PostScRipt – PrimaRy Care

April 2009

RANEXA®: Ranolazine (Ranexa®) is a new drug recently licensed in the UK for angina pectoris. It is licensed as add-on therapy for symptomatic treatment of patients intolerant or unresponsive to standard therapies. It has not yet been assessed by the SMC and there is no date available yet for when advice will be issued. It therefore remains non-*Formulary.*

PNEUMOCOCCAL POLYSACCHARIDE VACCINE AND CHRONIC KIDNEY DISEASE: Currently CDSS flags patients with all levels of CKD for repeated pneumococcal vaccination at 5 years. This includes the increasing numbers of patients with CKD3 many of whom are now reaching the 5 year anniversary of their first vaccination.

The Green Book recommends CKD patients to have 5 yearly PPV revaccination based on clinical judgement.

Dr Syed Ahmed, Public Health Consultant and the Immunisation co-ordinator for the NHS Board does not advise routine revaccination of CKD patients with PPV unless specifically requested by a renal physician

> "There have been on-going debates about the benefits of the Pneumococcal Polysaccharide vaccine (PPV) as part of a public health programme as the evidence base for PPV's benefits are contradictory however most experts think that it does have a limited role in preventing invasive pneumococcal disease although only for a short term. There is even less evidence whether revaccination every 5 years provides any additional benefits and in fact some experts believe that revaccination may lead to immunotolerance."

Currently the JCVI, the UK expert committee on immunisation are looking into the future of the PPV programme in the UK, meanwhile GPs should continue to give a single dose of PPV to at risk patients as recommended in the Green Book but do not offer revaccination to CKD patients unless requested to do so by a renal physician.

HOME DELIVERY OF ERYTHROPOIESIS STIMULATING AGENTS: With the agreement of the GP sub committee of the Area Medical Committee, arrangements have been put in place for home delivery of erythropoiesis stimulating agents (ESAs) for renal patients. Over the last 18 months patients attending renal clinics in Glasgow and Clyde have been started or converted onto home delivery of their ESA.

There are 2 ESAs currently being used in Glasgow and Clyde, Neorecormon® (epoetin beta) and Aranesp® (darbepoetin). Aranesp® currently holds the hospital contract for ESA of choice hence patients have been converted from Neorecormon® onto this drug. Some patients may choose to remain on Neorecormon®.

There are significant cost savings in transferring to home delivery since it allows primary care to take advantage of hospital contract prices. All new patients should be enrolled onto this scheme so that there should be no new shared care protocols being sent out to GPs. There has been a phased conversion of existing patients with Clyde patients and some less frequent attendees of renal clinic still in the process of being transferred. It should only be in exceptional circumstance that GPs are asked to prescribe ESAs. Please note there may be some haematology patients still being supplied through primary care. Practice nurses and district nurses may still be required to administer these drugs.

If you have any queries about any renal patients on ESAs please contact the homecare team at the Western on 0141 232 9527 or page the renal pharmacist at the Western 0141 211 2000 page 4694 or renal pharmacist at GRI radiopage 07623620550.

GMS PRESCRIBING INDICATORS FOR 2009/2010

The GMS indicators for 09/10 have been agreed by the Prescribing Management Group (Primary Care). The baseline data for the setting of indicators is from October to December 2008. The final measurement will be using **January - March 2010** data. The three prescribing indicators for the scheme are selected from the following:

INDICATOR	TARGET
Total number of SIP Feed Items per 1000 weighted patients per quarter *NEW* **Rationale**: *SIP feeds should only be considered in treatment of malnutrition when dietary measures alone have proved insufficient to sustain or improve oral intake, they should usually be regarded as an addition to normal food and taken between meals. Research indicates SIP feeds are more beneficial when BMI < 20kg/m^2.*	**≤14**
Total number of DDDs of quinolones per 1000 patients during winter (Oct 09-Mar 10) should be less then or equal to 120 and no higher than 5% from summer (Apr 09 - Sep 09) *NEW* **Rationale**: *Quinolone antibiotics are a known risk factor for C.Difficile infection. The new antibiotic guidelines only recommend quinolones for acute prostatitis and pyelonephritis. There should therefore be minimal seasonal variation in their use.*	**120 and maximum absolute increase of 5% from April-Sep 09**
Total number of DDDs of Hypnotics & Anxiolytics per patient per quarter *NEW* **Rationale:** *These drugs should be reserved for short courses to alleviate acute symptoms. There use should be limited due to the dependence potential, street value and side effect profile.*	**≤2.8 (or an abs decrease of 5%)**
Total number of DDDs of Proton Pump Inhibitors per Weighted patient per quarter *NEW* **Rationale:** *PPIs are the third most prescribed class of drug in NHSGGC. Long-term use of treatment doses of PPIs may be inappropriate for most patients. Prescribing of PPIs should be reviewed periodically and dose reduced or discontinued.*	**≤8 (or absolute decrease of 5%)**
Formulary Wound dressings as a % of all wound dressings *NEW* **Rationale:** *Formulary wound dressings are more cost-effective and should be used in preference to non-Formulary products.*	**≥70%)or abs increase of 10%)**
Blood Glucose Strips Items per 1000 patients per quarter *NEW* **Rationale:** *The BG Monitoring Guideline does not recommend routine home testing in Type 2 diabetics unless on insulin or experiencing repeated hypoglycaemic episodes.*	**≤20**
AIIRA as % of all ACEI and AIIRAs **Rationale:** *National and local guidelines suggest that ACEIs should be used first line with AIIRAs reserved for patients who cannot tolerate ACEIs. This is an indicator of prescribing efficiency from Audit Scotland and the National Audit Office Report.*	**≤22% (or abs decrease of 2%)**
Morphine as a % of all Morphine and Oxycodone prescribing *NEW* **Rationale:** *Oxycodone is restricted in the Formulary to use in patients with moderate to severe pain who cannot tolerate or find MR morphine ineffective.*	**≥60% (or abs increase of 10)**
Preparation of a robust repeat prescribing protocol which minimises risk to both patients and staff is efficient for both patients and staff and minimises the potential wastage of medicines *NEW* **Rationale:** *Improving repeat prescribing systems can benefit the patient in terms of risk reduction and reduces medicines wastage. It is estimated that £24million worth of medicines are wasted every year in the Glasgow and Clyde area.*	**N/A**

SMOKING CESSATION BULLETIN: All GPs, practice nurses and community pharmacists will be receiving a paper copy of a special edition Postscript bulletin this month. The bulletin contains information on Smokefree smoking cessation services which all prescribers are encouraged to utilise. There is also information on HEAT targets and prescribing advice in this area.

EXENATIDE PRESCRIBING QUANTITY: GPs are reminded to prescribe the quantity for Exenatide (Byetta®) as the number of pens in order to avoid overcharging. Several prescriptions have been reported in recent High Value reports due to the quantity prescribed as 60. These prescriptions will be charged as 60 pens even although the intention was 60 doses (1 pen).

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