

Prescribing Points



**Oxfordshire
Clinical Commissioning Group**

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Please let us know if you are receiving this newsletter and it is no longer relevant to you and also if you know a colleague that might find it useful so that we can keep our circulation list up to date. For queries, contact jane.lynch@oxfordshireccg.nhs.uk

This newsletter is for all health professionals in Oxfordshire and is written by the Medicines Management Team, Oxfordshire CCG, Jubilee House, Oxford Business Park South, Oxford, OX4 2LH

New guidelines for the management of dry skin

The Area Prescribing Committee have approved three guidelines to support practices in the management of dry skin conditions and in selecting the most appropriate products.

The [Guideline for Management of Dry Skin – emollients](#) includes **Oilatium Cream** or **Doublebase Gel** as new first line, cost effective choices and outlines various step up options. The committee also agreed to traffic light **aqueous cream** as 'black' (not for prescribing) both as a wash product and as a leave-on emollient in line with a recent [MHRA Safety Update](#). Patients using aqueous cream should be advised to use an alternative emollient product. The first line emollient choices in this document can also be used as a soap substitute.

The [Guideline for the Management of Dry Skin – wash products](#) includes **Dermalo Bath Emollient** as the first line product of choice. All emollient bath and shower products are available for purchase over the counter and patients requesting products not in this guideline may purchase products directly from their community pharmacy.

[The Guideline for the Use of Corticosteroids in Atopic Eczema](#) includes general information on the use of corticosteroids in atopic eczema and the most cost effective product choices.

So what?

Review the emollient and wash products used in your practice for the management of dry skin in line with the updated guidance. These changes will be added to the Scriptswitch system.

Joint Formulary

We are in the process of developing a Joint Formulary with OUH which would incorporate the traffic light information. We are testing access at the moment:-

<http://oxnetpharmweb01.oxnet.nhs.uk:8080/bnf/>

Please contact me if you are on COIN and not able to access via the above link. Please note it is a work in progress and not the finished article but this is just to test access

DXS

Prescribing guidelines are included in a suite of documents being uploaded to GP prescribing systems via dXS. DXS uses read codes to automatically display guidance and referral documents relevant to a patient's condition. Referral forms will automatically populate with patient details.

The system is currently being piloted in four practices with plans to roll out to the practices over the coming weeks and months.

Ophthalmic Special Order Products Guidance

The Royal College of Ophthalmologists and the UK Ophthalmic Pharmacy Group have published [Ophthalmic Specials Guidance](#) for prescribing unlicensed medicines. Over 30,000 prescriptions for unlicensed eye preparations were dispensed in England and Wales in the first nine months of 2013 at a cost of almost £3 million. The Royal College of Ophthalmologists and the UK Ophthalmic Pharmacy Group are concerned about the suitability and the cost of certain unlicensed ophthalmic preparations prescribed and dispensed in primary care. The guidance gives specific advice and potential alternatives for a wide range of ophthalmic specials and outlines the following principles:

- When clinically appropriate and available, licensed products should always be prescribed and dispensed in preference to unlicensed products.
- Where a licensed product is not available, standard Drug Tariff products are preferred e.g. hypromellose 0.3%w/v or 0.5%w/v rather than 0.25%w/v
- Where a preservative-free (PF) preparation is clinically necessary, licensed Single Dose Units (SDUs) or licensed multi-dose devices e.g. Tear-Lac® should be prescribed if available
- Excipient intolerances should be included on the prescription (some licensed and unlicensed products including those labelled preservative-free contain potentially sensitising excipients)
- Preservative-free preparations should only be used for a limited period once opened. Justified and validated in-use shelf lives should be provided by the manufacturer.
- Single dose units should be used once only in accordance with the licence

So What?

In Oxfordshire, all specially prepared eye drops should be prescribed and provided by OUHT. However, there are many occasions where a special product is not required and this guidance should be followed by prescribers and community pharmacists to ensure the most appropriate product is prescribed and supplied to the patient.

Update to Oxfordshire Primary Care Antimicrobial Prescribing Guidelines

The Oxfordshire Antimicrobial Prescribing Guidelines for Primary Care have been updated to include the following:

- advice regarding use of nitrofurantoin in renal impairment has been updated in line with [MHRA guidance](#). Nitrofurantoin for urinary tract infections is **contraindicated** in patients with <60 mL/min creatinine clearance; trimethoprim should be used first line in this patient group.
- update of acne section to include more [recent guidance](#) approved by APCO in November 2013. If oral antibiotic required: **1st line now lymecycline and 2nd line doxycycline**;
- **change of preferred macrolide from erythromycin to clarithromycin** (except in pregnancy and breastfeeding in line with HPA and CKS guidance). The cost of clarithromycin has fallen over the past year and is now more in line with erythromycin costs. Clarithromycin is associated with a more favourable side effect profile than erythromycin and is therefore generally better tolerated.

The adult guidelines are now available on the [CCG website](#) and [intranet](#). Also available is a [summary of the changes](#) to print as an insert for the current paper copies.

In addition to the above changes, the paediatric guidelines have also been updated with the new amoxicillin dose recommendations for children included in the [BNF and cBNF](#) in April 2014 following changes made to the amoxicillin product information across Europe and concerns that children may have been receiving inadequate doses. This update will be available on the CCG website shortly.

Ticagrelor

Ticagrelor in combination with low-dose aspirin is recommended (as per NICE TAG 236) for up to 12 months as a treatment option in adults with acute coronary syndromes (ACS) that is, people:

- with a STEMI **or**
- with non-STEMI **or**
- unstable angina

Ticagrelor is only initiated in secondary care and should not be discontinued prematurely without cardiology advice. One month's supply (56 tablets) currently costs £54.60.

So what?

Prescribe for 12 months and then stop and ensure aspirin is life-long.

Check renal function one month after starting therapy. If there is greater than 20% increase in serum creatinine seek advice from initiating team.

Ticagrelor is a black triangle drug and therefore all adverse events should be reported to the MHRA using the yellow card system, even if the side effect is well documented.

Strontium safety issues

European Medicines Agency (EMA) has concluded its review of the risks and benefits of strontium ranelate (Protelos®) and they considered that it should only be used by people for whom there are no other treatments for osteoporosis. The cardiovascular risks identified with strontium ranelate may be sufficiently reduced in this population by restricting its use to people without cardiovascular contraindications (as advised in April 2013—see below) and by monitoring cardiovascular risk regularly.

Advice for healthcare professionals

- strontium ranelate is now restricted to the treatment of severe osteoporosis in postmenopausal women and adult men at high risk of fracture who cannot use other osteoporosis treatments due to, for example, contraindications or intolerance;
- treatment should only be started by a physician with experience in the treatment of osteoporosis;
- the risk of developing cardiovascular disease should be assessed before starting treatment. Treatment should not be started in people who have or have had:
 - ischaemic heart disease
 - peripheral arterial disease
 - cerebrovascular disease
 - uncontrolled hypertension;
- cardiovascular risk should be monitored every 6–12 months;
- treatment should be stopped if the individual develops ischaemic heart disease, peripheral arterial disease, or cerebrovascular disease or if hypertension is uncontrolled.

So what?

Prescribers should review any existing patients on Strontium for cardiovascular contraindications

Medicine Price Increases - Update

Drug	Price increase	Alternative	Alternative price
Piroxicam Gel 60g and 112g	60g was £2.65 now £6.00 112g was £4.95 now £9.41	Ketoprofen gel 5%	50g=£1.64
			100g=£3.28
		Ibuprofen gel 5%	50g=£2.11
			100g=£4.22
		Ibuprofen gel 10 %	100g=£5.79
Diclofenac 1% gel	100g=£5.63		
Propranolol Tablets	10 mg was £0.91 now £5.30 (28) 40 mg was £0.95 now £4.60 (28) 80 mg was £1.69 now £6.44 (56)	It depends on the initial indication as to an appropriate alternative.	
Selegiline Tablets	Price likely to increase due to manufacturing problems. 5mg (60) now £22.16 10 mg (30) now £22.16	Zelapar (oral lyophilisates) 1.25 mg equivalent to 10 mg conventional selegiline. £43.16 for 30	
Naproxen 500mg gastro-resistant Tablets(56)	From £4.81 to £9.99	Naproxen 500 mg ordinary tabs (28)	£1.70

Insulin Pens Needles Switch Recommendation

The cost of GlucoRX needles are significantly cheaper than the most commonly used BD needles. We are recommending starting new patients on GlucoRX needles rather than BD needles and recommending switching BD microfine needles (sizes 4mm, 5mm and 8mm) to the equivalent size in the GlucoRX brand.

Most commonly used needle	Cheaper Alternative	Potential Annual Cost Saving
BD Micro-Fine/Ultra Needles 4mm/32 gauge=£12.69 5mm/31 gauge=£12.69 8mm/31 gauge=£9.00	GlucoRx FinePoint Needles 4mm/31 gauge=£5.95 5mm/31 gauge=£5.95 8mm/31gauge=£5.95	£125,410

BNF Name	Total Items in last 12 months	Total Actual Cost in last 12 months	BNF Name	Total Items in last 12 months	Total Actual Cost in last 12 months
BD Micro-Fine Ultra Needles Pen Inj Screw On 4mm /32 gauge	5,387	£74,705.08	GlucoRX FinePoint Needles Pen Inj Screw On 4mm/31 Gauge	21	£126.5
BD Microfine+ Needles Pen Inj Screw On 5mm/31 gauge	8,746	£120,279.74	GlucoRX FinePoint Needles Pen Inj Screw On 5mm/31 Gauge	28	£154.1
BD Microfine+ Needles Pen Inj Screw On 8mm/31 gauge	4,111	£38,977.50	GlucoRX FinePoint Needles Pen Inj Screw On 8mm/31 Gauge	0	0
	18,244	£233,962.32		49	£280.6