Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists in Northamptonshire Primary Care Trust

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- **New PCT Prescribing Group**

The first meeting of the Northamptonshire Prescribing Management Group (NPMG) took place on 25th September. The group is made up of GPs and Prescribing Advisers from across the PCT and will be focusing on the operational aspects of continuing to get cost-effective, evidence-based prescribing into practice. One of the priorities for the group over the coming months will be to develop the Prescribing Incentive Scheme for 2008-9.

- **Controlled Drugs**

NPMG approved the PCT's new guidance on the management of Controlled Drugs. This details the implications for practice of the new Regulations following the Shipman enquiry. A copy will be emailed to all practice managers in the next few days and it will also be available on the intranet under "Prescribing"
http://nww.northants.nhs.uk/Clinical_Care14070/Left_Menu/Prescribing/index.jsp

One of the requirements of the new Regulations is that all organisations that prescribe, stock, supply or administer controlled drugs must complete a self-assessment declaration. These self-assessments are currently being distributed to GP practices and community units by the PCT. The Pharmaceutical Society will be organising the self-assessments for community pharmacists.
The PCT's Accountable Officer for CDs is Dr Stephen Horsley and the lead pharmacist for CDs is Vicki Bray
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- **Drugs and Therapeutics Bulletin review questions value of blood glucose self-monitoring in most well-controlled individuals with type 2 diabetes**

According to the conclusions of a DTB review, the use of routine self-monitoring of blood glucose by patients with type 2 diabetes who are reasonably well controlled offers little advantage and may increase the likelihood of hypoglycaemia.
The authors of this article note that the cost of diabetes monitoring products has become a major issue for healthcare providers. They conclude that patients who require insulin need to practise self-monitoring of blood glucose in order to titrate the insulin dose and avoid hypoglycaemia. They list circumstances where testing should be more frequent, e.g. during the course of intercurrent illness, during pregnancy, where there is frequent hypoglycaemia or impaired awareness of hypoglycaemia, when driving, during exercise, etc.

In patients with type 2 diabetes (controlled by diet or oral medication) experiencing hypoglycaemia, the use of blood glucose monitoring may help to avoid hypoglycaemic episodes. In those with a low risk of hypoglycaemia, the use of HbA1c measurements may be the most appropriate way to monitor glycaemic control, and self-monitoring of blood glucose should only be considered if patients fail to achieve stable control.

- **Methotrexate tablet strength**

The PCT's shared care protocol for methotrexate advises that doses should be prescribed in multiples of the **2.5mg** tablets.
http://nww.northants.nhs.uk/Clinical_Care14070/Left_Menu/Prescribing/Traffic_LightsSCP/scp.pdf
Historically, there may be some patients taking the 10mg tablets and these should not be changed (unless done by rheumatology), but new patients should be prescribed multiples of the 2.5mg tablets only.

One of the rheumatology nurses at KGH raised the problems that the use of the 10mg tablets can cause, "One of the problems that highlighted this was when I asked the patient to reduce their dose to 5mg weekly, they were unable to do so without obtaining a new prescription. As I am sure you are aware, our monitoring protocols for methotrexate involve 2 weekly blood tests for the first 3 months that patients are on the drug. During this time, in particular, we often need to titrate doses and, again, this is much more confusing and difficult for patients who have 10mg tablets issued".

- **Co-codamol 30/500**

Co-codamol 30/500 tablets are now considerably cheaper than capsules (£5.81 vs £8.43 for 100). Practices are advised to ensure that the capsules appear as "non formulary" on their clinical systems – the Prescribing Advisers will assist if needed.
Please note also that prescribing co-codamol 8/500 capsules will result in an over-the-counter product being dispensed, which can cost as much as £8.19 for 100 compared to £2.79 for 100 tablets.

This edition is also available on HNN (Health Network Northants)
http://nww.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=2854&currentid=2854

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