

PostScript - Primary Care

May 2010

TAMSULOSIN OTC: The Medicines and Healthcare Regulatory Agency have recently approved a tamsulosin product (Flomax Relief[®] Capsules) for sale in pharmacies to treat the symptoms of benign prostatic hyperplasia in men aged 45 to 75 years.

A two week supply may be supplied initially and following a pharmacy review a further four week supply can be made. Further supplies beyond six weeks may only be supplied to a patient if a clinical assessment has been made by a doctor.

POSTSCRIPT EXTRA – CLOPIDOGREL & PPIs: Postscript Extra No.16 has been superseded by [Postscript Extra No.17](#). This bulletin provides an update on the prescribing advice in relation to patients prescribed both clopidogrel and a proton pump inhibitor. This follows advice from the European Medicines Agency that only the concomitant use of clopidogrel and omeprazole and esomeprazole should be discouraged.

VARENICLINE: Prescribers are reminded that patients prescribed varenicline (Champix[®]) should be linked to one of the Smokefree cessation services. The reason for this is to ensure the patient receives support for their quit attempt as this was the model used in clinical trials and recommended by the Scottish Medicines Consortium. Prescribers should prescribe varenicline as 'dispense weekly' to ensure that patients will attend a community pharmacy for weekly support if not accessing group support. This will also ensure that such a quit attempt will be captured for the smoking HEAT target.

INDICATOR CHANGES: [April's bulletin](#) contains the list of GMS indicators. Following discussions, the seretide indicator has been removed and replaced with an indicator on fluticasone prescribing. This focuses on the appropriateness of prescribing rather than simply inhaler type.

SMOKEFREE REFERRAL PADS:

Feedback has indicated that following discussions around smoking cessation, patients often expect a prescription to take to the pharmacy. However, since Nicotine Replacement Therapy (NRT) should not be prescribed using a GP10 a surrogate form has been produced for patients to take to a community pharmacy of their choice. This form is not a prescription but is similar in colour and size:



Smokeyfree Pharmacy Referral

 

Patient Name: _____

Address: _____

Postcode: _____ CHI No. _____

Stopping smoking is the most important change you can make to improve your health.

NHS Greater Glasgow and Clyde Smokefree Pharmacy Services provide Nicotine Replacement Therapy (NRT) and support each week for up to 12 weeks. Nicotine in tobacco products is highly addictive, so when you stop smoking you will crave nicotine. Replacing cigarettes with reducing doses of NRT helps you cope with this craving.

The service is free if you do not pay for prescriptions or one prescription charge every 4 weeks if you do.

To find out more about Smokefree Services take this form to a pharmacy. If the Pharmacy service suits your needs you will be enrolled and given tips on preparing to stop.

Just before your quit date, so that you are ready to stop smoking you will collect your 1st weekly supply of NRT. Each week when you collect your NRT the pharmacy staff will support you to stay Smokefree.

**Want to stop smoking?
You can do it, we can help !**

Practice stamp/address. _____

NHSGG&C Smokefree Community Services run group sessions.
For information on these groups in your area dial 0800 84 84 84

The form encourages the patient to attend any NHSGGC Smokefree Pharmacy, where they will receive the information and support required to help them to stop smoking. All community pharmacies offer this service. The contact number for Smokefree groups is also included, should the patient prefer to receive support in a group setting.

This development is an extension of an initiative initially launched in West Glasgow CHCP. These pads are available to prescribers, please contact Allen O'Neill on Tel. 0141 201 5333 or allen.oneill@nhs.net

HAYFEVER

Patients with symptoms such as runny nose, sneezing, watery eyes, itching of the soft palate and sometimes wheezing or shortness of breath may have allergic rhinitis (hayfever). Symptoms normally occur between March and September. For information on the diagnosis and treatment of hay fever see http://www.cks.library.nhs.uk/allergic_rhinitis. Medicines Q&A documents, providing information on the management of patients who are pregnant or breast feeding, can be accessed via <http://www.nelm.nhs.uk>

ANTI-HISTAMINES: Oral antihistamines are appropriate for patients with mild or intermittent symptoms. Non-sedating antihistamines are recommended first-line. The preferred *Formulary* choices are **cetirizine** or **loratadine**. Fexofenadine is a suitable alternative. Chlorphenamine is the only sedating antihistamine on the preferred list with promethazine as a suitable alternative. Desloratadine and levocetirizine remain non-*Formulary*. They offer no real advantage over *Formulary* options and are less cost-effective. Rupatadine (Rupafin[®]) was not accepted for use in NHS Scotland by the Scottish Medicines Consortium (SMC) and is therefore non-*Formulary*. Azelastine is the only intranasal antihistamine licensed in the UK for the treatment of allergic rhinitis and is available on *Formulary*.

Drug	Dose range	Cost/28 days
Cetirizine 10mg tablets	One tablet daily	£1.05 [†]
Loratadine 10mg tablets	One tablet daily	£1.15 [†]
Fexofenadine 120mg tablets	One tablet daily	£3.31 [†]
Chlorphenamine 4mg tablets	One tablet four times daily	£5.52 [†]
Promethazine 10mg tablets	1-2 tablets 2-3 times daily	£2.85 - £8.55 [§]
Desloratadine 5mg tablets	One tablet daily	£6.44 [§]
Levocetirizine 5mg tablets	One tablet daily	£4.10 [§]

Prices from *Drug Tariff April 2010 (online)* and [§]BNF 58 March 2010

INTRANASAL CORTICOSTEROIDS: Intranasal corticosteroids are the preferred treatment option for moderate/severe or persistent symptoms. The preferred *Formulary* choice is **beclometasone** with mometasone as an alternative in patients in whom beclometasone is ineffective or not tolerated. Fluticasone and fluticasone furoate (Avamys[®]) are included in the total formulary and should be reserved for patients that cannot tolerate or who do not respond to the preferred list drugs.

Drug	Dose range	Cost/28 days
Beclometasone 50mcg nasal spray	1-2 sprays twice daily	£0.83 - £1.67 [†]
Budesonide nasal spray 64mcg/spray or 100mcg/spray	1-2 sprays daily (or 1 spray twice daily)	£1.05 – £3.20 [§]
Fluticasone propionate nasal spray 50mcg/spray or 27.5mcg/spray	1-2 sprays upto twice daily	£1.57 - £6.28 [§]
Fluticasone Furoate 50mcg nasal spray	1-2 sprays once daily	£1.50 - £3.00 [§]
Mometasone nasal spray	1-4 sprays once daily	£1.53 - £6.14 [§]

Prices from *Drug Tariff April 2010 (online)*, [§]BNF 59 March 2010

NASAL SPRAYS: Sodium cromoglicate is an alternative in patients with persistent symptoms and nasal congestion. It may be less effective but can be useful in children and pregnancy.

EYE DROPS: **Sodium cromoglicate**, emedastine and olopatadine are the formulary choices for seasonal allergic conjunctivitis with cromoglicate being the only 'preferred list' option. Eye drops containing benzalkonium chloride should not be used while wearing soft contact lenses.

ALLERGEN IMMUNOTHERAPY: Grazax[®] is an oral treatment for grass pollen induced allergic rhinitis and conjunctivitis, which must be taken both during and outwith the hay fever season. It has not been accepted by the SMC on the basis of there being insufficient evidence to support its use. It is therefore non-*formulary*.