

Prescribing Quality Incentive Scheme 2017/18

The Prescribing Quality Incentive Scheme has been circulated to practices, and this will be discussed at the practice prescribing visit. Please find detailed below the main areas of monitoring and what is required from the practice to achieve the target:

- **ScriptSwitch:** Achieve a 45% combined acceptance rate.
- **Antibiotics:** Aim to reduce the volume of antibiotic prescribing to be less than 1,000 items per 1,000 STARPUs or demonstrate a 5% reduction in the volume of antibiotic prescribing.
- **Vitamin D:** The prescribing of low strength vitamin D products and regimens for maintenance therapy or management of insufficiency is not recommended. Therefore, practice to demonstrate a 25% reduction in vitamin D prescribing costs compared to previous year.
- **DROP-List/Grey-List prescribing:** The Grey List includes drugs of limited clinical value, which have little evidence of effectiveness, cost-effectiveness or safety, or those drugs where there are more suitable alternatives. At the practice visit the practice will be provided with a list of Grey List items to review based on the prescribing data for the practice. The cost per ASTROPU should be less than £150 per 1,000 ASTROPUs (or practice to demonstrate an agreed percentage reduction in costs).
- **Gliptins:** Alogliptin is the local first-line formulary choice gliptin. 70% of all gliptins should be prescribed as alogliptin (including gliptin combinations). Alternatively, practice must demonstrate a 40% increase in the proportion of gliptins prescribed as alogliptin, compared to baseline.
- **Emollients:** Practice to review the prescribing of emollients to ensure that there is a clear clinical indication for use, and that they are not being used for cosmetic purposes. Review quantities, consider formulary choices and undertake some simple switches to more cost effective emollients, in order to reduce spend compared to previous years.
- **Prescribing Policy:** A prescribing policy template will be shared with practices to help support practice processes that relate to medicines and prescribing. This guidance should be reviewed for adoption or adaptation by the practice, tailored to reflect the practice processes.
- **Practice specific targets:** Three targets will be agreed during the practice visit.

Also, look at for actions that will be emailed to the practice for implementing. There will be 6 bimonthly actions and 6 safety actions that will be set during the year.

Please also refer to the RAG performance graphs which are emailed to practices on a monthly basis to review your performance against the targets.

Name Change - Nutramigen Lipil 1 and 2 to Nutramigen 1 and 2 with LGG

The extensively hydrolysed infant formula (EHF) for the management of cow's milk protein allergy Nutramigen Lipil 1 and 2 have now been withdrawn and replaced with Nutramigen 1 and 2 with LGG. Nutramigen Lipil 1 and 2 are no longer on SystemOne to prescribe, and only the LGG formulation is now available. The new formulation contains probiotics (*Lactobacillus rhamnosus* GG). Nutramigen 1 LGG is suitable from birth to 6 months and Nutramigen 2 LGG is suitable from 6 months until an over the counter suitable alternative milk can be used, usually from 1 year or as advised by the dietitian.

Please ensure that any patients receiving this formula have their prescriptions adjusted with the new name.

Our first line EHF remains Similac Alimentum at £9.10 per 400g tin as compared with £11.21 per 400g tin for Nutramigen 1 and 2 with LGG. Similac Alimentum is suitable from birth until an over the counter suitable alternative milk can be used, usually from 1 year or as advised by the dietitian.

If you have any queries about prescribing of infant formula please contact Judith Harding on 01375 365811.

Prescribing Update

May 2017 Newsletter

NHS
Basildon and Brentwood
Clinical Commissioning Group

NHS
Thurrock
Clinical Commissioning Group

Alimemazine

Alimemazine is classed as a sedating antihistamine indicated for the treatment of urticaria and pruritus. There is little evidence that any one antihistamine is superior to another. The cost of generic alimemazine has increased significantly since the withdrawal of the branded product Vallergran, and it is significantly more costly than chlorphenamine, hydroxyzine or promethazine. Alimemazine 10mg tablets costs £112.85 per 28 tablet pack, and 100ml of oral solution costs between £180 to £244 per 100ml bottle, dependent on strength (compared to, as an example, hydroxyzine 10mg tablets which costs £0.40 for 28 tablets).

NICE Clinical Knowledge Summaries recommends the use of chlorphenamine or hydroxyzine for the management of urticaria which is interfering with sleep. Please note that following MHRA advice (April 2015) hydroxyzine is not recommended if the person has a prolonged QT interval or risk factors for QT interval prolongation (the MHRA also recommend that the maximum adult daily dose of hydroxyzine is 100mg).

Please review patients prescribed alimemazine, and review indication for use, effectiveness and ongoing need. If continued use of a sedating antihistamine is required, consider a change to promethazine, hydroxyzine or chlorphenamine as appropriate.

Vitamin D Prescribing

During practice support work and reviews it has been noticed that there is a significant amount of inappropriate vitamin D prescribing. This includes the following:

- Unusual high dose treatment regimens
- High dose treatment regimens added to the repeat template and prescribed continuously
- High dose treatments started for patients with normal vitamin D levels-levels above 25nmol/L and even above 50nmol/L
- Continued prescribing of high dose treatment regimens despite normal/higher levels-including 202nmol/L
- Low dose maintenance therapy which is no longer recommended for prescribing
- Unlicensed products where licensed products/regimens are available

Please note that the local vitamin D guidance has been updated. Prescribing of vitamin D is only recommended for the treatment of **deficient levels (< 30nmol/L)**.

The local recommended treatment dose is:

40,000 units colecalciferol weekly for 7 weeks - prescribed as Plenachol 40,000 unit capsules (which is a licensed product)

It is advisable to prescribe this as a 7 week treatment course and not to add this to the repeat prescription template.

The prescribing of vitamin D for the management of insufficiency and vitamin D maintenance doses following treatment is not supported locally. There is a policy statement available to support this and patients should be provided lifestyle advice and advised to purchase these products over the counter (OTC). The policy statement also includes patient information about products in various strengths that can be purchased from pharmacies, health food shops and on the internet.

Hepatitis B and combined hepatitis A and B travel vaccines

Locally hepatitis B (single agent) vaccine should not be prescribed on FP10 prescription for travel purposes. Hepatitis B is not remunerated by the NHS as part of additional services.

If patients are travelling to an area where hepatitis B is endemic and they are considered to be at high risk of contracting hepatitis B, they should be strongly encouraged to consider vaccination but this should be provided privately.

Locally, combined hepatitis A and B vaccine (Twinrix, Ambirix) should not be prescribed on FP10 prescription for travel purposes.

For patients requiring both hepatitis A and B vaccine for the purposes of travel, hepatitis A single vaccine can be provided on the NHS, with hepatitis B provided privately. Hepatitis B is not commissioned by the NHS as a travel vaccine, therefore, locally the prescribing of this item for travel purposes at a cost to the NHS is not supported. Ensure that the combined hepatitis A and B vaccine is not prescribed on the NHS, although practices may use up any existing stock that they hold.

Travel vaccinations that can be given as part of NHS provision:

- Hepatitis A
- Typhoid
- Combined hepatitis A and typhoid
- Tetanus, diphtheria and polio combined vaccine
- Cholera

Travel vaccines which cannot be given as an NHS service:

- Hepatitis B
- Meningitis ACWY
- Yellow Fever
- Japanese B encephalitis
- Tick borne encephalitis
- Rabies

Charges for private provision:

For travel vaccines not available on the NHS the practice may charge for:

- The vaccine (for stock purchased and held by the practice)
- Administration of the vaccine
- Private prescription writing (if a private prescription is provided to obtain the vaccine)

The level of charges should be determined by the practice. It may be advisable to develop a practice a practice protocol which is available to patients, for example, in the form of a leaflet or as a section on the practice website.

Patients should be advised to compare prices as there may be variation in the amount that individual pharmacies will charge to supply the vaccination. Alternatively, practices may choose to buy in the vaccine directly and charge patients for the cost of the vaccine.

Recommendations:

- Ensure that the practice is only supplying the permitted vaccines for travel purposes on the NHS.
- Ensure that the combined hepatitis A and B vaccine is not prescribed on the NHS for travel.
- Please share this information with all members of staff in the practice who are involved with the prescribing, supply and administration of vaccines.

Please also refer to the Green Book for the latest information on travel vaccines.

Sialanar

Sialanar is a new licensed liquid formulation of glycopyrronium bromide. Sialanar is licensed for the symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders. It is licensed for short-term intermittent use and is only licensed in children.

Please note that there is potential for confusion and dosing error when prescribing, due to the way that the strength of Sialanar is expressed.

On SystmOne Sialanar appears as Sialanar 320mcg/ml oral solution. Each ml of Sialanar contains 400 micrograms of glycopyrronium bromide. This is equivalent to 320 micrograms of glycopyrronium. Therefore, glycopyrronium bromide 400mcg/ml oral solution sugar free is the same as Sialanar 320mcg/ml oral solution (250ml costs £320).

400 micrograms of glycopyrronium bromide is equivalent to 320 micrograms of glycopyrronium.

The dose is usually expressed as the salt glycopyrronium bromide, therefore, if a dose of 400mcg is required, this would be provided with 1ml volume of Sialanar 320 micrograms/ml.

Please also note that there is another licensed glycopyrronium bromide liquid formulation, 1mg/5ml oral solution sugar free. This is licensed for the treatment of peptic ulcer, and is a different strength to Sialanar.

TEE2 - Reminder about the formulary choice BGTS

The agreed formulary first line blood glucose meters and blood glucose testing strips (BGTS) are TEE2 and Microdot+. The aim is for the agreed formulary meter and test strips to be used in the majority of patients.

Locally there is significant variation in the uptake of the formulary choice, from 31% to 96%. TEE2 costs £7.75 for a pack of 50 test strips. There continues to be significant prescribing of test strips which cost more than £15 for 50 test strips, including Aviva (£15.96) and Accuchek Mobile (£16.24).

Please continue to review the choice of BGTS, and change to the formulary test strips. Please inform the Medicines Management Team if you require TEE2 or Microdot+ starter kits. TEE2 are also providing practice support to undertake nurse led reviews. If practices are interested in this support or would like further information please contact the team.

7 day buprenorphine patches

Locally there continues to be significant prescribing of buprenorphine patches generically. Buprenorphine patches should be prescribed by brand name from a clinical safety perspective, as there are different types of buprenorphine patches available-those that are changed every 3 to 4 days and those that are changed every 7 days.

Reletrans is the locally preferred brand of 7 day buprenorphine patch. Reletrans is significantly more cost effective than BuTrans (50% lower cost) and available in the full range of strengths.

Please continue to review the prescribing of buprenorphine 7 day release patches (both generic and BuTrans), and change to the more cost effective brand, Reletrans. Please check that the quantity of patches on prescription is appropriate, and also in line with recommendations for schedule 3 controlled drugs (maximum quantity is 30 days' supply).