prednisolone EC 5mg £9.95/28.

Fostair aerosol inhalation is a combination of beclometasone + formoterol, licensed in treatment of asthma and is now FIRST CHOICE combination of ICS + LABA.

- The beclometasone dipropionate in **Fostair** is characterised by an extrafine particle size distribution which results in a more potent effect than standard formulations of beclometasone dipropionate - 100 micrograms of beclometasone dipropionate extrafine in **Fostair** are equivalent to 250 micrograms of beclometasone dipropionate (standard formulation).
- Patients transferring from standard formulation beclometasone dipropionate to **Fostair**; require to have their dose adjusted on an individual basis.

30 day costs

Fostair 1p BD £14.66 v £19 Symbicort 200/6 1p BD v Seretide 50 MDI 2p BD £18

Fostair 2p BD £29.32 v Symbicort 200/6 2p BD £38 v Seretide 125 MDI 2p BD £60 v Seretide 250 Accuhaler 1p BD £35.

Anapen will become NHS Borders adrenaline pen of choice (once training is in place), replacing the Epipen brand. Anapen has a longer shelf life than Epipen and is available in 150, 300 and 500 microgram syringes (Epipen is not available as 500microgram dose).

CENTRAL NERVOUS SYSTEM

Zopiclone replaces temazepam as first choice night sedation.

Licensed for short term use only.

28 day costs

Zopiclone 7.5mg £1.38 v £3.12

Temazepam 10mg v £2.19 Temazepam 20mg.

Antidepressants

In addition to fluoxetine & citalopram, **sertraline** is now equal first choice SSRI.

Mirtazapine is second choice.

New start tricyclic antidepressants are now specialist initiation.

Analgesia

Dihydrocodeine & tramadol are first choice medium potency opioids in acute pain.

Codeine is no longer included – removed from the formulary following discussions with acute and chronic pain teams.

Nicotine 25mg patch increases the range for topical NRT.

Infections.

Ciprofloxacin replaces rifampicin in meningitis chemoprophylaxis for all age groups apart from in children under 1 month of age.

ENDOCRINE SYSTEM

Saxagliptin is first choice gliptin, **sitagliptin** is second choice.

Choices included on grounds of cost efficiency and once daily dosing regimes.

OBSTETRICS, GYNAECOLOGY AND URINARY TRACT DISORDERS

As part of NHS Borders drug cost efficiencies the following preparations have been approved for use:

3 cycle costs:

- **Rigevidon 30/150 micrograms £1.89 v £2.82 microgynon 30**
- **Gedarel 30/150 micrograms £4.93 v £6.45 marvelon**
- **Millinette 30/75 micrograms £4.85 v £6.73 femodene**
- **Gedarel 20/150 micrograms £5.98 v £7.97 mercilon.**

Ulipristal (EllaOne) is first choice morning after pill.

Evidence supports use of ulipristal as first choice 'morning after pill' apart from

- Patients who require to have a ready supply of the morning after pill for "contraceptive emergency" i.e. those who use condoms alone for contraception, and require a supply of morning after pill in case of burst condom.
- Patients who have contraindications to ulipristal i.e asthma, treatment with antacids or PPIs; patients with renal or liver impairment.
- Patients attending GP surgery or family planning clinic for prescription of ulipristal, should also receive advice & supply of condoms (family planning clinic only) + POP/COC.
- Patients attending OOH for supply of ulipristal should be encouraged to attend GP or family planning clinic for supply of condoms (family planning clinic only) + POP/COC.
- Patients presenting to community pharmacies (who cannot currently supply ulipristal) for supply of the morning after pill: should be counselled regarding the stage in their cycle and patients who have had UPSI during the most fertile part of

of their cycle should be encouraged to consult either family planning clinic or GP surgery for supply of ulipristal (or consideration for IUD).

- Patients should not receive ulipristal and levonorgestrol in the same cycle.

Combodart - Patients currently receiving treatment with both tamsulosin & dutasteride can be prescribed the combination preparation, **Combodart**.

NUTRITION AND BLOOD

Ferrous fumarate is cost effective first choice for iron supplementation. There have been supply shortages with the 322mg strength – the 305mg preparation (twice daily administration for treatment dose) is currently available & currently most cost effective.

28 day cost

Ferrous fumarate 305mg BD £1.12 v £3.54

Ferrous sulphate 200mg TDS.

Dekristol (colecalfiferol 20,000 units) and **sunvit D3** (colecalfiferol 1000units) are added to BJF for vitamin D supplementation prior to treatment with annual Zoledronic acid. BGH pharmacy will supply to community pharmacies if there are supply problems.

MUSCULOSKELETAL

Febuxostat added – second choice to allopurinol in treatment of chronic gout.

EYES

Tafluprost is a preservative free prostaglandin analogue, initiated by consultant ophthalmologists.

SKIN

There have been a number of changes in the skin section of the formulary, including:

- Aqueous cream is no longer included as

an emollient, following concern that it may have an adverse effect on the skin.

- **White soft paraffin 50%/liquid paraffin 50%** is first choice ointment based emollient, and **Oilatum cream** is the first choice emollient where a cream base is indicated.
- The first choice bath/shower additives have been switched to the most cost effective choices:
Hydromol is first choice where a preparation without added antimicrobial is indicated.
Emulsiderm is first choice bath/shower additive for patients when an antimicrobial addition is indicated.
- The **sedative antihistamine Hydroxyzine** has been added to the BJF for pruritis.
- **To improve compliance, the once daily topical treatment for acne - Duac** (benzoyl peroxide+clindamycin) – has been included in the formulary.
- Azelaic acid (**Finacea**) twice daily topical preparation for acne has also been added to the BJF.

PALLIATIVE CARE GUIDELINES

Alfentanyl 5mg/5ml sublingual spray has been approved for specialist initiation.

WOUND MANAGEMENT PRODUCTS

Since the BJF has been published there has been a change in the classification of Silver dressings. These are now all classified as 'specialist only':

Activheal hydrogel should replace Intrasite, **Activheal Aquafiber** should replace Aquacel, and **Activheal alginate** replaces Kaltostat/Sorbsan.

There are 4 new sections in the BJF. Included for the first time are:

- **Dental**
- **Paediatric Gastrointestinal section**
- **Empirical antibiotic therapy in Children, and**
- **Drugs used in diabetes.**