

Fife Prescribing update

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

Welcome to issue 47 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 this 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.

New GP Prescribing Scheme- starting 1st April

As Fife continues to have one of the **highest spends per patient in primary care** in Scotland, NHS Fife has agreed that a further GP Prescribing scheme will start on 1st April. This will involve GPs reviewing a number of their patients who are prescribed specific medicines on the list below. These medicines have been identified as the areas where Fife prescribes **higher** than Scottish average or where there are significant potential prescribing efficiencies.

| Project and suggested exclusions | Rationale for project |
|---|--|
| Urology | |
| Tadalafil/ vardenafil 20mg to Sildenafil Switch Exclusions: previously tried sildenafil, patient requires longer duration of action of tadalafil. | Sildenafil is formulary choice and most cost effective. |
| Pain | |
| Lidocaine 5% plasters –discontinuation or switch to other neuropathic pain medication | Lidocaine plasters (Versatis®) should be discontinued if no response after 4 weeks. |
| Pregabalin to Gabapentin switch for neuropathic pain ; review of patients who are taking pregabalin for generalised anxiety disorder Exclusions: Previously tried Gabapentin | For pain: Pregabalin is third line option if pain not controlled on gabapentin +/- amitriptyline. For GAD: Pregabalin is approved for restricted 3rd line use in the treatment of GAD and anxiety associated with schizophrenia and is restricted to specialist initiation / specialist recommendation after failure with/intolerance to at least two different formulary SSRIs/SNRIs. Treatment should be reviewed after a 12 week trial period and discontinued if found to be ineffective. |
| Oxycodone switch to Zomorph Exclusions: Previously tried morphine | Oxycodone should only be used if Morphine lacks efficacy or is not tolerated. Zomorph is preferred brand of Morphine MR. |
| Switch Buprenorphine patches to formulary co-codamol, tramadol or oral morphine product. Exclusions: unable to take oral medication | Buprenorphine patches are not currently recommended for use in Scotland by SMC. |
| Switch from Fentanyl patches to oral morphine for patients with chronic pain who have not previously tried oral Morphine. Exclusions: unable to take oral medication | Fentanyl patches should be considered 3rd line if intolerance to morphine or where patients are unable to swallow. |
| Switch from tramadol S/R to standard release tramadol or co-codamol. Exclusions: patient unable to tolerate standard tramadol. Remember to ensure that patients are also prescribed paracetamol with tramadol | Tramadol MR should only be used for night time breakthrough pain, to aid compliance or if there are side-effects with standard tramadol. |
| Switch from Morphine MR to Zomorph Exclusions: patients who cannot tolerate Zomorph brand | Zomorph preferred brand of Morphine MR. |
| Switch from Diclofenac MR to standard diclofenac tablets or STOP NSAID completely. If patient has cardiovascular risk, switch to naproxen or ibuprofen or STOP NSAID completely | MR NSAID preparations should only be used in patients who have night-time breakthrough pain or early morning stiffness with standard NSAIDs. NSAIDs are only recommended as short term pain relief where possible and should therefore not be used long term on repeat. |
| Switch Cox-2 selective NSAIDS to standard NSAIDS or STOP NSAID completely Exclusions: Etoricoxib 90/120mg ; SCOT trial patients | COX-2 selective agents are NOT more effective than standard NSAIDs. NSAIDs are only recommended as short term pain relief where possible and should therefore not be used long term on repeat. |

Prescribing Efficiency Group

All clinicians across NHS Fife are asked to support this initiative by ensuring that:

- Patients are only prescribed the medicines on this list, when appropriate, according to **Fife formulary**
- Patients who are prescribed these medicines, are **reviewed and medication changed where clinically appropriate** to do so.

DRUG TREATMENTS FOR DIABETES: NHS FIFE DIABETES MCN

Sulfonylureas

Sulfonylureas (SU) are listed as second line choices in the NHS Fife Formulary for the treatment of Type 2 diabetes mellitus. The NHS Fife formulary choices must be prescribed wherever possible: www.fifeadtc.scot.nhs.uk Consideration must always be given to special groups e.g. the elderly or those with renal or liver impairment. Always check the BNF or the NHS Fife Formulary for contra-indications/cautions.

Key points to help prescribers manage patients on an SU effectively and safely:

- **Patients should be advised that they are at increased risk of hypoglycaemia when taking an SU and given advice accordingly. They should also be given written information such as the NHS Fife leaflet which is available on the NHS Fife intranet - [Hypoglycaemia](#) .**
- **ALL** patients who are prescribed an SU must be given a blood glucose meter and advised on how often and when to check their blood glucose. Please refer to the article below for the Fife Formulary choice of meter and test strips.
- A baseline of glucose readings should be recorded. Generally this would be before meals; breakfast and tea time one day

then lunch and supper the next day. If after 5 – 7 days the glucose levels are above 10 the SU dose can be increased. Glucose levels between 5 and 9 will generally indicate that the optimum dose of the SU has been reached.

- Patients should be given written information on risks associated with driving. The information from the DVLA could be supplied. <https://www.gov.uk/diabetes-driving>
- Patients should be advised about sick day rules. These rules vary slightly for Type 1 and 2 diabetes. Leaflets are currently being developed but in the meantime please speak to your patient's Diabetes Specialist Nurse for advice if required in terms of monitoring and medication when your patient is ill e.g. infection, diarrhoea, vomiting.
- Gliclazide is the NHS Fife first choice SU. Please note that the MR preparations are more expensive than the standard release preparations and should only be prescribed in patients who are unable to comply with the dosage regimen for the standard tablets.
- Please refer to the NHS Fife GP protocol for further advice which is available the NHS Fife intranet - [Diabetes Protocol for General Practice](#).
- If further information or advice is required please contact your local Community Diabetes Specialist Nurse.

Monitoring Agents for Type 2 Diabetes

The NHS Fife choices of Blood Glucose Test Strips are:
Type 2 Diabetes - Glucomen GM (Reagent) strips
- Trueyou (Reagent) strips

Glucomen GM meters manufactured by Menarini are the preferred first choice for people with Diabetes in NHS Fife. Where the first choice of meter is unsuitable for people with Type 2 diabetes, True You and True You Mini meters by Nipro may be offered as an alternative.

Reminder:

Home blood glucose monitoring is NOT recommended for ALL patient groups.

Prescribers should recently have received a copy of the new NHS Fife guidelines on self-monitoring of blood glucose. This is available on the ADTC Fife Formulary, Chapter 6; <http://www.fifeadtc.scot.nhs.uk/formulary/sections/6%20Endocrine.pdf>

Oral Glucose Tolerance Test

Patients requiring an oral glucose tolerance test (OGTT) should be prescribed Rapolose[®] rather than Glucose 75g which is much more expensive. Rapolose[®] is an unlicensed ready to drink product, which complies with the WHO OGTT guidelines. There is no licensed medicine for OGTT.

- The NHS Fife formulary choice for OGTT is Rapolose[®]
- Glucose 75 g powder can cost £12 per dose which is approximately 4 times the cost of a Rapolose[®] dose.

Launch of the **NEW** Fife Hypnotics and Anxiolytics Prescribing Policy

Tues 24th June 2014, Lochgelly Centre
(Registration from 1.15pm, event begins at 1.40pm)

Speakers include: Dr Baldacchino, Consultant, Addiction Services; Dr Kelman, Consultant, Care of the Elderly, Police Scotland and Health Improvement.

Interactive workshops will include:

- How to implement the policy in a GP Practice
- How to manage patients prescribed hypnotics and anxiolytics
- An opportunity to view stands from a range of voluntary organisations with various self-help strategies for managing anxiety and stress.

Attendance is recommended from at least one GP and ideally an admin staff member as the event will help in undertaking 2014/15 QOF prescribing audit. Places are limited so **PLEASE BOOK** as soon as possible. For information and booking form please contact: Mary Thomson, DWF Prescribing Support Team marythomson1@nhs.net or click [Hypnotics and Anxiolytics Policy Launch Booking Form](#).

