

Prescribing Bulletin

November 2010



A Miscellany with Key Cost Messages

Efficient Prescribing and Dispensing

In light of the NHS Borders Efficiency Programme the Prescribing Support Team have been asked to further review and refine our work plan.

Clear communication and joint working between pharmacists and GPs are critical to the efficient prescribing agenda. Prescribers should expect an increased number of queries to amend prescriptions and minimise risk of extra costs as discussed in more detail below.

This bulletin aims to clarify the key areas of prescribing efficiency work. (**See Appendix 1**)

Here are some reminders which can help PRESCRIBERS and PHARMACISTS reduce prescribing costs:

- ◆ Our Borders Joint Formulary (BJF) is the local first port of call for prescribing decisions. Evidence based and full of useful information, it provides a tool for cost-effective prescribing. Please note that wound products are now included as well as continence products, providing lots of potential to rationalise product choice.
- ◆ Use the most cost-effective formulation: e.g. omeprazole capsules, ramipril capsules, metformin sachets not liquid (can save several hundred pounds per patient per year).
- ◆ Prescribing a smaller quantity when starting a new medication may be more acceptable to patients. (Free prescriptions from 1st April 2011).
- ◆ Use the optimal dosage form and strength after titrating doses and stabilising patients, e.g. candesartan and pregabalin are much more expensive if lower strengths are doubled up. (**See appendix 2—dose optimisation**).
- ◆ Some drugs are less costly to prescribe as lower strengths: e.g. fluoxetine 3 x 20mg < costly than 1 x 60mg (£5.70/90 vs £54.43/30), gabapentin 800mg £36.42/100 vs 400mg £11.06/200.
- ◆ Blood glucose monitoring -Type 1s may be under-testing and some Type 2s over-testing. Most Type 2s should only test if they are taking insulin or sulphonylureas, see BJF for details.
- ◆ Prescribe interactive wound management products by brand to avoid risk of inappropriate and more costly products— BJF page 220 is first reference source above BNF, to find brand names listed by dressing category.
- ◆ Other wound items can be generically prescribed but select carefully from GPASS dictionary e.g. non woven swabs much less costly and safer than gauze swabs.
- ◆ The October Drug Tariff has some significant price reductions on some high volume modified release products. (Category R). Branded prescribing is now therefore only recommended for certain modified release preparations for clinical reasons and these will continue to be specified in the BJF. (Nifedipine/diltiazem (for diltiazem only—if greater than 60mg strength)).
- ◆ Numerous medication supply problems are causing frustrations. These are outwith local control. Co-operation between Community Pharmacy colleagues is encouraged in order to meet patient needs in a timely manner. In an emergency situation BGH Pharmacy should be contacted. Prompt communication between pharmacists and prescribers can help enormously to agree alternative products to avoid treatment delays.
- ◆ Certain products are incurring expensive delivery costs which compromise the efficiency programme. Change to alternative products is encouraged, with prescriber approval, where this will not compromise patient care.
- ◆ Extra vigilance will be required during the move from GPASS to EMIS in GP practices. Patient's drug histories may not fully migrate and errors during the matching process could be costly e.g. if the wrong formulation is selected.
- ◆ Accuracy in quantities prescribed:-
 - >Eye drops often appear in the prescription supply box as 5 i.e. supply 5. Some prescribers may mean 5 bottles but more often 1 x 5ml bottle is intended. Thank you to David McNaughton, Farren Pharmacy, Galashiels for highlighting this.
 - >Many other areas for quantity accuracy e.g. blood glucose testing strips and wound products. If in doubt ask your pharmacist.

Please can prescribers always be explicit in quantities required for any prescription.

Welcome to Linda Taylor, Respiratory Nurse Specialist

Linda Taylor, Respiratory Nurse, BGH, has been seconded for 2 days/week from 1st November to work more closely with practices on an 'invest to save' project. She will review respiratory prescribing with a particular focus on inhalers, devices and dosage choices. Linda will be an excellent resource for GPs, practice nurses, pharmacists and patients and will be known already to many people across Borders. Linda will work closely with the Prescribing Support Team and we are confident that practices will welcome her input and support.

Potential confusion with a respiratory device

Please ensure that no prescriptions have been written at your practice in error for the Optichamber Spacer Device which is on the GPASS dictionary and is a non formulary alternative to the Aerochamber device.

A recent confusion arose when a prescriber tried to locate the Optimiser extension tube which is not in the GPASS dictionary. The Optichamber was selected in error and incurred a large delivery cost against the prescription as not routinely stocked by Scottish wholesalers.

Can medicines prescribed for individual patients be recycled for further use?

- ◆ Dispensed medication is legally the property of the patient.
- ◆ Previous storage of the medicine in appropriate conditions when located with the patient cannot be guaranteed.
- ◆ **Whilst 'reducing waste' through 're-use' may appear very laudable, a key consideration must be to try and avoid the waste occurring, by prescribing lower quantities, especially when initiating medication.**
- ◆ The World Health Organisation provides advice on recycling and this is essential reading for anyone contemplating recycling via charities.
- ◆ The General Pharmaceutical Council, the regulatory body for pharmacists states clearly that no patient's own medication can be re-used. Professionals should consult their own regulatory bodies if further clarity is required.
- ◆ If individuals choose to recycle their own medication via charities they should be reminded that controlled drugs should be

excluded. Legal restrictions are in place which specify those who can legally possess scheduled controlled drugs. Remember these include a wide variety of medication including co-codamol, co-dydramol, benzodiazepines, diphenoxyate and zopiclone as well as the obvious higher schedule items like diamorphine and morphine.

- ◆ Generally, countries with inadequate medication provision have a key need for full courses of antibiotics, anti-virals and anthelmintics. This will only be achievable through official channels in order to give access to appropriately packaged new products with adequate expiry dates which are fit for purpose.

Prescription security: would you send cheques in an unsealed container for processing by a third party?

There are several different processes operating with regard to the transfer of signed prescriptions from practices to pharmacies on behalf of patients, which raises a number of governance issues. Signed prescriptions are 'currency' and should be treated as such:

- ◆ The pharmacist with responsibility for the prescription collection process and the providing practice, both have responsibility to ensure a safe, secure and confidential process, agreed in partnership.
- ◆ Standard Operating Procedures for both practice and pharmacy should include this.
- ◆ A range of staff including pharmacists, technicians, counter staff, practice staff and drivers may be involved. All staff should carry ID and confirmation that they are authorised to collect prescriptions on behalf of the designated pharmacy.
- ◆ Prescriptions should preferably be transported in a secure tamper-proof container.
- ◆ With regard to tamper-proof provision, if the prescriptions are collected by pharmacy staff who will be involved in the dispensing process, then best practice would ensure that all prescriptions are transported in a container which minimises the risk of loss in transit.

A reminder also that unsigned prescriptions can be even more lucrative if lost or stolen and due security must be exercised in their storage by all prescribers.

Brand withdrawal

Recently the Equasym brand of standard release methyphenidate has been withdrawn with the company advice that the Equasym XL modified release tablet should replace it. If the non modified release product has been confirmed as clinically suitable for an individual, then it would not be appropriate to convert to the modified release Equasym XL brand, since there are at least 2 alternative generic products available, unless advised to do so by specialists involved in the care of the individual.

Patient demand for withdrawn products

Over recent years a number of pharmaceutical products have been withdrawn from the market for a range of safety reasons. Some of these e.g. Co-proxamol, remain available through importing companies and are manufactured in a variety of countries, within that country's manufacturing guidelines, and these could be very different from those followed by UK licensed premises.

Some patients have expressed a wish to continue to receive prescriptions for the product which they view as 'the same as before' in spite of the UK decision regarding the overall safety. Prescribers should think carefully before continuing to prescribe such products privately and seek advice from their professional legal departments. If the decision is made to privately prescribe, governance issues need to be considered. If the product is manually prescribed and so not shown on the electronic system, there will be no warning for future prescribers and no automatic alert for interactions with other medications and these issues would also need to be highlighted to the patients and documented. Practices may wish to adopt this paragraph for use in discussions with patients and to convert to a practice policy to assist in saying 'no' in such situations.

APPENDIX 1

ACE2s reviews for most cost-effective and check ACE1 tried
Anti-malarial and travel vaccines -review use according to Travel Bulletin August 2010
Atenolol 100mg review reason and reduce or change drug
Analgesia and quantities- make sure enough and check collection frequency
Anti-cholinergic drugs for incontinence—regular review of effectiveness
Blood glucose testing strips —educate to reduce testing frequency as per BJF guidance
Clopidogrel and aspirin-ensure time limited CHD courses are stopped appropriately
Dose optimisation across all practices-[see Appendix 2](#)
Enteral feed reviews to be developed with dieticians
Ferrous sulphate to fumarate-agree strength/review dose and length of treatment
Felodipine to amlodipine -already successfully actioned in many practices
Flomaxtra to generic tamsulosin
Tamsulosin tabs to caps
Fluticasone nasal spray to Avamys
Gluten-free review in liaison with dieticians
Loperamide tabs to caps
Minocycline reviews-for reason for choice above oxytetracycline or erythromycin
Nebules- review reason for initiation and quantities
Nifedipine and diltiazem generic formulations vs branded formulary choices - needed for clinical reasons
Non formulary antihistamines review
Prednisolone 25mg to 5mg and change 5mg EC to plain
Pregabalin- review reason for initiation/on-going effectiveness and dose optimisation—See App 2
PPI -review choice and chance for dose reduction —BJF first choice where possible
Ramipril tabs to caps
Respiratory device and dosage prescribing reviews with Respiratory Nurse
Repeat prescribing policy review-to consider with waste reduction discussions
Statins and ezetimibe— imminent change in Formulary advice with cardiology input
Stoma products-rolling reviews on-going via stoma service
Tiotropium refills-less costly than full replacements
Vitamin B12 check quantities re-ordered and waste reduction potential
Warfarin 5mg-agree practice policy to reduce risks of use (*safety > cost*)
Waste reduction focus meetings with practices, pharmacies and primary health care teams
Wound prescribing reviews with DN teams / purchasing reviews.

Appendix 2—Dose Optimisation

Current	Proposed	Annual cost saving per patient (£) based on Oct drug tariff/ Sept MIMS/latest C and D list
Adalat LA 2x30mg od / 1x30mg bd	Adalat LA 1x60mg od	£60.71
Adizem XL 2x120mg	Adizem XL 1x240mg	£87.36
alendronic acid 10mg daily	alendronic acid 70mg weekly	£16.77
alfacalcidol 2x250nanograms	alfacalcidol 1x500 nanograms	£2.91
amisulpride 1x100mg	amisulpride 2x50mg	£105.44
amisulpride 2x100mg	amisulpride 1x200mg	£285.19
atorvastatin 2x10mg	atorvastatin 1x20mg	£17.68
atorvastatin 2x20mg	atorvastatin 1x40mg	£320.32
atorvastatin 2x40mg	atorvastatin 1x80mg	£273.91
azathioprine 2x25mg	azathioprine 1x50mg	£137.28
bisoprolol 2x1.25mg	bisoprolol 1x2.5mg	£33.28
bisoprolol 2x2.5mg	bisoprolol 1x5mg	£74.36
candesartan 2x16mg	candesartan 1x32mg	£121.03
candesartan 2x8mg	candesartan 1x16mg	£91.78
carbamazepine 2x100mg tds	carbamazepine 1x200mg tds	£249.21
carvedilol 2x12.5mg	carvedilol 1x25mg	£11.70
carvedilol 2x3.125mg	carvedilol 1x6.25mg	£12.35
carvedilol 2x6.25mg	carvedilol 1x12.5mg	£14.69
chlorpromazine 2x25mg tds	chlorpromazine 1x50mg tds	£45.63
chlorpromazine 2x50mg tds	chlorpromazine 1x100mg tds	£94.77
esomeprazole 2x20mg	esomeprazole 1x40mg	£153.53
famotidine 2x20mg	famotidine 1x40mg	£42.90
flecainide 2x50mg bd	flecainide 1x100mg bd	£37.98
fluoxetine 1x60mg	fluoxetine 3x20mg	£591.26
fluvastatin 2x20mg	fluvastatin 1x40mg	£61.10
formoterol turbohaler 6mcg 2puffs bd	formoterol turbohaler 12mcg 1puff bd	£300.91
gabapentin 1x600mg	gabapentin 2x300mg	£26.17
gabapentin 1x800mg tds	gabapentin 2x400mg tds	£276.93
gabapentin 3x100mg tds	gabapentin 1x300mg tds	£20.53
gemfibrozil 2x300mg bd	gemfibrozil 1x600mg bd	£117.10
Half Sinemet CR 2 tabs	Sinemet CR 1 tab	£70.37
irbesartan 2x150mg	irbesartan 1x300mg	£100.75
irbesartan 2x75mg	irbesartan 1x150mg	£98.02
labetalol 2x100mg bd	labetalol 1x200mg bd	£54.73
labetalol 2x200mg bd	labetalol 1x400mg bd	£30.94
lamotrigine 2x25mg	lamotrigine 1x50mg	£9.30
leflunomide 2x10mg	leflunomide 1x20mg	£620.38
levetiracetam 2x250mg	levetiracetam 1x500mg	£43.07
lormetazepam 2x0.5mg	lormetazepam 1x1mg	£702.52
losartan 2x25mg	losartan 1x50mg	£254.28
losartan 2x50mg	losartan 1x100mg	£122.46
MST 2x15mg	MST 1x30mg (but Zomorph 30mg preferred)	£41.37
nifedipine 2x5mg tds	nifedipine 1x10mg tds	£25.22
omeprazole caps 2x10mg	omeprazole caps 1x20mg	£22.10
omeprazole tabs 1 x 40mg	omeprazole tabs 2x20mg	£119.34
omeprazole tabs 2x10mg	omeprazole tabs 1x20mg	£77.61
oxybutynin 2x2.5mg tds	oxybutynin 1x5mg tds	£4.55
oxyContin 2x5mg m/r tabs	oxyContin 1x10mg m/r tabs	£162.05
perindopril 2x2mg	perindopril 1x4mg	£19.78
perindopril 2x4mg	perindopril 1x8mg	£20.38
pioglitazone 2x15mg	pioglitazone 1x30mg	£236.11
prednisolone 1x25mg	prednisolone 5x5mg	£114.40
pregabalin 2x100mg tds	pregabalin 1x200mg tds	£1,255.80
pregabalin 2x150mg bd	pregabalin 1x300mg bd	£837.20
pregabalin 2x25mg tds	pregabalin 1x50mg tds	£1,255.80
pregabalin 2x50mg tds	pregabalin 1x100mg tds	£1,255.80

APPENDIX 2— Dose Optimisation—continued

Current	Proposed	Annual cost saving per patient (£) based on Oct drug tariff/ Sept MIMS/ latest C and D list
pregabalin 2x75mg bd	pregabalin 1x150mg bd	£837.20
quetiapine 2x100mg	quetiapine 1x200mg	£686.14
quetiapine 2x150mg	quetiapine 1x300mg	£340.95
repaglinide 2x0.5mg	repaglinide 1x1mg	£47.56
repaglinide 2x1mg	repaglinide 1x2mg	£47.56
rivastigmine 2x1.5mg	rivastigmine 1x3mg	£432.32
rivastigmine 2x3mg	rivastigmine 1x6mg	£432.32
simvastatin 2 x 40mg	simvastatin 1 x 80mg	£4.55
simvastatin 2x10mg	simvastatin 1x20mg	£10.27
simvastatin 2x20mg	simvastatin 1x40mg	£9.10
spironolactone 2x25mg	spironolactone 1x50mg	£11.57
spironolactone 2x50mg	spironolactone 1x100mg	£22.88
tacrolimus 2x0.5mg	tacrolimus 1x1mg	£316.53
telmisartan 2x20mg	telmisartan 1x40mg	£45.50
telmisartan 2x40mg	telmisartan 1x80mg	£104.00
tizanidine 2x2mg	tizanidine 1x4mg	£11.53
tolterodine 2x1mg	tolterodine 1x2mg	£178.75
topiramate 2x100mg	topiramate 1x200mg	£47.50
topiramate 2x25mg	topiramate 1x50mg	£9.71
topiramate 2x50mg	topiramate 1x100mg	£54.36
valsartan 2x40mg	valsartan 1x80mg	£181.61
valsartan 2x80mg	valsartan 1x160mg	£123.89
venlafaxine 2x37.5mg tabs	venlafaxine 1x75mg tabs	£16.19
venlafaxine m/r 2x75mg caps	venlafaxine m/r 1x150mg caps	£44.20

Please use the back page to note down new ideas for cost-savings, waste reduction, and/or overall prescribing efficiencies as you think of them.

Please encourage all colleagues to contribute.

Please share these ideas with your prescribing support pharmacist or technician or contact Ros Anderson or Adrian Mackenzie by email, or preferably, mobile, to discuss.

Ros: 07747757385
Adrian: 07787307183

**THANK YOU TO EVERYONE CONCERNED, FOR THEIR ONGOING CO-OPERATION
AND
SUPPORT IN ACTIONING AND MAINTAINING PRESCRIBING EFFICIENCIES.**