LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

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In this issue …

Are your CD prescriptions safe and 'legal'?

A survey, completed by community pharmacists involved in NHS Lothian's Palliative Care Network Scheme at the beginning of 2008, recorded prescriptions written for controlled drugs (CDs) that did not meet legal requirements.

Some prescriptions were 'illegal' for more than one reason. This resulted in the person collecting the prescription having to wait an average of an additional 25 minutes until a legal prescription could be obtained and dispensed.

The three most common problems were:

- No dose or incomplete directions 43%
- Quantity not in words and figures 23%
- Not dated 17%

Midazolam injection accounted for the majority of the dose-related issues. On 1 January 2008, the legal classification of midazolam was changed from Schedule 4 Part 1 Controlled Drug to a Schedule 3 Controlled Drug. Prescriptions for midazolam therefore require a quantity in both words and figures and an appropriate dose, i.e. how much to be administered and how often. Fentanyl patches are also associated with dose direction problems.

Mr A Patient
1 High Street
Anytown

Rx

Fentanyl matrix patches 50micrograms X 5 (five patches), apply one every 72 hrs

'Signature' Date 21/9/09

Dr A Doctor
S9999
The Surgery

A **'legal'** CD prescription for Schedules 2 and 3 (excluding temazepam) **must include**:

- The **name and address of the patient;** in some cases a patient will not have an address (no fixed abode is acceptable if necessary)
- The **dose** must be on the prescription and cannot be expressed as 'one to be taken as directed or as required'
- The **form** of the medicine must always be on the prescription and be expressed as tabs, caps, ampoules, oral solution, etc.
- The **strength** only needs to be on the prescription if more than one strength exists
- The **total quantity** must be written in **words and figures and** in number of **dosage units,** e.g. tabs, amps, millilitres.

- It must be **signed** by the prescriber
- It must be **dated;** the prescriber can specify a later date for the supply in the prescription directions by adding a supply date in addition to the date of signing; the prescription is valid for 28 days from the latest of these two dates
- Supplies of any 'owings' (remaining balance) must be made within these 28 days.

There are additional good practice requirements in hospital.

Thanks to Judie Gillies, Lead Pharmacist, Controlled Drug Governance Team.

Generic clopidogrel

Generic clopidogrel tablets, now available in the UK, are based on either the hydrochloride or the besilate salt. Plavix®, the branded product, is based on the hydrogen sulphate salt. Marketing authorisations have been obtained for individual products through the MHRA and the EMEA, which involves demonstration of bioequivalence to Plavix®.[1] This means that patients can be switched between Plavix® and a generic version without causing any therapeutic problems.[2]

Differences in the licences

All clopidogrel preparations are licensed for the prevention of atherothrombotic events in adults suffering from myocardial infarction (from a few days until less than 35 days), ischaemic stroke (from seven days until less than six months) or established peripheral arterial disease. Plavix® is also indicated for the treatment of acute coronary syndrome in combination with aspirin; this indication is patent protected. There is also some variation in the excipients contained in the different products.

Risk assessment relating to 'off-label' use

There are some instances when licensed drugs are recommended for an unlicensed clinical indication. Generally speaking, in 'off-label' use, the prescriber and dispenser may acquire greater legal responsibility for the use of a medicine, whereas when prescribing is within the licence the responsibilities are shared between the medicines manufacturer and the prescriber, and sometimes the dispenser.[2] Formulary Committee and the LJF Cardiovascular Working Group consider that, in terms of the level of risk relating to the use of licensed generic clopidogrel tablets 'off-label', i.e. for the treatment of acute coronary syndrome in combination with aspirin, this is reasonable. The main tool to support evidence based and cost-effective prescribing in Lothian is the Lothian Joint Formulary (LJF) www.ljf.scot.nhs.uk.

Cost implications

It is likely that the cost of generic clopidogrel will become lower than the branded product over the next few months with resultant cost savings.

Key messages:

- **Prescribe generically as 'clopidogrel'**
- **Pharmacists - if the prescription states a specific salt, then the relevant preparation (generic or branded) should be dispensed.**

References

1. Briefing document on generic clopidogrel. North West Medicines Information Centre. 4 August 2009.
2. National Prescribing Centre blog. 12 August 2009. http://www.npci.org.uk/blog/?p=456 (Accessed 07 September 2009).

Oral nutritional supplements - name changes

Oral Nutrition Products - LJF section 9.4

Some of the oral nutritional supplements in the LJF have undergone a name change. The products should be prescribed by their new names. Fortisip® compact (125mL) is also available for patients that cannot manage Fortisip® (200mL), it provides the same nutritional content, but in a smaller volume.

The LJF website will be updated shortly with the name changes. Prescribing advice, including the role of the dietician, remains the same, and full prescribing advice is available at www.ljf.scot.nhs.uk/exist/xmldb/db/ljf_v2/unified/unified9_4.xml

Old product name	New product name
Clinutren® 1.5 200mL	Resource® Energy 200mL
Clinutren fruit® 200mL	Resource® Fruit 200mL
Clinutren® 1.5 Fibre 200mL	Resource® 2.0 Fibre 200mL
Fortifresh® 200mL	Fortisip® Yoghurt Style 200mL

Focus on antibiotics…

LJF dose recommendations for amoxicillin in children

Amoxicillin is in the LJF for children for four indications:

- lower respiratory tract illness with pre-existing lung disease and/or other complicating factors
- community acquired pneumonia
- dental abscess
- otitis media

The BNF for Children (cBNF) has different dosing schedules for amoxicillin, depending on the indication. The cBNF recommends a higher dose for 'uncomplicated community acquired pneumonia'. At the recent review of the LJF section, the dosing advice throughout was increased to ensure that children receive the correct dose for respiratory infections in line with the cBNF.

Currently eLJF-GPASS only provides advice for otitis media; there is no section for children's chest infection. This has caused a number of enquiries, querying the 'high dose' of amoxicillin from prescribers, community pharmacists and parents. The enquiries have mainly been around the management of otitis media.

For an average child who is thriving/not overweight, the dosage schedule recommended in the LJF is correct. The exception is in the two extremes of age, where a certain degree of caution may be required to double check the dose. It is always appropriate to adjust the dose accordingly, and for underweight and overweight children.

The cBNF recommends 1 month–18 years 40 mg/kg daily in three divided doses (maximum 3g daily in three divided doses). LJF advice is a practical solution to calculating doses based on a mg/kg basis.

LJF advice is for a 5-day course for otitis media:

- 1 month – 1 year 125mg 3 times daily
- 1 year – 5 years 250mg 3 times daily
- 5 years – 18 years 500mg 3 times daily

Key messages:

- **LJF advice for amoxicillin dosing in children has changed; recommended doses are higher than traditionally seen**
- **Dosing information generated by eLJF-GPASS for otitis media is correct, however care always needs to be taken when relying purely on eLJF-GPASS for dosing information in children.**

Quinolone prescribing in primary care

Winter is coming and with it will come the usual increase in presentations with seasonal respiratory tract infections.

Quinolones (e.g. ciprofloxacin, ofloxacin) are not indicated for empiric management of respiratory tract infections.

High use of quinolones is associated with the development of resistance, increased risk of *Clostridium difficile* infection and exposes patients to the additional risk of side effects.

In recognition of this the Scottish Government has set a national indicator that seeks to limit the seasonal variation in quinolone prescribing within primary care.[1] This is to support the HEAT target to reduce the rate of *Clostridium difficile* infection.

Remember quinolones **should not** be prescribed for **empiric** management of:

- ✗ Community acquired pneumonia
- ✗ Exacerbations of COPD
- ✗ Cellulitis
- ✗ Urinary tract infections

Reference

1. A Revised Framework for National Surveillance of Healthcare Associated Infection and the Introduction of a New Health Efficiency and Access to Treatment (HEAT) Target for Clostridium Difficile Associated Disease (CDAD) for NHS Scotland. CEL 11 (2009). 8 April 2009. www.sehd.scot.nhs.uk/mels/CEL2009_11.pdf

Allergic rhinitis - LJF recommendations

Lothian Formulary Committee recently reviewed an application to consider the inclusion of fluticasone furoate (Avamys®) in the LJF. The Scottish Medicine Consortium (SMC) issued advice on this in April 2009 (see www.scottishmedicines.org.uk for the full advice). The Formulary Committee agreed to add it to the Additional List, for patients six years and over. This would be for use after the current first and second choice options if they are unsuccessful.

Currently there is a significant amount of fluticasone propionate (non-formulary) being prescribed in Lothian (see table below). This new fluticasone furoate is cheaper than fluticasone propionate, so there is the potential for a significant cost saving to be made if it was used instead of fluticasone propionate.

LJF Choice (adults)	Drug	Dose regimen (adults)	Cost per 28 days	NHS Lothian July 2008 to June 2009
1st Choice	beclometasone dipropionate nasal spray licensed children>6	Two sprays (100micrograms) into each nostril twice daily	£2	£181,170 (41,688 items)
2nd Choice	mometasone furoate nasal spray licensed children>6	Two sprays (100micrograms) into each nostril daily	£6	£180,333 (17,453 items)
Additional List	fluticasone furoate nasal spray (Avamys®) licensed children>6	Two sprays (55micrograms) into each nostril daily	£6	
	fluticasone propionate nasal spray (Flixonase®) licensed children>4	Two sprays (100micrograms) into each nostril daily	£9	£247,849 (16,593 items)

Which beclometasone inhaler should I prescribe?

Formulary adherence reports indicate that the average percentage of the LJF first choice beclometasone CFC-free metered dose inhaler (MDI) is **very low.** The Lothian average is **35%** in primary care.

Beclometasone, specifically **Clenil Modulite®,** is the **LJF first choice** inhaled corticosteroid for the treatment of asthma in adults and children because it is as effective but less expensive than alternative steroid inhalers at standard equivalent doses. Clenil Modulite® is equipotent to, and available in the same strengths as the generic beclometasone metered-dose inhalers (MDIs), which were previously recommended in Lothian. It is licensed for use in adults and children, but not for use in COPD. See www.ljf.scot.nhs.uk for full prescribing advice regarding the switch to CFC-free beclometasone inhalers.

When prescribing a CFC-free beclometasone MDI, the MHRA recommends prescribing by **brand name** to ensure the patient receives the correct dose and preparation.

Please note that QVAR® is the only CFC-free breath-actuated preparation available, but it is **not recommended** in Lothian because it is not equipotent to CFC-containing breath-actuated inhalers and switching might increase clinical risk, and it is not licensed for use in children.

Thanks to Douglas McCabe, Senior Pharmacist, Western General Hospital for contributing to this article.

Your LJF Calendar 2010 is enclosed!

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View the Lothian Joint Formulary at www.ljf.scot.nhs.uk