

Monthly Prescribing Recommendation

February 2014

Analgesics

Your CCG supported the principle of asking GP practices to focus on monthly prescribing topics to deliver further prescribing cost efficiencies. Prescribing is a major contributor to the CCG's overall QIPP plan and the realistic ambition of financial balance. Achieving the latter is essential to qualify for the quality premium payment that can bring significant financial benefits to the CCG, and allow re-investment in primary care in subsequent years. Practices, therefore, are being asked to complete the relative actions before the end of the stated period.

Over the month of February, we ask that clinicians continue to focus on the prescribing of analgesics in particular those covered in the monthly prescribing topics in 2013.

Summary of prescribing recommendations

Tramadol

- preferred option is plain 50mg capsules
- If MR preparation is required then prescribe a low cost branded product such as Marol.
- Patients currently prescribed generic tramadol MR – switch to plain capsules if appropriate or prescribe a low cost brand such as Marol

NB When tramadol MR is prescribed generically any brand can be dispensed and the price of these products can vary 10 fold.

MR Morphine

- First choice strong opiate
- Use a low cost brand such as Zomorph

Oxycodone

- should not be initiated first line

Fentanyl

- if a patch is required prescribe a low cost brand such as Mezolar.
- Patients currently prescribed fentanyl patch generically or as Durogesic brand - consider switching to low cost brand at next dose change

Pregabalin

- Use adequate trial of other suitable agents before initiation of pregabalin (e.g amitriptyline or gabapentin).
- Remember dose optimisation and dose frequency. i.e. 1 x 100mg capsules rather than 2 x 50mg, prescribe BD rather than TDS

Co-proxamol

- review patients prescribed co-proxamol and change to an alternative analgesic where appropriate

Further information on the pharmaceutical management of pain can be found in the HRW CCG pain pathway for chronic and neuropathic pain.

Please see next page for a summary of previous topics and recommendations.

Should you have any queries, recommendations or ideas about these or future initiatives then we would be pleased to hear from you.

Yours sincerely,

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Summary of Monthly Prescribing Recommendations

Drug	Recommendation	Month
Incentive Scheme	Introduction of incentive scheme	Dec13/Jan14
Co-proxamol	Continue to review and stop where possible	Nov 13
Fentanyl Patch	If needed, use low cost brand such as Mezolar	Oct 13
Cerazette	Cerezette to Cerelle	Sept 13
Sildenafil	Reminder to prescribe generically now off patent	Aug 13
Iron preparations	Review need, first line ferrous fumarate	Jul 13
Tramadol	- Preference for standard release capsules - If MR needed, prescribe low cost brand such as Marol [®]	Jun 13
Omega-3	Not routinely commissioned in secondary prevention after MI. Other indications review in line with NICE	May 13
Morphine MR	Prescribe low cost brand such as Zomorph [®]	Apr 13
Co-proxamol	Review and stop	Mar 13
ED drugs	First line choice generic sildenafil tablets before other drugs	Feb 13
NRT/Antifungal questionnaire		Dec 12
Rosuvastatin	Review use of rosuvastatin to simvastatin or atorvastatin where possible	Nov 12
Nystatin	Use Nystan [®] oral suspension, not generic nystatin	Oct 12
Nitrofurantoin 50mg	Use capsules NOT tablets	Oct 12
Sartans	Low cost preferred candesartan, losartan, valsartan.	Aug 12
Generics	Review generic savings list	June 12
Pregabalin	Dose optimisation and dose frequency	May/Sept 12
Prednisolone	Plain not EC	Apr 12/Jan13