



Items which should not be routinely prescribed in primary care

NHS England has published national guidance on medicines which should no longer be routinely prescribed in primary care. This guidance aims to reduce inappropriate prescribing of 18 medicines of low clinical value. In the majority of cases there are other more effective, safer and/or cheaper alternatives available.

Recommendations for the 18 products

Product	NHSE recommendation	Local position
<ul style="list-style-type: none"> Co-proxamol Doxazosin prolonged release Glucosamine and chondroitin Herbal treatments Homeopathy Lutein and antioxidants Omega-3 fatty acid compounds Paracetamol and tramadol combination product Perindopril arginine Rubefaciants (excluding topical NSAIDs) Once daily tadalafil Trimipramine 	<ul style="list-style-type: none"> Prescribers in primary care should not initiate these medicines for any new patient. Support prescribers in deprescribing in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. 	<p>Local policy statements are available for the following products to support practices review prescribing:</p> <ul style="list-style-type: none"> Co-proxamol Doxazosin prolonged release Glucosamine and chondroitin Lutein and antioxidants Omega-3 fatty acid compounds Once daily tadalafil
<ul style="list-style-type: none"> Dosulepin Immediate release fentanyl Lidocaine plasters Oxycodone and naloxone combination product 	<ul style="list-style-type: none"> Prescribers in primary care should not initiate these medicines for any new patient. Support prescribers in deprescribing in all patients and, where appropriate, ensure the availability of relevant services to facilitate this change. If, in exceptional circumstances, there is a clinical need for this to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional. 	<p>Exceptions: Lidocaine: This does not apply to patients treated in line with NICE CG173 <i>Neuropathic pain in adults: pharmacological management in non-specialist settings</i>, and are still experiencing neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia). This is in line with local formulary recommendations.</p>
<ul style="list-style-type: none"> Liothyronine (including Armour Thyroid and liothyronine combination products) 	<ul style="list-style-type: none"> Prescribers in primary care should not initiate liothyronine for any new patient. Individuals currently prescribed liothyronine should be reviewed by a consultant NHS Endocrinologist with consideration given to switching to levothyroxine where clinically appropriate. 	<p>Local policy statement for liothyronine/armour thyroid. Prescribers should not accept new requests to prescribe. Patients already stabilised should be switched to an equivalent dose of levothyroxine. Patients who decline the change or are intolerant should be referred to the Endocrinologist for review or ongoing prescribing.</p>
<ul style="list-style-type: none"> Travel Vaccines (vaccines administered exclusively for the purposes of travel) 	<ul style="list-style-type: none"> Prescribers in primary care should not initiate the stated vaccines exclusively for the purposes of travel for any new patient. 	<p>Please refer to local guidance on 'Prescribing and immunisation advice and recommendations for people intending to travel abroad' for information on which vaccines are not available at NHS expense.</p>

Prescribing Update

December 2017 Newsletter



Licensed magnesium products

Oral magnesium compounds are amongst the most frequent and costly unlicensed items prescribed in primary care. There are many unlicensed oral magnesium preparations/salts available which result in the prescribing and dispensing of a range of high cost unlicensed specials, including magnesium oxide, magnesium carbonate and magnesium malate.

Magnesium-L-aspartate (Magnaspartate-contains 10mmol/sachet) and magnesium glycerophosphate (Neomag-contains 4mmol/tablet) are the only licensed oral magnesium preparations available. Please review the prescribing of magnesium products, and consider the use of one of these licensed products at an equivalent dose/mmol. Also, please prescribe generic magnesium glycerophosphate 4mmol tablets as the brand name Neomag to ensure that a licensed product is supplied.

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FreeStyle Libre glucose monitoring system

FreeStyle Libre is a flash glucose monitoring (FGM) system which monitors glucose levels using interstitial fluid levels rather than capillary blood glucose from finger prick testing. It consists of a handheld reader and a sensor, which is sited on the back of the arm. When the reader unit is passed over the sensor, the reader shows a reading based on interstitial fluid glucose levels. The sensor lasts for up to 14 days and then needs to be replaced.

There is currently limited evidence to support the use of FreeStyle Libre. There is limited data to confirm that use of FreeStyle Libre will result in better controlled diabetes, an improvement in patient oriented outcomes such as a reduction in complications due to poorly controlled diabetes, hospitalisation rates or ambulance/GP call out rates, improvement in overall long-term diabetes control or quality of life.

Therefore, Thurrock CCG and Basildon and Brentwood CCG **do not support** the prescribing of FreeStyle Libre for any patient with type 1 and type 2 diabetes, however, patients may self-purchase this product. Please refer to the local policy statement on the website for further information regarding this.

Eclipse Live update

The Medicines Management Team is very pleased to be rolling out Eclipse Live across South West Essex. Eclipse Live is a secure software application compatible with prescribing systems which is designed to enhance patient safety and risk stratification around prescribing.

Many practices have already attended an Eclipse Live demonstration session which took place in November 2017. Please note that further sessions will take place on February 7th 2018 (Basildon) and 8th February 2018 (Thurrock)- please contact prescribing.mailbox@nhs.net if you or your colleagues (clinical or non-clinical) would like to attend one of these February 2018 sessions.

Eclipse Live is part of the Prescribing Incentive Scheme 2017/18 "Safe Prescribing" target. Practices will need to:

- 1) Nominate a practice lead (clinical or non-clinical) – **worth 1 point** as part of the Prescribing Incentive Scheme.
- 2) Attend a demonstration (more sessions booked for February 2018) – **worth 2 points**.
- 3) Set up Eclipse Live in the practice, to receive training and start using the system (support available from Eclipse Live trainers) – **worth 1 point**.

We are hoping to implement Eclipse Live over the coming months, and request that practices return and sign any requested paperwork to the Eclipse Prescribing Services Team to allow initial set up.



Emollients

The Medicines Management Team have recently produced two documents to support practices to review emollient prescribing and guide formulary choice of products. The team has worked closely with the dermatology department and the pharmacy department at Basildon Hospital to develop this information, to ensure a joint formulary and approach across primary and secondary care.

Prescribing emollients - policy statement

The prescribing of emollients should be reserved for patients with a clear clinical indication and not for cosmetic purposes. Those patients with dry skin and no diagnosed skin condition should purchase their own products over the counter.

Existing patients prescribed an emollient for dry skin with no diagnosed skin condition should be reviewed, with a view to stopping prescribing and recommending an over the counter product for self-purchase.

Formulary choices

Newly diagnosed patients: Offer the formulary emollient with the lowest acquisition cost from the emollient ladder depending on the severity of the condition.

It has been agreed that these formulary products will be stocked and supplied from the outpatient pharmacy at BTUH. The only exception to this is that E45 cream will be stocked instead of ZeroCream, however, this can be switched to ZeroCream in primary care, and is considered interchangeable. Please note that initially some of the clinic communications may detail old formulary choices, however, it is reasonable to change to an interchangeable equivalent product.

Formulary products for diagnosed skin conditions

Creams - mild to moderate dry skin		Ointments - moderate to severe dry skin	
First line	Second line	First line	Second line
Isomol gel	Zerodouble gel	Emulsifying ointment	Fifty:50 ointment
Epimax cream	ZeroCream	AquaDerm LP:WSP	Cetraben ointment
ZeroAQS cream	Zeroveen cream	Zeroderm ointment	
Aquamax cream		Hydromol ointment	

Simple emollient switches - cost effective alternatives

Existing patients prescribed a non-formulary emollient for a diagnosed skin condition: Review patients prescribed a non-formulary emollient with a view to trialling one of the preferred formulary emollients. Search for the original emollients detailed below, identify patients prescribed the products, and consider a change to the more cost effective replacement emollient, if clinically appropriate. The replacement emollient is more cost effective and considered interchangeable with the original. Please also refer to the emollient ladder and quick reference guide which includes a section on simple switches to cost effective alternative emollients. Please note that these switches will shortly be added to the ScriptSwitch profile.

Original emollient	Replacement emollient
Aveeno cream	Zeroveen cream
Doublebase gel	Isomol gel
Epaderm ointment	Hydromol ointment
E45 cream	Zerocream
Diprobace cream or Cetraben cream or Oilatum cream	Epimax cream
Dermol 200 or Dermol wash	Dermol 500 lotion



Emollients containing antimicrobials

In primary care Dermol 500 lotion is one of the most frequently prescribed emollients. All of the Dermol products contain an antibacterial. Preparations containing an antibacterial should be avoided unless infection is present or is a frequent complication. If needed, Dermol cream should be considered for dry infected skin and Dermol 500 lotion for weeping infected skin. Both products can be used as a soap substitute.

Review the prescribing of Dermol products to ensure that there is an ongoing clinical need for an antibacterial containing emollient.

Emollients containing urea

Urea is a keratin softener and hydrating agent used in the treatment of dry, scaling conditions (including ichthyosis). Urea can cause stinging and irritation in some people. If a urea containing emollient is required, consider the formulary choice ImuDERM emollient (contains 5% urea).

Emollients containing menthol

Menthol in aqueous cream may be used for the management of itching not related to a medical skin condition. Menthol in aqueous cream is available as 0.5%, 1%, 2% and 5% and are available for self-purchase over the counter. If there is significant itching that requires prescribing, Methoderm is the preferred product of choice.

Soap substitutes, shower emollients and bath additives

Evidence around the use of bath and shower emollients is limited. However, normal soaps can dry out and irritate the skin and are best avoided in people with dry skin conditions. Most emollients can be used as a soap substitute and therefore shower emollients are not recommended. Any ointment (except 50:50, as it is immiscible with water) can be dissolved in some hot water and added to the bath water as a bath additive.

Bath additives and shower gels are not recommended for prescribing except for children with atopic eczema following specialist recommendation. Please review the prescribing of bath and shower products, if there is a clinical indication for the prescribing of an emollient, the emollient can be used as soap substitute.

Specials requisition route - reminder

Please consider the alternative supply route of the following specially formulated creams through the specials requisition route, which is a project in collaboration with BTUH pharmacy department:

- Coal tar solution 7%, Betnovate ointment 25% in Unguentum Merck
- Coal tar solution 7%, Betnovate ointment 50% in Unguentum Merck
- Dermovate ointment 10% in Unguentum Merck
- Dermovate cream 60% and propylene glycol 40%
- Salicylic acid 2%, 3% and 5% in white soft paraffin

This alternative route of supply will mean that the product is supplied at a significantly lower cost and of consistent quality, and help to improve services to patients. A requisition form is completed by the prescriber rather than providing an FP10 prescription. Please contact the Medicines Management Team for the requisition form, or this can be found on the Medicines Management pages of the CCG website under Chapter 13 (Skin).

The review of emollient prescribing is part of the Prescribing Quality Incentive Scheme. One of the compulsory targets is for practices to review prescribing, including appropriateness, quantities and product choice, in order to reduce spend compared to the previous year's spend. The December 2017 bimonthly action also requires practices to review the prescribing of emollients and change to the more cost effective brand name. Please refer to the local guidance regarding the prescribing of emollients to support this work and reviews.