



February 2018

Rx ISLE OF WIGHT Medicine

WELCOME

5th Edition

This is the 'Right Medicine' Newsletter from the Medicines Optimisation Team (MOT). We hope to provide community pharmacists with a useful overview of key information for quality cost-effective prescribing.

Please share and discuss with all members of your pharmacy team.

If you have any questions, please get in touch and if you have any suggestions for improvement, please let us know.

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1. Primary Care Prescribing Committee (PCPC)

The Primary Care Prescribing Committee meets on the third Tuesday of every month. The Clinical Executive has given PCPC decision making authority. Membership includes representatives from Primary Care and the CCG, it reports to the Clinical Executive and the Primary Care Committee. The minutes are available; you are welcome to request a copy.

2. Drugs of Limited Clinical Value (DoLCV)

The MOT recommends that practices review patients prescribed any drugs of limited clinical value (DoLCV) and stop prescribing these medicines. The MOT technicians can assist practices to stop the repeat prescriptions for these items by identifying patients and sending letters on behalf of the practice.

- **Omega 3**

All patients previously prescribed Omega3 have received a leaflet regarding how to increase their Omega 3 intake from their diet.

Omega 3 products are available from all supermarkets, pharmacies and wholefood stores and prices start at around £2 per month.

It is not necessary to recommend the Omcor brand.

MOT is happy to respond to any patient queries regarding the



discontinuation of these items on FP10, if the patient telephones us on 534271.

- **Lutein and Antioxidants for AMD**

MOT will address the prescribing of supplements for patients with Age-related Macular Degeneration (AMD) and we have produced a leaflet to support patients with AMD to eat a healthy varied diet.

Please support the CCG message:

“we cannot always prescribe everything you want but we will always prescribe everything you need”

These supplements are available to buy if people want to continue taking them.

- **Quinine Trial Withdrawal**

This drug may not be successful in all patients to prevent night-time leg cramps therefore current recommendations from the Medicines and Healthcare products Regulatory Agency suggests all patients taking quinine need to have a trial withdrawal to assess the need for the drug. This is also to reduce the risks of side effects associated with long term use of quinine products. We suggest that patients trial stopping their quinine tablets for four weeks and practices remove it from their repeat items so it can't be restarted without a clinical review.

MOT is happy to respond to any patient queries regarding the discontinuation of these items on FP10. Please ask the person to telephone us on 534271.

- **Travel Vaccines**

The Wessex Local Medical Committee has taken some information from the BMA's Focus on Travel Vaccinations clarifying which travel immunization MUST be given as part of the NHS and which CANNOT be given as an NHS Service: <https://www.wessexlmc.com/travelvaccinations>

An alternative option for patients who are paying for travel vaccines is to refer them to Mandy Wood at the Boots Pharmacy in Ryde where there is a Travel Centre providing vaccines and malaria prophylaxis. Please ask patients to call in advance to arrange an appointment: 01983 562280.

3. High Cost Drugs

- **Rifaxamin - Shared Care Agreement**

A Shared Care Agreement (SCA) has been approved by PCPC and DAC. The SCA describes the responsibilities of care and enables the Trust consultants to safely pass the prescribing of Rifaxamin to GPs in Primary Care. Rifaxamin will be classed as a high-cost drug.



- **Renal Unit Prescribing – Dr Kathryn Bostock**

Community Pharmacists may be requested to dispense an FP10 anti-rejection/immunosuppressant (Tacrolimus/ Mycophenylate mofetil) drugs for steroid sparing in glomerulonephritides in Primary Care.

All erythropoietin stimulating agents (ESA) patients are supplied via the hospital (if prescribed by Haematology, SMH) or through home delivery via Wessex Kidney Centre (if prescribed by Nephrology, WKC). All patients receiving Cinacalcet (Mimpara) or Lanthanum carbonate (Fosrenol) and receiving dialysis are supplied by WKC.

If pharmacists are unsure if they should dispense a medicine, whether it is a high-cost drug, secondary care or a drug of limited clinical value, please contact MOT for advice.

4. Formulary Development

The CCG will be working with the Trust to develop one joint formulary to cover prescribing across the Isle of Wight.

The Trust and CCG pharmacists will be reviewing each BNF chapter with support from clinical colleagues and the agreed joint formulary will be available electronically.

- **Blood Glucose Test Strips for Patients with Type II Diabetes**

The CCG has worked with the St. Mary's Trust diabetes team to review the formulary for blood glucose test strips for patients with type II diabetes.

The preferred choice of meters for the majority of patients will be **Spirit Tee2** and **Agamatrix Wavensense Jazz**.

MOT will be arranging training for general practice and pharmacy staff and there will be a gradual switch to the new products. Please ensure that patients use up the test strips that they already have in stock before switching to the new products to reduce unnecessary waste.

MOT advises that patients use up their stock of test strips prior to the switch to one of the preferred brands to avoid waste.

- **Food Thickeners**

MOT has worked with the St. Mary's Trust Speech and Language Therapy Team (SALT) in February to test the available thickener products in different drinks and a preferred formulary will be developed. The preferred formulary for thickeners will be advised in due course.

5. MOT Prescribing Guidelines

- **Bisphosphonate Treatment Holidays**

The National Osteoporosis Guideline Group issued guidance in March 2017 around the need for the long term use of these drugs and patients who would benefit from a



'treatment holiday'. It has been decided that people taking this drug should be offered the 'treatment holiday' for [2-3 years (alendronate) or 1-2 years (risedronate)]. Evidence shows that the drug continues offering bone protection over this time and most people are not adversely affected by having a break in treatment.

Patients will be required to continue on calcium and vitamin D supplementation as this is shown to provide benefits during the holiday. If they were not on one before we recommend adding this to their repeat items (Thelcal brand preferred).

MOT has produced letters and leaflets for patients to support practices implement this recommendation and these are available on SystemOne.

MOT has produced some guidelines to support evidence-based, cost-effective prescribing across the island. Our recent guidelines are attached to this e-mail and in future these will be available on our website. If you need copy sending, please let us know.

- **Emollient Guidance**
- **Dry Eye Guidance**
- **Vitamin Guidance**

6. ScriptSwitch®

ScriptSwitch® prompts the most-cost effective alternative to many commonly prescribed medicines, where changing the brand is both safe and effective for the patient. By choosing to prescribe the most cost-effective brands, prescribers have the potential to save almost £400,000 on the prescribing budget this year.

In December, 31% of the potential ScriptSwitch cost savings were achieved, which saved the CGG £24,483 out of a potential £77,874.

The MOT has been busy keeping the ScriptSwitch® database up-to-date and you may see more changes to support good, cost-effective prescribing advice.

If you have any ScriptSwitch® queries please contact MOT.

7. Care Homes

- **Resident Medication Reviews**

The MOT has resumed providing regular medicine reviews for people living in residential care. We are already working with several care homes and will develop a rolling programme of annual reviews to cover all of the facilities across the island.

- **Prescribing of Items**

In the Medicine in Care Training for care home staff, the recommendation is that the care home should refer back to the prescriber if a cream or any item received does not have full instructions. 'As directed' is not sufficient information for the safe administration of any form of medicine.



Please note that care homes may be contacting you to ask what instructions should be on the item e.g.

*“To be used as directed once a day” for emollients
“To be applied liberally to areas of dry skin once a day”
or more specific e.g. “ Twice a day to dry skin on left leg”?*

Please do not refuse to dispense these items.

Please contact the GP to clarify the administration instructions and request that these are amended on SystmOne to address future repeats of the same items.

8. Pharmacy First – Minor Ailments Service

Pharmacy First is commissioned by the Isle of Wight CCG to provide the local population with rapid access to advice and treatment for minor ailments.

The purpose of the service is to release capacity in general practice, A&E and Out-of-Hours care by reducing consultations for minor ailments that can be self-managed.

The service is intended to reduce consultations for minor ailments in general practice. It is a condition based service and not a way for pharmacy staff to give medicines to patients free of charge. Please don't let people misuse the service.

The use of the Pharmacy Service and the range of items available/ conditions treated will be reviewed. The supply of products outside the product license or PGD will not be reimbursed.

However, pharmacists may supply a generic/own brand product against the listed branded product where one is available.

*Please continue to sell OTC medicines, unless a person specifically asks for a Pharmacy First consultation for a minor ailment.
MOT has some resources to support to Pharmacy First.
Please contact us for more information.*