



# Medicines Optimisation Update

Issue four: January 2018

Welcome to the fourth edition of the BNSSG Medicines Optimisation Newsletter. This joint newsletter will be published monthly and will contain useful information and resources to help ensure that medicines continue to be prescribed both safely and effectively for our local population.

## BNSSG blood glucose monitoring guidelines

Prescribers are reminded of the BNSSG guidelines for monitoring blood glucose in type 2 diabetes ([bit.ly/BNSSG-T2DM](http://bit.ly/BNSSG-T2DM)) and type 1 diabetes ([bit.ly/BNSSG-T1DM](http://bit.ly/BNSSG-T1DM)). The guidelines include indications for monitoring and frequency of testing in type 2 diabetes, as well as in-use expiry dates of strips, which may influence choice of meter if patients are testing infrequently. Work is still ongoing as there are significant savings not yet realised. Please ensure all patients are prescribed one of these cost-effective meters as described in the guidance where appropriate.

## Dosing of oral paracetamol in adults

Guidance on the dosing of oral paracetamol is now available on the formulary website ([bit.ly/BNSSG\\_Paracetamol](http://bit.ly/BNSSG_Paracetamol)) following reports of hepatotoxicity in adult patients who weight less than 50kg and have been taking a dose of 4g of paracetamol daily.

The guidelines recommend a dose of 4g daily for adults over 50kg, and a reduction in dose to 3g daily or 2g daily in patients under 50kg depending on risk factors for hepatotoxicity, including malnutrition, decompensated liver disease, alcohol dependence or concomitant administration with glutathione-depleting or potent enzyme inducing drugs. Please ensure that patients who fulfil these criteria are reviewed and the dose of paracetamol reduced as necessary

## Prescribing tips...

**Isosorbide mononitrate modified release capsules (Monomax<sup>®</sup> SR 40mg and 60mg capsules)** are no longer manufactured by Chiesi Ltd and are now manufactured by Ethypharm Ltd instead as the brand name Nyzamac<sup>®</sup> SR 60mg capsules. The most cost-effective way to prescribe modified release isosorbide mononitrate is as tablets (e.g. Monomil<sup>®</sup> tablets, and capsules should be used only in those patients with a significant clinical need. SPC for Nyzamac 60mg capsules [bit.ly/Nyzamac60](http://bit.ly/Nyzamac60)). This message is on OptimiseRx to ensure the most cost-effective product is prescribed.

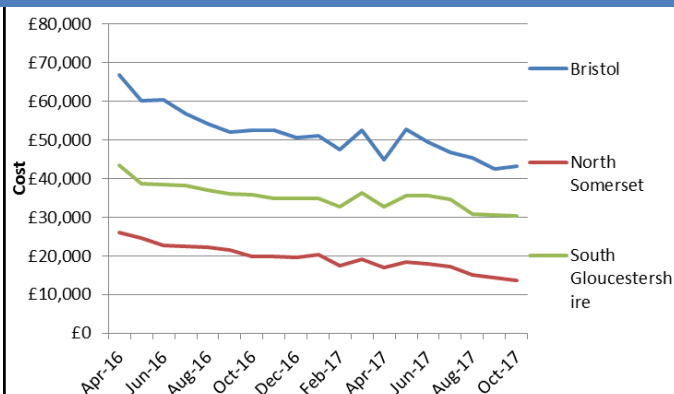
**Variable use medication function on EMIS** Some items available on a patient's repeat prescriptions may not have a fixed dose and different amounts may be used each prescribing interval. In order to avoid waste where medicines are not required every month, there is a "variable use" tick box within the edit a drug box on EMIS. Ticking this box adds the item to a separate section on the medication screen, in the same way that hospital drugs are shown separately. By using this function and adding an expected duration for each item to the patient or pharmacy text, it allows prescription clerks to identify potential overuse or over-ordering of these medicines. Items for which this could be considered include creams, lancets and test strips, salbutamol inhalers and GTN sprays.

**Discontinuation of Testim<sup>®</sup> gel** Ferring Pharmaceuticals have advised that they are discontinuing the production of Testim<sup>®</sup> gel (testosterone 50mg/5g), which is currently out of stock. Delivery to wholesalers is expected in February, after which stock will no longer be supplied. There are currently 33 patients across BNSSG prescribed this product by brand (13 in Bristol, 11 in North Somerset, 9 in South Gloucestershire), and practices are advised to switch these patients to the formulary alternative, Testogel<sup>®</sup> ([bit.ly/BNSSG6-8](http://bit.ly/BNSSG6-8)) as soon as practicable. Testogel<sup>®</sup> SPC: [bit.ly/Testogel](http://bit.ly/Testogel). Please ask your practice pharmacist if you require any assistance identifying affected patients

**Ippinia<sup>®</sup> XL Shortage** Two strengths of Ippinia<sup>®</sup> XL (ropinirole) are currently unavailable, 6mg and 8mg; all other strengths remain unaffected. During this shortage, it is advised that patients currently prescribed the 6mg and 8mg strengths are switched to this being prescribed generically, to enable community pharmacies to supply any brands which are available.

## Emollient Review Update

The graph opposite details the reduction in spend on emollients from April 2016. The total spend on emollients across BNSSG reduced by 16% on average per month from 2016/17 to 2017/18 (to October) from an average of £113,000 to £95,000 per month. We would like to take this opportunity to thank practices for their hard work in reviewing the prescribing of emollients and for ensuring that patients are prescribed a cost-effective emollient as per the BNSSG formulary at [bit.ly/BNSSG\\_skin](http://bit.ly/BNSSG_skin), as well as ensuring that emollients are prescribed only for defined skin conditions and not for general dry skin, for which self-care is the most appropriate treatment route.



## Controlled Drug Dosing Instructions

The Controlled Drugs Accountable Officer for NHS England South West has issued a letter regarding the safe prescribing of Controlled Drugs following an incident where a patient died. The patient had been prescribed morphine 10mg/5mL liquid (schedule 5 CD - note that concentrated Oramorph 20mg/1mL is a schedule 2 CD) which had been labelled "take as directed every four hours". Although this prescription was legal, prescribers are reminded that NICE guideline 46 ([bit.ly/NICE\\_NG46](https://www.nice.org.uk/guidance/ng46)) sets out best practice for prescribing of CDs which includes clear dosing instructions on the prescription, including quantity and frequency. It is important to consider that a quantity per dose is a legal requirement when prescribing schedule 2 and 3 CDs, but a dosage interval is not. Where it is considered necessary to use "as directed" or similar wording, please ensure the patient has been given explicit verbal and/or written instructions.

Community pharmacies should also be aware of the pilot for schedule 2 and 3 CDs by EPS2. Although practices in the area are not involved with the pilot, there is the potential that a CD prescription may be received by any pharmacy due to the ability for EPS to be sent anywhere in the country

## Vaccines containing porcine gelatine derivatives

Public Health England has produced guidance on the gelatine content of vaccines, prompted by concerns from some faith groups about the origin of the gelatine. The leaflet ([bit.ly/Porcine](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614411/porcine_gelatine_vaccines.pdf)) includes details of the three vaccines included in the routine immunisation schedule which contain porcine gelatine (Fluenz Tetra<sup>®</sup>, MMR VaxPro<sup>®</sup> and Zostavax<sup>®</sup>).

While there is a gelatine-free alternative to the MMR vaccine in the UK (Priorix<sup>®</sup> does not contain gelatine derivatives), there is no alternative gelatine-free shingles vaccine, and injectable gelatine-free influenza vaccines are less effective in children than the nasal vaccine.

The PHE leaflet contains information on acceptability of gelatine-derivatives to different faith groups when used in injectable products, though it is accepted that people's interpretation of this guidance may differ according to their personal views.

## Price Reduction of Symbicort and Duoresp

Symbicort<sup>®</sup> Turbohalers 200/6mcg and 400/12mcg have been reduced in price to a point which brings them in line with the price of DuoResp Spiromax inhalers 160/4.5mcg and 320/9mcg. Both devices are listed on the formulary for asthma, and due to the differences in the device and their use should always be prescribed by brand. The OptimiseRx profile has been updated to reflect these changes. Please be aware that there is a third product available, Easyhaler device (Fobumix<sup>®</sup>) which may be supplied to patients if budesonide/formoterol is prescribed generically. Fobumix<sup>®</sup> is currently non formulary. Please be advised that other combined ICS/LABA inhalers may be more cost-effective depending on the patient's dose.

**SPC Symbicort:** [bit.ly/Symb2006](https://www.mhra.gov.uk/consultation-communications/consultations/2016/symbicort), [bit.ly/Symb40012](https://www.mhra.gov.uk/consultation-communications/consultations/2016/symbicort) **SPC Duoresp:** [bit.ly/Duo160](https://www.mhra.gov.uk/consultation-communications/consultations/2016/duoresp), [bit.ly/Duo320](https://www.mhra.gov.uk/consultation-communications/consultations/2016/duoresp)

## Branded Prescribing of Medicines

This UKMI Q&A ([bit.ly/SPS\\_brand](https://www.ukmi.org.uk/brand-prescribing)) discusses criteria where brand name prescribing of medicines should be considered for reasons other than cost, such as licensing, release characteristics and device continuity. Some examples of products which should be considered for prescribing by brand include:

- **Drugs with a narrow therapeutic index**, e.g. lithium preparations
- **Modified release preparations**, e.g. diltiazem (>60mg products), nifedipine MR, aminophylline and theophylline MR preparations (also narrow therapeutic index), methylphenidate MR, morphine MR
- **Transdermal patches**, e.g. fentanyl and buprenorphine patches which may differ in time patch is worn or matrix vs reservoir formulation
- **Devices**, in particular CFC-free beclomethasone inhalers (products are not equipotent) and dry powder inhalers (multiple devices will have different techniques) and adrenaline autoinjectors (different techniques)
- Some **antiepileptic drugs** must be prescribed by brand as the therapeutic effect or bioavailability may differ based on different products and category of drug (further details available from [bit.ly/MHRA\\_AEDs](https://www.mhra.gov.uk/consultation-communications/consultations/2016/mhra_aeds))

## Urgent Prescriptions via EPS

An incident recently occurred in Nottingham involving the death of a patient due to sepsis. The patient had been seen at home by their GP and a prescription for antibiotics was issued electronically to the pharmacy. The prescription was not dispensed, and the medication not delivered to the patient. This highlights the necessity of communicating intentions when prescribing urgent items electronically to ensure that the pharmacy are aware, as there is currently no mechanism within the EPS system to flag urgent items. We would request all prescribers issuing items via EPS for urgent delivery to telephone the pharmacy to make them aware of the prescription on the spine.

## Keep Your Vaccines Healthy

Vaccines are often wasted through over-ordering, mismanagement of stock, cold chain and fridge failures, and this costs the NHS a large sum of money each year. The "Keep your vaccines healthy" poster from Public Health England includes information on stock management, contact details and has spaces for the recording of local details [bit.ly/Vacc1nes](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/614411/porcine_gelatine_vaccines.pdf)

## MHRA Drug Safety Update: Co-dydramol

The MHRA have issued a Drug Safety Update ([bit.ly/MHRAcodyd](https://www.mhra.gov.uk/consultation-communications/consultations/2016/mhra_aeds)) advising that co-dydramol (paracetamol/dihydrocodeine, TLS blue) is prescribed and dispensed by strength. This is due to the availability of two new strength combinations, in addition to the 10/500mg most commonly seen. The two new products, containing 20/500mg and 30/500mg are packaged to clearly differentiate the strength difference between the different products, and the MHRA have not yet received any reports of accidental overdose due to the wrong product being received. If there is any doubt as to the prescriber's intentions, pharmacists are advised to clarify the intended strength to avoid inadvertent overdose.