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Ever been asked to prescribe anything unfamiliar?

As a GP have you been asked to prescribe a 'new' medicine and been uncertain as to whether it is approved for local use?

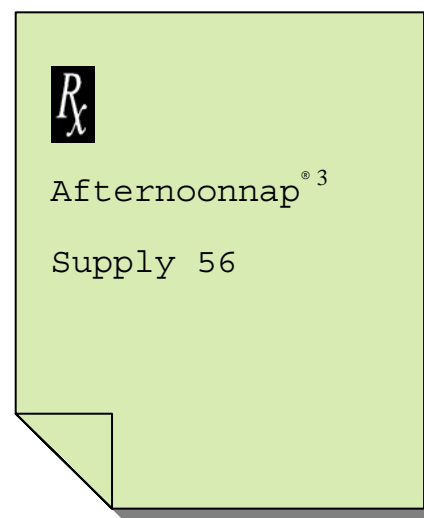
New medicines should be put forward by pharmaceutical companies for national approval by the Scottish Medicines Consortium (SMC). All drugs approved by SMC are then considered locally by the Lothian Formulary Committee (FC) to establish whether they have a place in the Lothian Joint Formulary (LJF)¹. Details of SMC and FC recommendations are published regularly in the supplement to this bulletin and can be found using the search facility at www.ljf.scot.nhs.uk.

Have you been asked to prescribe a medicine covered by a shared care protocol (SCP)?

Some medicines that are less commonly used, more complex or are expensive have an SCP drawn up to share responsibility for prescribing between secondary and primary care. Each SCP covers one drug and is specific about which conditions are covered. The responsibilities of Consultant and GP are clearly laid out in the document. A Consultant may seek the agreement of the GP to take over the prescribing under the terms of the SCP. The decision to prescribe in such cases remains with the individual GP. All SCPs are available via www.ljf.scot.nhs.uk.

Have you been asked to prescribe medicines for patients which are either unlicensed or 'off-label'?

'Off-label' applies to licensed medicines used outwith the licence terms. New indications for unlicensed medicines or new off-label use can be submitted to the FC for approval and categorisation. To assist prescribers in these situations, the Lothian Area Drugs and Therapeutics Committee (ADTC) has developed a 'Policy for the use of unlicensed (and off-label use) Medicines in NHS Lothian'² which utilises a 'traffic light' system to categorise new unlicensed/off-label medicines (see enclosed supplement). Once categorised, these medicines are placed on a table of FC Recommendations - available via www.ljf.scot.nhs.uk. This process is not retrospective, long-standing unlicensed medicines and off-label uses are not included in this table.



Further advice

- Lothian Joint Formulary www.ljf.scot.nhs.uk
- Consultant recommending the treatment
- Local Primary Care Pharmacist or local Prescribing Lead GP
- Medicines Management Team
prescribing@lpct.scot.nhs.uk
- Chair of the Lothian General Practice Prescribing Committee (GPPC)
prescribing@lpct.scot.nhs.uk
- Prescribing Convener of the Lothian Local Medical Committee (LMC)
lothianlmc@btconnect.com

References

1. Lothian Prescribing Bulletin Issue No 1 - February/March 2003. <http://www.ljf.scot.nhs.uk/lpb/LPB1.pdf>
2. Lothian Area Drug and Therapeutics Committee. Policy for the use of unlicensed (and off-label use) medicines in NHS Lothian. December 2004.
http://www.ljf.scot.nhs.uk/resources/unlicensed_medicines_policy.pdf
3. Siesta in Healthy Adults and Coronary Mortality in the General Population. Naska A et al. Arch Intern Med 2007;167:296-301.

Thanks to Dr John Gordon, GP, South West Edinburgh LHP, for contributing to this article.

Prescribing costs - facts and figures

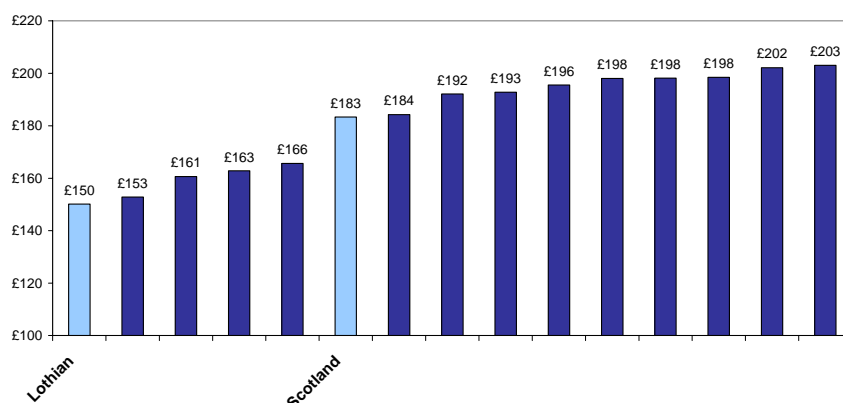
During 2007, this bulletin will contain a series of articles on prescribing costs to keep you informed. This article is a snapshot of prescribing costs - facts and figures, with commentary on each.

At £123 million, primary care drug expenditure continues to make up 85% of all prescribing costs in

Lothian. Prescribing costs represent 11% of total NHS costs. Prescribing patterns in primary care are influenced by secondary care prescribing. In Lothian, primary and secondary care work together to produce the Lothian Joint Formulary (LJF) which encourages the best use of NHS resources.

Scottish Health Boards - cost per patient per year

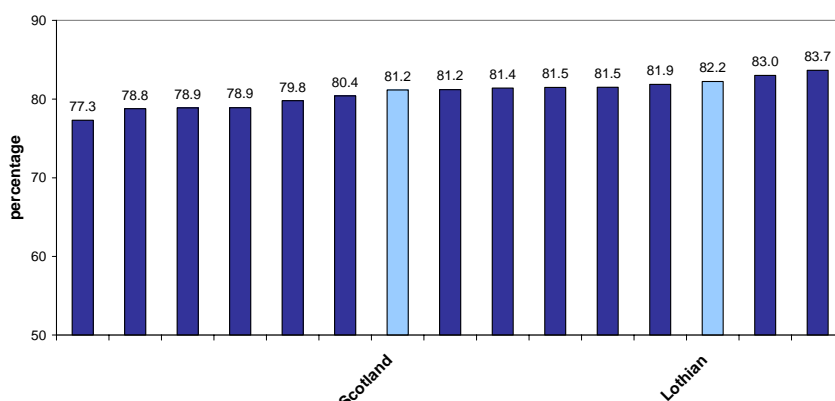
Overall cost per patient in each Health Board - Sep 2005 to Aug 2006



Lothian continues to have the lowest cost per patient in Scotland.

Scottish Health Boards - generic prescribing rate

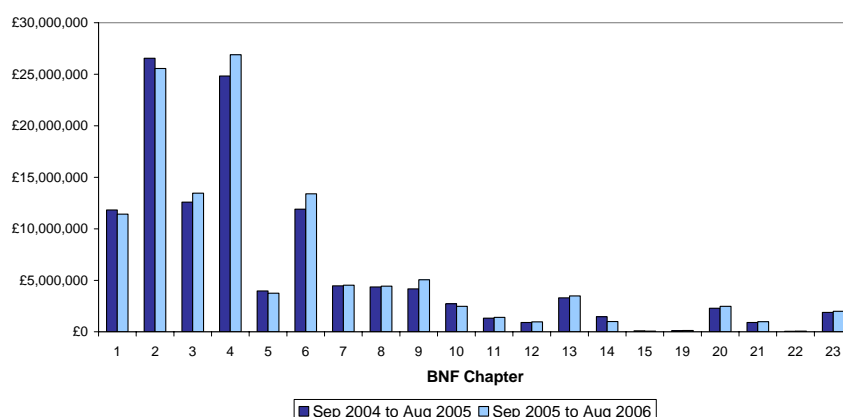
% generic drugs prescribed in each Health Board - Sep 2005 to Aug 2006



Generic prescribing rate in Lothian remains high which is important as we reap the benefits of price reduction as early as possible when drugs come off patent. Above 80% is generally considered to be an 'appropriate' level for generic prescribing as some medicines should not be prescribed by generic name.

Lothian expenditure by BNF Chapter

Lothian expenditure by BNF Chapter - 2004/05 to 2005/06 comparison



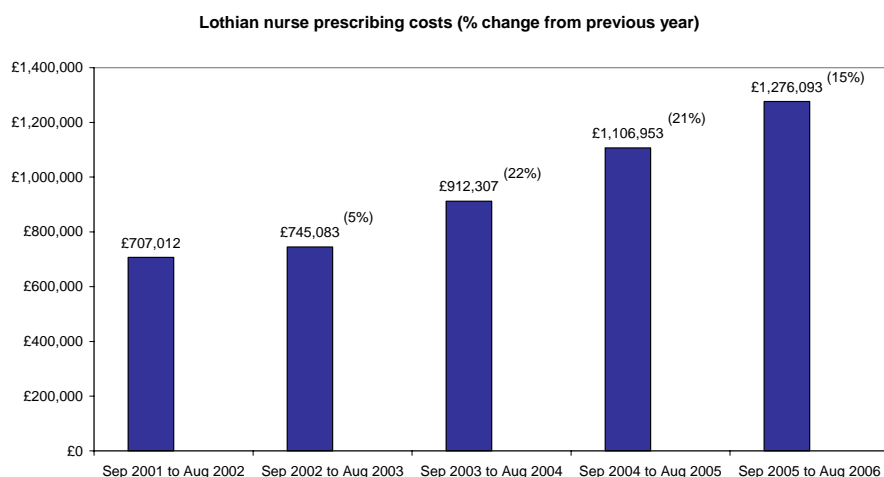
The largest areas of growth are the central nervous system (Chapter 4) and the endocrine system (Chapter 6).

Top 10 products prescribed in primary care (by cost)

	Product	Lothian expenditure Sep 2005 to Aug 2006	Lothian items Sep 2005 to Aug 2006
1	atorvastatin	£5.2 million	115,000
2	salmeterol with fluticasone propionate	£4.5 million	70,000
3	omeprazole	£4.5 million	200,000
4	lansoprazole	£2.5 million	103,000
5	clopidogrel	£2.4 million	37,000
6	co-codamol	£2.3 million	261,000
7	Blood glucose testing strips	£2.2 million	72,000
8	simvastatin	£2.1 million	244,000
9	Enteral nutrition	£1.7 million	24,000
10	alendronic acid	£1.7 million	45,000

Proton pump inhibitors (PPIs) and statins are high volume and high cost items to NHS Lothian. Both PPIs listed in the top 10 are now available as generics, simvastatin is also generic. Simvastatin is first choice statin in the LJF. The atorvastatin patent is expected to expire in 2011. [Note - 28 days of simvastatin 40mg costs £3.54 and atorvastatin (Lipitor®) 10mg costs £10.83 (costs taken from the Scottish Drug Tariff and latest BNF)]

Nurse prescribing costs



More nurses are now trained to prescribe and nurse prescribing costs are rising. The overall cost remains modest in proportion to the total spend on drugs (approximately 1% of primary care prescribing costs). Adherence to the LJF is important for all prescribers.

Note - Prescribing costs taken from PRISMS (primary care).

... Announcements ... Announcements ... Announcements ...

Launch of LJF section on Wound Dressings and Bandages

The LJF recommendations for Wound Dressings and Bandages have been added to the website (see www.ljf.scot.nhs.uk section 13.13). Printed copies, in the form of a booklet for distribution to nurses, hospital wards, GP practices and care homes, are being circulated. Cards that provide an abbreviation of the recommendations are still being finalised and will be available shortly.

PGDs online

All Lothian Patient Group Directions (PGDs) for primary care are listed on the Electronic Library under 'Prescribing and Drugs' http://lpctweb/elib/2_ClinicalPractice/home_cp.htm and many can be downloaded. These have been posted for quick reference only, a paper copy of the PGD should still be held at each site for signing by users.

Formulary Pharmacist

Jane Pearson was recently appointed as the Formulary Pharmacist, NHS Lothian. Jane is based within the Medicines Management Team at Stevenson House, and can be contacted at Jane.Pearson@lpct.scot.nhs.uk. Jane was previously a clinical pharmacist in renal medicine at the Royal Infirmary of Edinburgh.

RHSC demonstrate good adherence to the LJF-C

The Lothian Joint Formulary for Children (LJF-C) was launched in March 2005. An audit into prescribing at the Royal Hospital for Sick Children (RHSC) was undertaken to look at adherence to the formulary and, secondly, to measure if doctors were prescribing safely. Discharge prescriptions were reviewed and patient demographic and diagnoses recorded. Adherence to first and second line therapies of the LJF-C was assessed.

Over a 4-week period 200 consecutive prescriptions were analysed. Basic demographics were recorded in 100% and patients' weight in only 25%.

Diagnoses were recorded in 97%, of which 35% were not covered by the formulary.

- 33% of all prescriptions were for infections, all had adherence greater than 80% except for uncomplicated lower respiratory infections (35%) and otitis media (33%).
- 19% were for respiratory conditions (other than infection) with 86% adherence.
- All other categories covered by the formulary had 88 to 100% adherence.

Key outcomes

- Basic data were well recorded except for weight. All dose calculations were correctly assessed by age. Weight is a more accurate guide for some drugs. New prescription forms will include a prompt for weight.
- Most sections showed excellent adherence (greater than 80%), low adherence has been highlighted to the relevant medical teams. Of the diagnoses not covered by the LJF-C there were 2 main reasons; either the section was under construction or it had been overlooked in the design of the formulary, for instance, treatment of pyrexia or febrile convulsions.
- The LJF-C provided prescribing advice for 65% of diagnoses identified in the audit. New sections are in development and these would have increased it to 80%.

Thanks to Drs Anna Seale and Elspeth Brooker for undertaking the audit.

Venlafaxine - a tale of caution

Venlafaxine is licensed for the treatment of major depression and generalised anxiety disorder. It has been widely prescribed in Lothian for patients who have failed to respond to first line selective serotonin re-uptake inhibitors (SSRIs). In December 2004 concerns about potential cardiotoxicity and toxicity in overdose led to its restriction to specialist initiation, and a Lothian shared care protocol (SCP) was introduced in 2005. However, the Medicines and Healthcare products Regulatory Agency (MHRA) updated their prescribing advice in June 2006¹ and the licensing conditions have been amended². The SCP for venlafaxine in Lothian has now been withdrawn but it remains non-formulary. Venlafaxine is substantially more expensive than the LJF first choice antidepressant fluoxetine.

Key points

- Specialist supervision is now only required for initiation of venlafaxine treatment in those severely depressed or hospitalised patients who require doses of 300mg daily, or above; specialist supervision is recommended for use of concomitant SSRIs.
- Venlafaxine is contra-indicated in patients identified as high risk for developing a serious

cardiac arrhythmia and patients with uncontrolled hypertension. A baseline ECG is no longer required.

- Venlafaxine should be used with caution in patients with established cardiac disease that may increase the risk of ventricular arrhythmias (e.g. recent myocardial infarction).
- Regular measurement of blood pressure is recommended for patients receiving venlafaxine.
- Potent CYP3A4 inhibitors (e.g. ketoconazole, erythromycin) or drug combinations that inhibit both CYP3A4 and CYP2D6 should only be co-administered with venlafaxine when strictly indicated.
- Patients already established on venlafaxine should have a routine treatment review to ensure that their treatment is in line with the latest recommendations.
- Patients at increased risk of suicide should be carefully evaluated for the presence or worsening of suicide-related behaviour, and a maximum of 2 weeks' supply considered on initiation of therapy and until a steady dose is achieved or improvement occurs.

References

1. Updated prescribing advice for venlafaxine. Scottish Executive Health Department Urgent Message. PLW/3/8. 1 June 2006. MHRA website www.mhra.gov.uk
2. Summary of Product Characteristics for venlafaxine (Efexor®) www.medicines.org.uk

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