

Prescribing Points



Oxfordshire
Clinical Commissioning Group

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Denosumab as part of the Primary Care Pathway for Osteoporosis

From 1st September GPs in Oxfordshire can initiate denosumab in patients that meet the criteria in the [guideline](#). The guideline allows for denosumab to be used third line following alendronate and risedronate for patients who meet the criteria. The first dose was previously given in secondary care and we are aware that this is a shift of services. To this end we have moved funding from secondary care to primary care. This will be used to fund the increase in prescribing costs and also the cost of the GP giving the first dose. Funding for all doses given will be through the near patient testing specification. This change will benefit high risk patients who will no longer have to travel to hospital to receive their first injection.

Denosumab can be used for:

- 1) Secondary prevention of osteoporotic fragility fractures in postmenopausal women and men who:
 - are unable to comply with the special instructions for administering alendronate or risedronate
 - have an intolerance of, or a contraindication to, those treatments.
- 2) Primary prevention of fragility fractures in postmenopausal women: For patients who are unable to comply or are intolerant of risedronate and alendronic acid and have a T score as outlined below:

T score* cutoffs for using denosumab in primary prevention of fragility fracture

Age (years)	Number of independent clinical risk factors for fracture		
	0	1	2
65–69	Not recommended	-4.5	-4.0
70–74	-4.5	-4.0	-3.5
75 or older	-4.0	-4.0	-3.0

*Use the lowest T scores at either lumbar spine or hip DXA for using denosumab.

Clinical risk factors: a) parental history of hip fracture, b) alcohol intake of 4 or more units per day, c) rheumatoid arthritis diagnosis. For example, a 73 years old with no risk factors the lowest BMD has to be -4.5 or worse for denosumab to be recommended. See guidance for further details.

Guidelines for the Management of Undernutrition for Adults in Primary Care – Updated

An updated version of the Guidelines for the Management of Undernutrition is now available on the CCG intranet [here](#). Prescribing spend on oral nutritional supplements in Oxfordshire has been steadily increasing over the last year. Since the previous guidelines were produced in 2010, a number of new products have become available and the update now recommends **Aymes Shake** as the first line choice if an oral nutritional supplement is required. The table below shows a number of the products available and the cost per serving:

Product	Presentation	Calories per serving	Protein (g) per serving	Cost per serving
Aymes Shake	57g Powder sachet	384	16	£0.78
Ensure Shake	57g Powder sachet	389	17	£0.78
Fresubin Powder Extra	62g Powder sachet	397	18	£0.80
Complan Shake	57g Powder sachet	387	16	£0.95
Fresubin Energy	200ml bottle	300	11.2	£1.48
Resource Energy	200ml bottle	300	11.2	£1.91
Ensure Plus	220ml bottle	330	13.8	£2.02
Fortisip	200ml bottle	300	12	£2.06

The guideline also recommends:

- Using [MUST\(Malnutrition Universal Screening Tool\)](#) when assessing patients who have lost weight
- Ensuring food fortification is used first, if appropriate
- When to prescribe oral nutritional supplements and how long to continue them.

So what?

Prescribers should be aware of the updated guideline and note that Aymes Shake is now first line if an oral nutritional supplement is required. This recommendation will be added to ScriptSwitch.

Domperidone – MHRA advice

Following a European review, the Medicines and Healthcare products Regulatory Agency (MHRA) has issued [updated advice](#) that domperidone should not be used by people who have serious underlying heart conditions. The agency has also announced that from 4th September [domperidone will no longer be available to buy over the counter](#).

It should now only be used in the relief of symptoms of nausea and vomiting and at the lowest effective dose for the shortest possible duration. Adults should take no more than three 10mg tablets per day.

Domperidone should no longer be used to treat other conditions such as heartburn, bloating or relief of stomach discomfort. The Area Prescribing Committee supported this advice and domperidone is traffic lighted Brown (use in restricted circumstances) accordingly.

UK Medicines Information have produced some further advice on managing patients who are currently taking long term domperidone and is available [here](#). In the first instance it is suggested that all patients affected are reviewed and a withdrawal of therapy is trialled.

So what?

Prescribers should be aware of the MHRA's updated advice and all patients on long term domperidone should have their treatment reviewed.

Prescription reimbursement issues

[NHS prescription services](#) have reported seeing an increase in unusual quantities, nationally, for certain items ordered on prescription e.g inhalers prescribed as 200x200 doses.

This is likely to be due to the way prescribing software is set up in a practice, but unless the prescription has been endorsed with the actual quantity dispensed then it is possible the incorrect quantity could be reimbursed.

There has also been an increase in prescriptions where a generic item is prescribed along with a brand name. This, again, may be due to prescribing software set up. However, prescription services have advised that if a brand name is given on the prescription form then this product will be reimbursed. This is likely to be more expensive than the probable intended generic.

So what?

Searches can be run on clinical systems to help identify any large quantities or unusually high cost items – an EMIS web search template is available from the Medicines Management team . Review prescribing software set up to ensure brand names are not printed on intended generic prescriptions

Prescribing of Milks

The Area Prescribing Committee recently agreed some specific advice on when to prescribe milk products. This supports the [CMPA guidelines](#) which were agreed in January

1. Lactose free and soya milks (in line with current policy) and anti-reflux milks should not be prescribed. These products can be purchased at a similar cost to other milks.
2. Specific milk products may be prescribed for babies up to 18 months of age with CMPA in line with guidelines
3. Prescribing of milk products for any other indication are under discussion

The CCG plans to complete an audit to investigate the most common indications for which milk formulae is prescribed, where it is initiated and how long the treatment is continued for.

So what?

Ensure milk products are only prescribed in line with CMPA guidelines. Lactose free, soya and anti-reflux milks should not be prescribed. This information will be added to scriptswitch.

Medicine Supply Issues and Price Concessions – August 2014

Drug	Current price	Previous price	Further information
Fenofibrate 200mg micronised capsules	£14.23	£1.88	Shortage of generic product and therefore branded medicine cost is being reimbursed (July and August price concession on drug tariff price)
Pizotifen 0.5mg tablets and 1.5mg tablets	£6.95	£1.22 (0.5mg) £1.79(1.5mg)	Branded Sanomigran 0.5mg tablets have been discontinued due to manufacturing issues. Generics remain available. A Price concession has been granted on drug tariff price for August.
Betnovate, Eumovate Dermovate and other GSK dermatology products	£2.87 (30g) £9.57 (100g) generic betamethasone cream	£1.43 (30g) £4.05 (100g) Betnovate cream	GSK report general manufacturing issues at their dermatology facility, resulting in no further product being issued at present. <i>Generic</i> betamethasone valerate cream/ointment, clobetasol propionate cream/ointment and clobetasone butyrate ointment are available in 30g tubes.