

Prescribing Points



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*Oxfordshire
Clinical Commissioning Group*

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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

Antihistamines

At the last APCO meeting it was agreed to update the traffic light classification removing existing restrictions on antihistamines as minimal price differential and to reinforce the message that these can be purchased. It was agreed to review the use of fexofenadine as this has the disadvantage that it cannot be purchased over the counter.

The cost of fexofenadine has dropped significantly in the last 18 months.

Local dermatology opinion is supported by the British Association of Dermatology guidelines which recommend that patients should be offered a choice of at least two non-sedating antihistamines as responses and tolerances vary between individuals. It is common practice in urticaria to increase the dose above the manufacturers recommendations in patients who do not respond or use off-license an additional sedating antihistamine at night although this may have little clinical effect. Local dermatology preferences include cetirizine, loratadine and fexofenadine in that order.

There is little evidence for significant differences between antihistamines.

http://www.bad.org.uk/library-media/documents/Urticaria_2007.pdf

So what?

Fexofenadine has no advantage over other antihistamines but has the disadvantage of not being available over the counter. It should only be used as an alternative where more readily available antihistamines have failed.

Prescribing in Parkinsons Disease

OUH have recently published a Medicines Information leaflet (MIL) which provides advice on treating patients with Parkinsons Disease who have lost the ability to swallow. The link attached is to the Parkinsons MIL and to all other MILs which provide useful advice and guidance around particular therapeutic topics.

<http://orh.oxnet.nhs.uk/Pharmacy/Mils/MILV8N8.pdf> Parkinsons Disease
<http://orh.oxnet.nhs.uk/Pharmacy/Pages/mils.aspx> All MILs

Reminder: Simvastatin interaction

Pharmacists at OUH have noticed that a number of patients admitted recently have been taking a high dose of simvastatin with interacting medication. The MHRA advice is that when simvastatin is taken with a number of other medicines, plasma concentrations of simvastatin may be increased which is associated with an increased risk of myopathy and/or rhabdomyolysis. Key points to note are that the maximum dose of simvastatin with Amlodipine, Amiodarone, Verapamil and Diltiazem is 20mg /day.

Simvastatin is contraindicated with ciclosporin, danazol and gemfibrozil

Electronic Prescribing Release 2 (EPSR2)

Currently in Oxfordshire 31% of practices and 98% of pharmacies are live with EPSR2. On average live practices are processing 39% of their scripts through the system, and the numbers are increasing. We are just beginning the engagement phase for the next tranche of practices, with the aim of having up to 50% of Oxfordshire practices live by the end of March 2015. Both nationally and locally, it has proven most effective to concentrate on getting all the practices live in a particular area at a time. We are therefore concentrating on specific areas, where there has been significant interest from practices, and encouraging all practices in those areas to go-live at a similar time.

If you have any queries about EPSR2 please contact the project manager James Piggins, on james.piggins@nhs.net or 07798 674780.

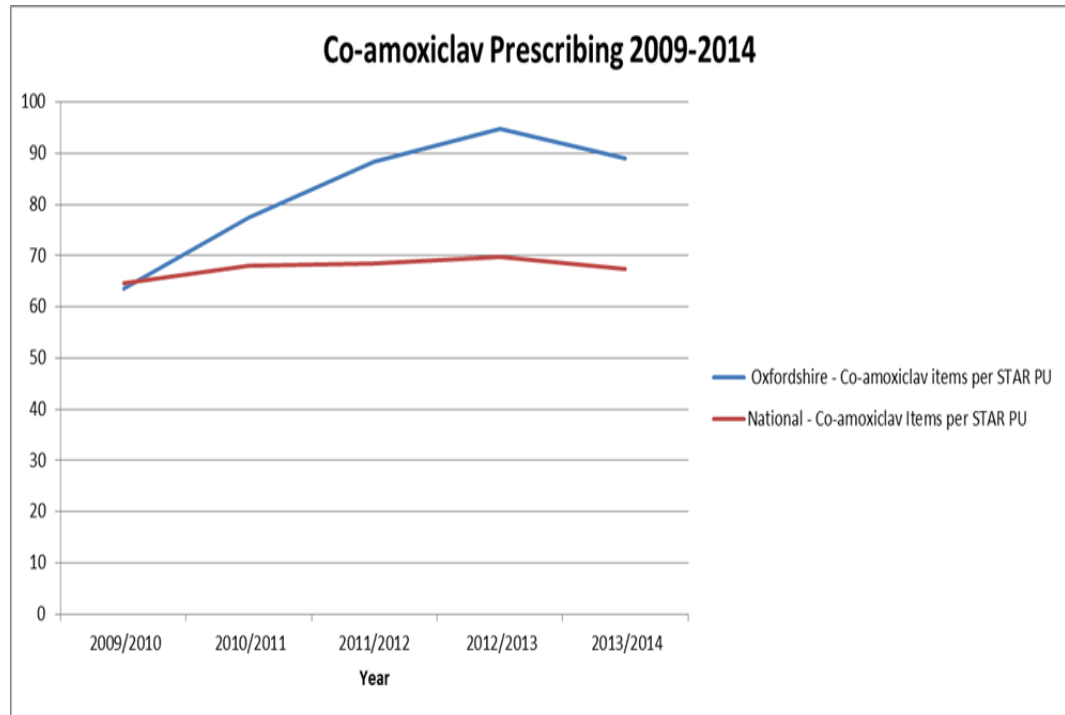
If you have any smartcard related queries please contact Peter Carter on Peter.Carter@nhs.net or 07554 439142.

NHSE Medicines Optimisation Dashboard

National comparative data such as EPS information is available on the NHS England [Medicine Optimisation dashboard](#). Other useful data included on the site are national comparisons of NOAC, NSAID and antibiotic prescribing, provision and uptake of the New Medicines Service and specific drug related QOF information.

Co-amoxiclav

Much work has been done over the past few years to reduce prescribing, outside of guidance, of cephalosporins and quinolones. All antibiotics have the potential to cause a healthcare-associated infection (HCAI), but broad spectrum antibiotics, such as these, carry a higher risk. Prescribing of both of these agents in Oxfordshire is now in line with or below the national average, however, another broad spectrum agent, co-amoxiclav, is considered to have very similar risks and prescribing of this drug in Oxfordshire is much higher than the national average.



Although co-amoxiclav is restricted within local antimicrobial prescribing guidelines, there are a number of indications in primary care where it is recommended for use and these are summarised in the tables below:

1st line indications

Acute Diverticulitis (confirmed diagnosis)	Facial cellulitis	Mild-moderate diabetic foot infections	Bites	Exacerbation of Bronchiectasis in children (child under care of a specialist)	1st line <i>option</i> for UTI in children (alongside trimethoprim, nitrofurantoin and amoxicillin)
Co-amoxiclav 625mg	Co-amoxiclav 625mg	Co-amoxiclav 625mg plus metronidazole 400mg	Co-amoxiclav 375mg-625mg	Co-amoxiclav (dose varies with age)	Co-amoxiclav (dose varies with age)

2nd line and 3rd line indications

3 rd line Acute Rhinosinusitis (persistent infection)	3 rd line Acute exacerbation of COPD (If risk factors for antimicrobial resistance)	2 nd line Acute Pyelonephritis (in pregnant and non-pregnant females)
Co-amoxiclav 625mg	Co-amoxiclav 625mg	Co-amoxiclav 625mg

So what?

Co-amoxiclav should be used in line with local antimicrobial prescribing guidelines and/or microbiology advice.