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## A 'Safe Practice' Checklist for the Use of Oral Methotrexate in Lothian

The NHS National Patient Safety Agency (NPSA) alert in July 2004<sup>1</sup> set out actions for NHS acute trusts, primary care organisations and local health boards in England and Wales to reduce the risks associated with oral methotrexate. NHS Quality Improvement Scotland (QIS) wrote to NHS Scotland boards setting out the action that they are required to take with regard to the implementation of the NPSA alert<sup>2</sup>.

A 'Safe Practice' checklist, approved by the Area Drug and Therapeutics Committee, has been produced and a copy has been distributed with this issue of the LPB. This is a concise document for use by all healthcare professionals involved in the prescribing, dispensing and supply of oral methotrexate. It was developed in line with NPSA recommendations and was widely circulated to clinical teams and colleagues across primary and

secondary care in Lothian for comment and feedback. The aim of the checklist is to facilitate the implementation of the NPSA recommendations and to ensure that oral methotrexate is used safely in Lothian. Shared care protocols (SCPs) are being produced for each individual indication of methotrexate (except haematology/oncology, as there is an alternative system already in place), as well as for the use of methotrexate in children. Some of these SCPs are already in place, and the one for rheumatology is one of a group of SCPs which complement the National Enhanced Service for 'near patient testing' in the new GMS contract. Patient-held shared care monitoring cards and patient information leaflets are also being developed. The NPSA is working with the British Society for Rheumatology and the British Association of Dermatology to review and revise patient information materials for oral methotrexate.

### Methotrexate Oral Liquid - Change in Strength for Children

From the beginning of March 2005 the strength of the oral liquid preparations of methotrexate used at the Edinburgh Royal Hospital for Sick Children (RHSC) changed from 12.5mg/5ml to **10mg/5ml**<sup>3</sup>.

This was to bring RHSC into line with other paediatric centres in the country and to ensure that a fully validated product could be obtained. It is important to clarify the dose in both millilitres and milligrams when communicating with patients or parents.

#### Key messages:



Oral methotrexate has been associated with serious harm or death in a number of patients as a result of prescribing, dispensing, administering or monitoring errors.



The 'Safe Practice' checklist is now available and enclosed with this bulletin.



The checklist is a useful tool to support the safe use of oral methotrexate within your own practice.



Ensure that patients receive clear information about their oral methotrexate.

#### References

1. NHS National Patient Safety Agency (NPSA) alert. 29 July 2004. <http://www.npsa.nhs.uk/display?contentId=3107>
2. NHS Quality Improvement Scotland (QIS). Letter to NHS Scotland Boards, 30 July 2004.
3. Memorandum to All GPs and Community Pharmacists, NHS Lothian, 14 February 2005.

# Prescribing Indicators for Primary Care 2005/06

Lothian Prescribing Indicators (PIs) have been in use for many years and are developed by the Prescribing Budget Setting Group (a sub-group of the General Practice Prescribing Committee). PIs are designed to encourage cost effective and quality prescribing and compliance with the Lothian Joint Formulary (LJF).

## PI Targets for 2005/06

The PI for generic prescribing will remain a 'gateway' to the standard PIs. Practices failing to meet the generic target of 70% will not be eligible for any standard PI payments. Eleven standard PIs have been set for 2005/06, with targets for three PIs having been refined and one new PI introduced. The new PI encourages the prescribing of the LJF first choice statin, simvastatin. The lipid audit PI has been dropped and the ulcer healing drugs PI has now been developed into a 'super PI'.

This 'super PI' will attract an enhanced incentive payment over and above payments for the eleven standard PIs and will be based on costs for the prescribing of ulcer healing drugs, broadly in line with the previous ulcer healing drugs PI.

Details of the incentive scheme and target for the new 'super PI' are currently being finalised. Information will be circulated as soon as this work is complete.

It is well known that prescribing patterns in primary care, and the ability to achieve PI targets, are influenced by secondary care prescribing. It is important that both primary and secondary care work together in prescribing and by using LJF recommended drugs support the best use of NHS resources.

PI	Target	
GENERIC PRESCRIBING	Generic rate $\geq$ 70% per quarter	GATEWAY TO STANDARD PI PAYMENTS
NON-STEROIDAL ANTI-INFLAMMATORY DRUGS (NSAIDs)	Cost per patient for all oral and injectable NSAIDs including COX-2 inhibitors $\leq$ £0.85 per quarter	REVISED TARGET
TOPICAL NSAIDs	Cost per patient $\leq$ £0.10 per quarter	NO CHANGE
TOTAL ANTIBIOTICS	Items per 100 patients $\leq$ 70 per annum	NO CHANGE
CO-AMOXICLAV	Items per 100 patients $\leq$ 6 per annum	NO CHANGE
QUINOLONES	Items per 100 patients $\leq$ 3.5 per annum	NO CHANGE
BECLOMETASONE AS PERCENTAGE OF TOTAL NASAL STEROIDS	Total number of items $\geq$ 45% of all nasal steroids per quarter	REVISED TARGET
TRAMADOL	Cost per patient $\leq$ £0.16 per quarter	NO CHANGE
HYPNOTICS INCLUDING TEMAZEPAM	Cost per patient $\leq$ £0.15 per quarter	NO CHANGE
MODIFIED RELEASE ISOSORBIDE MONONITRATE (ISMN)	Plain ISMN scripts as ratio of all ISMN scripts $\geq$ 20% per quarter	REVISED TARGET
ANGIOTENSIN-II RECEPTOR ANTAGONISTS (ARAs)	Percentage of angiotensin-II receptor antagonist scripts of all scripts for renin system antihypertensives (ARAs + ACEIs) $\leq$ 25% per quarter	NO CHANGE
SIMVASTATIN	Total number of items $\geq$ 50% of all statins per quarter	NEW PI

### Key messages:

- The PI for generic prescribing remains the gateway to obtaining standard prescribing incentives.
- The new standard PI encourages the use of simvastatin which is the LJF first choice statin.
- A new 'super PI' rewards cost effective prescribing of ulcer healing drugs.

# L J F CHANG ES TO EYE SE CTION

The Lothian Joint Formulary (LJF) is a dynamic document and monthly amendments are made in order that it keeps pace with required change. The most up-to-date version of the LJF is via the website ([www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)).

Examples of some of the recent changes made to the eye section (11) are highlighted below (see LJF website for full details):

## 11.3.1 Bacterial conjunctivitis

**First choice:** no treatment  
**Second choices:** chloramphenicol eye drops or ointment  
or gentamicin eye drops if allergy or failure to respond to chloramphenicol

First choice is now "no treatment" instead of chloramphenicol since most cases of acute bacterial conjunctivitis are self-limiting. Treatment should be given if the condition has not resolved spontaneously after 5 days.

## 11.6 (a) Treatment of glaucoma - prostaglandin analogue

**First choice:** latanoprost

Latanoprost has replaced bimatoprost as LJF drug of choice in this category.

## 11.6 (b) Treatment of glaucoma - beta blockers

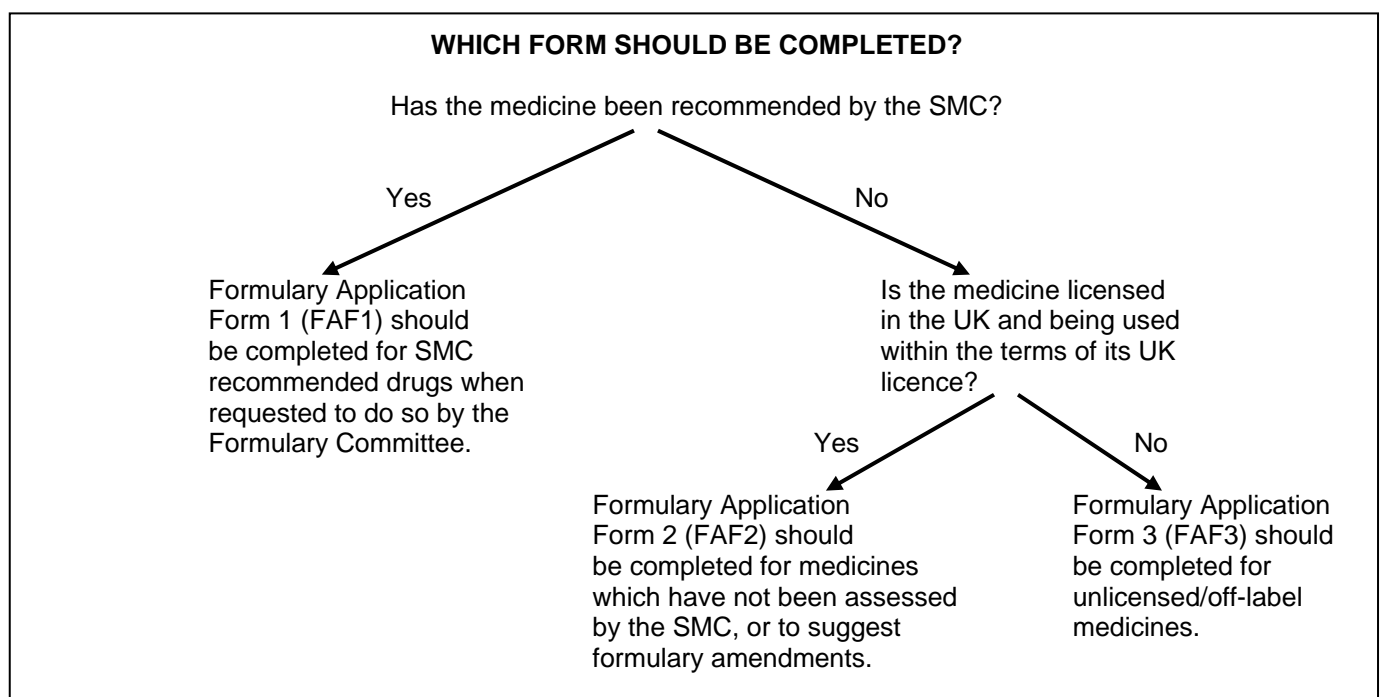
**First choice:** timolol 0.25% eye drops: instil twice daily

Since timolol 0.5% eye drops have no advantage over 0.25% eye drops they are now omitted from LJF choice.

**Other amendments to the eye section** include new advice in subsection 11.8.1 (preparations for tear deficiency) on the various preservative-free artificial tear preparations available.

## Formulary Application Forms (FAFs)

Doctors and pharmacists can now suggest amendments to the Lothian Joint Formulary (LJF) by completing one of the Formulary Application Forms (FAFs) available on the LJF website ([www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)). The completed forms can be emailed or posted to the secretariat of the Formulary Committee with a completed declaration of interests form. A handwritten signature is no longer required.



# Revised Lipid and Hypertension Guidelines

The Lothian Lipid Guidelines and Hypertension Guidelines have been updated in the light of new evidence, national guidelines and advice contained in the recent BNF (49). They are enclosed with this bulletin.

## Contra-indicated: Glitazones in Combination with Insulin

The prescribing of a thiazolidinedione (glitazone) drug (rosiglitazone, pioglitazone) together with insulin in the management of type 2 diabetes mellitus is contra-indicated in the UK, and so unlicensed. This is due to the risk of oedema, which may precipitate heart failure. The glitazones are also contraindicated in patients with heart failure.

However, the combination of a glitazone with insulin may improve blood glucose control and enable reduction in insulin dose in obese patients already receiving large doses of insulin<sup>1,2</sup>.

This combination has been categorised **red** under the 'traffic light' system as set out in the ADTC 'Policy for the use of unlicensed (and off-label use) Medicines in NHS Lothian'. An article on this policy was included

in Issue No. 14 (April/May 2005) of the Lothian Prescribing Bulletin.



The **red** categorisation indicates that if the decision is made to prescribe these drugs together then both drugs should be prescribed in secondary care by a diabetologist.

Seven spontaneous reports of cardiac failure or oedema or both in patients receiving either rosiglitazone or pioglitazone in combination with insulin have been received by the UK Committee of Safety of Medicines, as well as 12 reports of aggravated cardiac failure in association with the use of these agents<sup>3</sup>.

### References

1. Association of British Clinical Diabetologists. ABCD position statement on glitazones. *Pract Diab Int* 2004;21(7):1-3.
2. Scheen AJ. *Drug Safety* 2004;27(12):841-56.
3. Current Problems in Pharmacovigilance. CSM/MHRA 2004;30:8.  
[http://medicines.mhra.gov.uk/ourwork/monitorsafeequalmed/currentproblems/currentproblems\\_oct04.pdf](http://medicines.mhra.gov.uk/ourwork/monitorsafeequalmed/currentproblems/currentproblems_oct04.pdf)

## Lothian Palliative Care Guidelines – Clarification of Compatibility Information

- In the section that is titled 'Syringe Drivers in Palliative Care', table 2 and table 3 refer to the maximum compatibility concentrations. These are not initiation doses for diamorphine in subcutaneous continuous syringe drivers.
- Advice on initiation doses are contained in the section titled 'Guidelines for Symptom Control in Palliative Care'.
- In particular, please take care when prescribing initial doses of diamorphine for use in subcutaneous continuous syringe drivers.
- If at all unsure, advice should be sought from palliative care services or pharmacy services.

## eLJF-GPASS v2005

The latest version of eLJF-GPASS was circulated to over one hundred GP practices in May. This update includes the latest changes to the LJF up to March 2005; it also includes the new Lothian Palliative Care Guidelines. eLJF-GPASS users should ensure that they have upgraded their systems to this latest version.

EPASS accredited training packs are available for new users of eLJF-GPASS. If you would like a training pack, please contact the Medicines Management Team Secretary, [Margaret.Lawrence@lpct.scot.nhs.uk](mailto:Margaret.Lawrence@lpct.scot.nhs.uk).

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