

Fife Prescribing update

A BI-MONTHLY NEWSLETTER AIMED AT ALL MEDICAL AND NON-MEDICAL PRESCRIBERS ACROSS NHS FIFE

Welcome to the 36th edition of the Fife Prescribing Update - a bi-monthly newsletter aimed at all medical and non-medical prescribers across NHS Fife.

I hope you enjoy reading the newsletter! If you have enquiries about the content or articles covered in this newsletter, please contact your Locality Pharmacist. Articles in this newsletter are for guidance only and appropriate medical information e.g. BNF, Summary of Product Characteristics etc. should be consulted before use. Similarly, if you do not wish to receive this newsletter or your contact details are incorrect; please drop a line to gilliankerr1@nhs.net.

ORAL NUTRITIONAL SUPPLEMENTS

In 2009/10 over **£1 million** was spent on Oral Nutritional Substances (ONS) in NHS Fife Primary care. The cost and number of items prescribed has been exponentially increasing on an annual basis. To date, there has been no local guidance or formulary restrictions in the prescribing of ONS, and medical and non-medical prescribers are able to prescribe from an ever increasing range of products. Varying prescribing practices have been observed at CHP and practice level.

NHS Fife is the 3rd highest of the Scottish Health Boards for units of ONS prescribed per head of population, and the % increase in cost for NHS Fife for 2010 was 12%, compared to the Scottish average of 5%.

Reasons for high spend:

- Inappropriate ONS prescribing
- Most clinical and cost effective ONS not always prescribed
- Significant wastage

What is the progress so far?

- An NHS Fife Oral Nutritional Supplements Formulary has been developed (Refer to Chapter 9, NHS Fife Formulary). Abbott Nutrition was identified as the preferred supplier for ONS in Fife, following initiation of a 4 year National Borderline Substances Dietetic Contract (Ensure* range of ONS). Prescribing this new formulary range will 'ensure' maximum rebates are paid back into the prescribing budget.**
- ONS Adult Prescribing Guidelines: "Prescribing Guidelines for the Appropriate use of Oral Nutritional Supplements (ONS in the Community)" approved by ADTC Dec 2011 ¹
- Prescribing Support Dietitian in post from January 2012 for 9 months. Currently this role involves reviewing the top 10 high spending GP practices for ONS, implementing recommendations and reviewing patients to 'ensure' compliance with the new guidelines and formulary.
- Draft General Practice prescribing project developed.

* Ensure range : Ensure Plus Milkshake Style®, Ensure Plus Juce®, Ensure Plus Fibre®

**Quarterly rebates are paid into the prescribing budget based on market share and monetary spend category of the preferred suppliers ONS products.

ONS Guidelines Summary

- Determine if the patient is clinically malnourished:
- BMI < than 18.5kg/m² or
- Unintentional weight loss of greater than 10% within 3-6 months or
- BMI less than 18.5-20kg/m² & unintentional weight loss of 5-10% in 3-6 months
- All patients should initially be given written "**Food First**" dietary information sheets and have a **minimum 4 week trial of maximising their nutritional intake from food** ¹.
- **All patient must have had weight loss occurring over 2 consecutive months after the "Food First" trial.**
- ONS should only be started for patients who have met the above criteria

NB: Specific guidance has been developed for Palliative Care and Substance Misuse ¹

Refer directly to a Dietitian if nutritional problems are linked to a medical condition and/or considered long term.

Advice for Prescribing ONS

- All new patients requiring ONS should be prescribed a product from the formulary Ensure range → Ensure Plus Milkshake® or Ensure Plus Juce® or Ensure Plus Fibre®. Small supply initially prescribed to establish preference and 1 month thereafter. An effective dose is considered to be 1-2 bottles for a **maximum** of 2-3 months ¹.
- All current patients should have their continued need for ONS reviewed against the new ONS guidelines ¹, and should be switched to a product from the formulary 'Ensure' range if they are to be continued. Otherwise prescribing of ONS should be stopped.

Work will continue to ensure cost effective prescribing of ONS with the aim of **reducing annual spend by £80-£100,000** over 2012/13. Prescribing and Formulary Compliance will be monitored.

¹ "Prescribing Guidelines for the Appropriate use of Oral Nutritional Supplements (ONS in the Community)" www.fifeadtc.scot.nhs.uk under formulary section, chapter 9 Nutrition and Blood.

Choice of combined oral contraceptive pills (COC) - Reminder

A range of new combined oral contraceptive pills (COC) have been approved by the SMC (Scottish Medicines Consortium) for use in NHS Scotland. These products have now been included in the NHS Fife Formulary. The new pills are identical to currently used brands, but are more competitively priced and thus provide the potential for cost savings.

Preferred Formulary Choice	Equivalent to
Rigevidon®	Microgynon 30® / Ovranette®
Gedarel 30®	Marvelon®
Gedarel 20®	Mercilon®
Millinette 30®	Femodene®
Millinette 20®	Femodette®

Consideration should be given to commencing new users of combined oral contraception on one of the newly available COC brands. Following current NHS Fife Contraceptive Prescribing Guidance the COC of first choice is a 2nd generation pill containing levonorgestrel (e.g. Rigevidon®).

Established COC users may also be suitable for switching to one of the new approved COCs. Health care professionals should discuss the option to switch with the patient at the next scheduled review. Patients can be reassured that the newer products contain the same ingredients at the same dose, however packaging and colours of pills may differ from previous brands.

The new brands are highlighted as Formulary choices in the eFormularies in EMIS and Vision prescribing systems.

Healthcare professionals and patients may find the website for the new products useful: www.knowyourcontraceptives.co.uk

This website details product information with pictures of packaging of the new products, manufacturer's SPCs, as well as other support material.

Please Note: the NHS Fife Guidelines "Contraceptive prescribing" and "Emergency Contraception" are currently under revision and will be published in March/April 2012.

GLUCOSAMINE

Glucosamine products are **not recommended** for use in NHS Fife. There are licensed products in the BNF but none of the licensed glucosamine products are recommended for use within Scotland by the Scottish Medicines Consortium (SMC).

Glucosamine is licensed for the symptomatic relief of mild to moderate osteoarthritis of the knee. Studies have shown that glucosamine products are not consistently better than placebo at improving osteoarthritis of the knee. Over the last 12 month period, £25,663 has been spent on glucosamine products in NHS Fife. There were 880 items dispensed and the average cost per item was approximately £29.

KEY POINTS:

- **No** licensed glucosamine product has been approved by SMC.
- Glucosamine is **NOT** included in the NHS Fife formulary.
- Glucosamine should **NOT** be prescribed on the NHS.
- Glucosamine sulphate at a daily dose of 1500mg can be purchased as an oral nutritional supplement. Patients should be advised to stop if there is no symptomatic benefit after 3 months.

HYDROCORTISONE CREAMS AND OINTMENTS – Cost variations

There are huge differences in costs between the 1% and the 2.5% strengths of hydrocortisone cream and ointment.

	Strength	Formulation	Pack Size	Cost per pack	Cost per 15g
Hydrocortisone	2.5%	Ointment	15g	£24.05	£24.05
Hydrocortisone	2.5%	Cream	15g	£20.04	£20.04
Hydrocortisone	1%	Ointment	15g	£3.44	£3.44
Hydrocortisone	1%	Cream	15g	£1.46	£1.46
Hydrocortisone	1%	Ointment	30g	£2.44	£1.22
Hydrocortisone	1%	Cream	30g	£1.77	£0.88
Fluocinolone (Synalar 1in10®)	0.0025%	Cream	50g	£4.16	£1.25
Clobetasone (Eumovate®)	0.05%	Cream/ ointment	30g	£1.86	0.93

Hydrocortisone 1% remains the preferred mildly potent steroid. Synalar 1 in 10 would be recommended in patients sensitive to hydrocortisone. Hydrocortisone 2.5% is classified as a mildly potent steroid.

Hydrocortisone 2.5% has previously been recommended in the Fife Formulary for use on the face only. However due to the significant cost differences dermatologists and dermatology specialist nurses in NHS Fife will **no longer be recommending** the use of hydrocortisone 2.5% . In patients where hydrocortisone 1% is ineffective then the patient should be switched to clobetasone (Eumovate®), once symptoms are under control patients should be stepped back down to hydrocortisone 1%.