

New products added to NHS England's list of 'low-priority' treatments

In 2017, NHS England published guidance to CCGs on items that should not routinely be prescribed in primary care. This guidance identified 17 treatments that were either of low clinical effectiveness, effective but more cost-effective products were available, or were effective but deemed a low priority for NHS funding. This guidance was updated in July 2019 to include the following additional items:

Needles for Pre-Filled and Reusable Insulin Pens

- Prescribers in primary care should not initiate insulin pen needles costing over £5 per 100 needles for any diabetes patient.
- Review the prescribing of insulin pen needles that cost over £5 per 100 needles. There is a wide range of needles available and substantial variation in the costs. The locally agreed cost effective pen needle brands are **GlucorX Carepoint** (£2.75 for 100) and **Carefine needles** (£2.75 for 100). These switches have been added to the ScriptSwitch profile.

Bath and shower preparations for dry and pruritic skin conditions

- Prescribers in primary care should not initiate bath and shower preparations for any new patient (including children). There is no clear or robust evidence base to support the use of bath additives.
- Review and discontinue the prescribing of bath and shower preparations, and substitute use with "leave-on" emollients.

Silk garments

- Prescribers in primary care should not initiate silk garments for any patient (including children), even following secondary care/dermatology recommendation. These products are typically used as an adjunct to normal treatment for severe eczema and allergic skin conditions. However, the evidence relating to their use is weak and is of low quality.
- Review and discontinue the prescribing of silk garments in all patients.

Minocycline for acne

- Prescribers in primary care should not initiate minocycline for any new patient with acne, due to adverse effects associated with its use including skin pigmentation, drug-induced lupus and hepatitis.
- Review and discontinue the prescribing of minocycline in all patients with acne, with consideration of another tetracycline, such as lymecycline (408 mg once daily) or doxycycline.

Aliskiren

- Prescribers in primary care should not initiate aliskiren for hypertension for any new patient in primary care.
- Review the prescribing of aliskiren for existing patients in accordance with NICE Hypertension Guidance.

Amiodarone and dronedarone

- Prescribers should not initiate the prescribing of amiodarone or dronedarone in primary care for any new patient.
- If there is a clinical need for amiodarone or dronedarone, this should be specialist initiated and continued as part of a shared care arrangement.

Shared Care Guidelines

Reminder: The following Shared Care Guidelines are available on our website for practices that have signed up:

- 6-Mercaptopurine
- Azathioprine
- Hydroxychloroquine
- Leflunomide
- Sulphasalazine
- Methotrexate (this includes oral and subcutaneous, prescribed as Metoject, as the monitoring requirements are the same for both and the patients are trained in hospital to self-inject)

Prescribing Update

NHS
Basildon and Brentwood
Clinical Commissioning Group

NHS
Thurrock
Clinical Commissioning Group

October 2019 Newsletter

Prescribing of Midazolam

Please remember to prescribe all midazolam products as licensed **Buccolam** oramucosal solution pre-filled oral syringes.

- Buccolam is available as pre-filled syringes of 4 different volumes (see below).
- All pre-filled syringes have a strength of 5mg/1ml.
- Buccolam is *half the concentration* of some other unlicensed midazolam preparations.
- The MHRA recommend that if a branded product is available, then this should be prescribed rather than an unlicensed product even if it is used for an "off-label" indication; unless there is a good clinical reason for prescribing the unlicensed product.

Action: Please search for patients prescribed midazolam or Epistatus and switch to one of the following Buccolam products:

- Buccolam 10mg/2ml oromucosal solution pre-filled oral syringes (4 units cost £91.50)
- Buccolam 2.5mg/0.5ml oromucosal solution pre-filled oral syringes (4 units cost £82)
- Buccolam 5mg/1ml oromucosal solution pre-filled oral syringes (4 units cost £85.50)
- Buccolam 7.5mg/1.5ml oromucosal solution pre-filled oral syringes (4 units cost £89)

Please note: Epistatus 10mg/ml oromucosal solution has now been discontinued and Epistatus 10mg/1ml oromucosal solution pre-filled oral syringes (1 unit dose = £45.76) is being ordered as an unlicensed special through community pharmacies costing up to £1100 for 20mls. Therefore, please switch as per the recommendation above and ensure patients are counselled accordingly.

Licensed Melatonin Products on the Market

Product	Quantity and Price	License
Melatonin 1mg/ml sugar free oral solution	150ml (£130)	Melatonin 1mg/ml oral solution and melatonin 3mg tablets are indicated for short-term treatment of jet-lag in adults.
Melatonin 3mg tablets	30 tablets (£65)	
Slenyto 1mg prolonged-release tablets	60 tablets (£41.20)	Slenyto is indicated for the treatment of insomnia in children and adolescents aged 2-18 with Autism Spectrum Disorder (ASD) and / or Smith-Magenis syndrome, where sleep hygiene measures have been insufficient.
Slenyto 5mg prolonged-release tablets	30 tablets (£103)	
Circadin 2mg prolonged-release tablets	30 tablets (£15.39)	Circadin is indicated as monotherapy for the short-term treatment of primary insomnia characterised by poor quality of sleep in patients who are aged 55 or over.

Reminder: Circadin (melatonin) 2mg prolonged release tablets continues to be the locally preferred melatonin product dependent on the dose/strength required. Please note this is an off-label use in children.

Prescribing of buprenorphine patches

- Locally there continues to be some generic prescribing of buprenorphine patches. Over a three month period there have been over 600 items of generic buprenorphine prescribed across Basildon and Brentwood CCG and Thurrock CCG.
- Transdermal patches are available as 72 hourly (3 day), 96 hourly (4 day) and 7 day formulations. Prescribers and dispensers must ensure that the correct preparation is prescribed and dispensed.
- When searching for buprenorphine on SystmOne the first options that appear are generic items which are not mapped to DM+d (see below).
- As these products are not registered with DM+d, the relevant ScriptSwitch messages recommending a suitable branded generic alternative will not appear. These prescriptions also cannot be sent electronically to pharmacies.

Action: Please search for patients prescribed generic buprenorphine and switch to a suitable cost effective branded generic:

- 72 hourly (3 day) patches: prescribe as the brand name **Hapoctasin**
- 96 hourly (4 day) patches: prescribe as the brand name **Bupeaze**
- 7 day patches: prescribe as the brand name **Butec** or **Reletrans**

ScriptSwitch Recommendations for Controlled Drugs

Reminder: The following switches on the ScriptSwitch profile, offer more cost-effective replacement products to optimise savings opportunities:

Original product	Cost effective replacement product
Co-codamol 30mg/500mg tablets / capsules / effervescent tablets Solpadol 30mg/500mg capsules / effervescent tablets Tylex 30mg/500mg capsules / effervescent tablets	Zapain 30mg/500mg tablets / capsules
Fentanyl patches	Matrifen patches or Fencino patches
Neurotin tablets / capsules	Gabapentin tablets / capsules
Methylphenidate M/R tablets, Concerta XL tablets	Matoride XL tablets
Morphgesic SR tablets, Morphine M/R tablets / capsules MST Continus 100mg tablets	Zomorph M/R capsules
Oxycodone capsules, OxyNorm capsules	Shortec capsules or Lynlor capsules
Oxycodone M/R tablets, OxyContin M/R tablets	Longtec M/R tablets or Reltebon M/R tablets
Alzain capsules, Axalid capsules, Lecaent capsules, Lyrica capsules	Pregabalin capsules
Brimisol SR tablets, Mabron M/R tablets, Maxitram SR capsules, Oldaram M/R tablets, Tilodol SR tablets, Tramadol M/R tablets / capsules, Tramquel SR capsules, Zamadol SR capsules, Zeridame SR tablets, Zydol SR tablets	Marol M/R tablets or Tramulief SR tablets

Please note: Good practice recommendations suggest that CDs should not be kept on the repeat template or issued for a duration longer than 28 days.

Premium Priced Generics SystmOne Search

Premium priced generics are costing the NHS an additional £11.6 million per year. These are generic items prescribed with a manufacturer's name attached. For example, *pregabalin 100mg tablets (Teva UK Limited)* instead of *pregabalin 100mg tablets*. This means that the community pharmacy must supply this manufacturer's brand which may be reimbursed at a significantly higher cost than the national Drug Tariff price.

This was a national issue on SystmOne clinical systems that has recently been resolved by the picking order of drugs changing. However, all previous medication prescribed with a generic manufacturer specified needs to be changed, this includes repeat templates and old acute medication from the medication tab to stop it being re-issued. Please note this only applies to generic medicines with a manufacturer attached, not branded medicines where the manufacturer will be specified on SystmOne.

South Essex appears to be particularly affected, and the estimated savings across Thurrock CCG and Basildon and Brentwood CCG are £250,000 annually.

A simple search can be done on SystmOne to identify these products by following the steps below:

Search procedure for Premium Priced Generics on SystmOne:

1. Click *Reporting* then click *Clinical Reporting*
2. Click *New* to create a new report
3. Name the report *Premium Priced Generics* (including time period e.g. April to July 19)
4. Click *Medication* on the left hand side
5. Then tick *Medication Exists*
6. Then tick *Branded Generics Only*
7. Ensure that *Report on all matching issues* is selected
8. Tick *Report on start date* (specify after 01 April 2019)
9. Tick *Report on end date* (specify before current date)
10. Click *Ok* to create the report
11. Highlight the report and click the green run arrow twice to run the report
12. Right click report, click *Breakdown Results*
13. Click arrow next to *Issues* to open dropdown, then tick *Drug*, then click *Refresh*, then *close*
14. This will provide the *Report Results* for Premium Priced Generics
15. Right click report and click *Show Patients*

To change a patients medication to a non-premium priced generic:

1. Right click on the first patient in the drop down list and click *Retrieve Patient*
2. Click *Repeat Template* on the left hand side
3. Find the premium priced generic item and right click
4. Click *Amend*, (*make a note of the directions and quantity*)
5. Next to the medication, click *Toggle to generic equivalent (brown bottle with 'g' on)*
6. Warning message, press *OK*

Drug Shortage Information

Please find a helpful link below to the MIMS tracker for drug shortages. This is a live tracker which is constantly updated to include information about drugs in short supply:

www.mims.co.uk/drug-shortages-live-tracker/article/1581516

Registration is required to view the tracker and is free for GPs, nurses and pharmacists based in GP practices. Please email gponline.support@haymarket.com to register.

For additional information, the Medicines Management section of the CCG website includes a section on national medicines shortages (login required to access this information).

Please also liaise with your local community pharmacy regarding drug shortage queries, as the community pharmacy will be able to access information from the suppliers and wholesalers regarding the most up to date stock situation and availability.