LOTHIAN PRESCRIBING BULLETIN

Supporting prescribing excellence - informing colleagues in primary and secondary care

Issue No. 45

July 2010

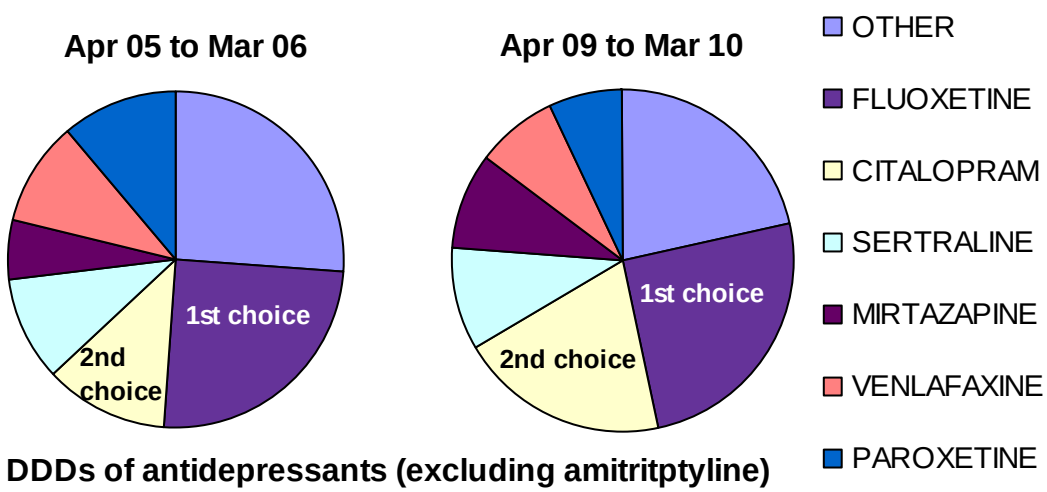
In this issue …

Prescribing for newly diagnosed depression

As part of the Depression Workstream of the Mental Health Collaborative, Health Boards have been asked to set a 'Local Improvement Measure' relating to evidence-based prescribing. Following local discussion, it was agreed that a new measure would be implemented to reflect and promote the Lothian Joint Formulary (LJF) recommendations for newly diagnosed depression. The HEAT target[1] for antidepressants has been removed from the 2010/11 targets.

The measure will quantify adherence to the LJF recommendation as a percentage of defined daily doses (DDDs) of fluoxetine and citalopram dispensed per quarter, with a target of 50% of all antidepressants excluding amitryptyline. The plan is to provide feedback on this measurement to practices, wards/departments, and to the NHS Board, via the Mental Health Collaborative team and the Medicines Management Team.

Prescribing an antidepressant may not be indicated and other treatment options are available.[2] Currently in the LJF for newly diagnosed depression, first choice is fluoxetine and second choice is citalopram. For recurrent depression, a previously successful antidepressant is recommended. Fluoxetine has been first choice in the LJF since the section was written in 2000; citalopram replaced sertraline and paroxetine as second choice in March 2007. The continued proportions of the other antidepressants prescribed indicates that there remains a large proportion of non-formulary prescribing rather than the gradual drift to a larger proportion of fluoxetine.



DDDs of antidepressants (excluding amitritptyline)

Key message:

If a decision is taken to prescribe, the LJF recommends fluoxetine as first choice for newly diagnosed depression and citalopram as second choice.

Reference

1. NHSScotland Performance Targets - Treatment. www.scotland.gov.uk/Topics/Health/NHS-Scotland/17273/targets/Treat
2. Lothian Prescribing Bulletin, Issue 40, August/September 2009 *'Taking the heat out of depression'*. www.ljf.scot.nhs.uk/lpb/LPB40.pdf

Supervised consumption of disulfiram

Alcohol Problems Service and community pharmacy pilot

A pilot of supervised consumption of disulfiram (Antabuse®) was launched across Lothian in May 2010. This pilot is funded by Lothian's Alcohol and Drug Partnerships and is in line with the Scottish Government's national alcohol strategy[1]. The aim is to enhance the contribution that pharmacists can make to the care of patients with alcohol dependency, to allow for greater capacity in treatment services and to reduce health inequalities.

The first phase of 30 pharmacies was agreed by a multidisciplinary steering group drawing from expertise in the Alcohol Problems Service and service users.

Each pharmacy was selected on the basis of current service gaps and need, geographical spread and current disulfiram supervision.

The pilot will run for one year and will be evaluated. If it is successful, it is hoped that the service can be rolled out to other pharmacies in the future.

- Patients will **only** be referred to the community pharmacies from the Alcohol Problems Service
- Pharmacy staff will undertake breath alcohol measurements, supervise consumption of disulfiram and offer brief psychological support
- Pharmacy staff will refer a patient back to the Alcohol Problem Service following set criteria, for example positive breath alcohol concentration, missed dose, or deterioration in the patient's mental health or wellbeing.

If you would like further information, please contact Elaine Rankine, Lead Pharmacist, Substance Misuse ☎ 0131 537 8339 or email elaine.rankine@nhslothian.scot.nhs.uk

Reference

1. Changing Scotland's Relationship with Alcohol: A Framework for Action. Scottish Government. 2009. www.scotland.gov.uk/Resource/Doc/262905/0078610.pdf

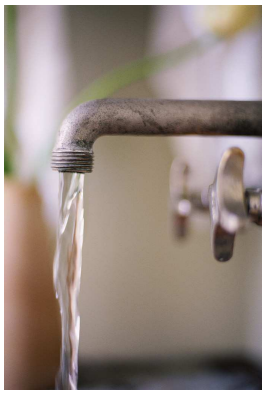
Thanks to Elaine Rankine, Lead Pharmacist, Substance Misuse, for contributing this article.

LJF Updates … LJF Updates … LJF Updates … LJF Updates …

Only small, but important …

There have been recent updates to the LJF on particular products to ensure appropriate product choice is based on a lower unit cost, but with no difference in clinical benefit.

- **Hydrocortisone 2.5% cream and ointment have been deleted from the LJF and should not be prescribed**. The 2.5% ointment is approximately 12 times more expensive than the 1% ointment. Both are considered to be of mild potency.
- Ferrous fumarate is currently less expensive than ferrous sulphate. There is no clinical difference and therefore **ferrous fumarate should be prescribed for iron supplementation**.
- Only **plain prednisolone should be prescribed**, as using the enteric coated tablets provides no advantage relating to gastrointestinal side effects. The enteric coated tablets are much more expensive.
- **Tap water should be used for irrigation of wounds and skin cleansing**. Sachets of sodium chloride are expensive and unnecessary.



Costs

hydrocortisone 1% ointment 15g	£2.03	hydrocortisone 2.5% ointment 15g	£24.45
ferrous fumarate 322mg tablets 30	£0.79	ferrous sulphate 200mg tablets 28	£1.33
prednisolone 5mg tablets 28	£1.20	prednisolone 5mg e/c tablets 30	£4.73
tap water any volume	£0.00	sodium chloride for irrigation 10 x 100mL sachets	£7.41

LJF Updates … LJF Updates … LJF Updates … LJF Updates …

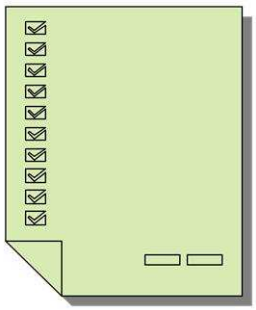
Good practice advice for the use of stock order forms

Stock order forms (GP10As) enable medical prescribers to order (subject to certain limitations) drugs and appliances or diagnostic reagents included in the Scottish Drug Tariff, which may be required for:

- the immediate treatment of patients
- treatment before a patient's needs can be met by the issuing of a prescription
- administration by the doctor in person.

A number of products can be ordered only on GP10A, as annotated in the Scottish Drug Tariff. www.isdscotland.org/isd/2245.html

Analysis of prescribing on stock orders has shown a number of unusual items being requested, such as lipid lowering drugs and hormone replacement therapy.



Stock orders must not be used to prescribe for individual patients, or to circumvent the necessity for patients to pay appropriate prescription charges.

Key messages:

- **The cost of drugs and dressings on GP10A are allocated to practices in a similar way to items prescribed on NHS prescription forms**
- **Stock orders should be written legibly in indelible ink and the precise formulation and quantity of each item required should be specified clearly**
- **Only whole packs can be ordered and supplied**
- **GP10A orders must be generated at the GP surgery and signed by the GP before being forwarded to the pharmacy for dispensing[1]; GP practices must not issue blank GP10A forms to community pharmacies**
- **Community pharmacists have a responsibility to ensure that requests made on GP10A forms are appropriate and should confirm any unusual items or quantities with the practice; community pharmacists are not obliged to supply items on stock order considered to be inappropriate.**

Good practice advice for ordering controlled drugs (CDs) on stock order forms

- Orders for Schedule 2 CDs (e.g. Cyclimorph®, diamorphine) and Schedule 3 CDs (e.g. midazolam) have additional requirements; a separate GP10A should be used for ordering Schedule 2 and Schedule 3 CDs
- A separate signed order or second stock order form is required to allow the pharmacist to comply with the Misuse of Drugs Act, which states that requisitions for Schedule 2 and 3 CDs must be kept for two years; as the original forms are sent to ISD for pricing, duplicates must be kept as evidence
- Good practice would support keeping copies of completed forms for review by the practice on a regular basis; single handed practitioners might request that locums leave a copy of any GP10A forms submitted during their tenure
- GP10As must be signed by the doctor to whom the drug is being supplied
- a nominated 'agent' should be provided with written authority to collect on the doctor's behalf if CDs are ordered on GP10A, but are not to be uplifted in person by the doctor placing the order
- the total quantity of the drug should be specified
- whole packs must be *ordered* and *dispensed*
- Ordering information received from PRISMS analysis of GP10As is used in the Controlled Drug Inspection Visits to reconcile orders with GPs' CD registers. Keeping copies of CD orders makes this process more efficient.

Reference

1. GP10A Stock Order Form. PCA(P)(2005)17/PCA(M)(2005)14. www.sehd.scot.nhs.uk/pca/PCA2005(M)14PCA2005(P)17.pdf

Thanks to Judie Gillies, Lead Pharmacist, Controlled Drugs Governance Team, for contributing this article.

Sinemet® brand in short supply
Prescribe co-careldopa generically

Merck, Sharpe and Dohme have announced that there are likely to be supply problems with all Sinemet® products until 2011. This is due to a change in the source of active ingredient.

The production and supply of generic co-careldopa is not currently affected, however, increased demands may eventually lead to shortages.

Sinemet® is co-careldopa. The dose is expressed as the proportion of dopa-decarboxylase inhibitor and levodopa (co-careldopa 10/100 tablets contain 10mg carbidopa and 100mg levodopa).

Dosage schedules are tailored to the individual patient with the aim of controlling their symptoms. Patients may take a combination of immediate release and modified release preparations.

There are alternative treatment options available below:

Prescribe co-careldopa generically. There are generic products currently available. In primary care in Lothian, currently 54% of prescriptions for co-careldopa are prescribed generically.

Key messages:

- **Supply problems with Sinemet® are expected until 2011**
- **Prescriptions for co-careldopa should be written generically**
- **In the event of shortages in the generic product, patients may need to be switched to other preparations**
- **See LJF section 4.9 for advice on the treatment of Parkinson's Disease.**

If generic co-careldopa becomes unavailable:

1. **Choose an alternative co-careldopa product**
   The bioavailability of levodopa in modified release preparations is 70%, therefore if switching to an immediate release product, some patients may require a reduction in dose. If the patient takes multiple daily doses of the modified release product, consider the total daily dose of levodopa and give this as immediate release product in divided doses. It may be appropriate to increase the dosing frequency.

2. **Switch to an alternative levodopa containing product**
   Co-beneldopa preparations contain levodopa in combination with benserazide (dopa-decarboxylase inhibitor). If switching products, the aim is to provide the same dose of levodopa and then to adjust the dosing times or frequency as required.

eLJF-GPASS v2010 upgrade

The latest version of eLJF-GPASS was emailed to all practices at the end of June. This version takes in all the latest changes to the LJF, including April 2010 amendments.

EPASS accredited CPD packs for new users of eLJF-GPASS are available free of charge from the MMT or can be downloaded from the LJF website.

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