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OptimiseRx Update

OptimiseRx is a prescribing support tool which assists prescribers to make patient-specific clinical decisions at the point of care. This helps to promote safe and cost-effective prescribing and facilitates compliance with National prescribing priorities. OptimiseRx has been rolled out to 88% of EMIS practices and work is ongoing to make it available to practices using the Vision clinical system.

The leading causes of avoidable prescribing harm include polypharmacy (concurrent use of multiple medications) and look-alike, sound-alike (LASA) medications.

OptimiseRx promotes safer prescribing and improved patient outcomes through adherence to best practice, including patient monitoring and co-prescribing. This assists in reducing the risk of avoidable medication-related harm to patients in line with World Health Organisation aims. The table below details the number of best practice interventions as a result of OptimiseRx prompts during the first eight months. For example, on 687 occasions a prescriber deprescribed or avoided initiating an anticholinergic, on 26 occasions OptimiseRx prompted avoidance of accidental prescribing of a concentrated opioid preparation.

OptimiseRx Intervention Type	Examples	Number of Interventions
Polypharmacy	Avoidance of prescribing of anticholinergic drugs in elderly or dementia patients (AEC score 3)	687
	Avoidance of prescribing an oral NSAID to patients already on warfarin or a DOAC	216
Look- alike sound- alike (LASA) Alerts	Prevented risperidone being prescribed instead of ropinirole (and vice-versa)	6
	Prevented chloramphenicol ear drops being prescribed instead of chloramphenicol eye drops	47
High Strength preparations	Prevented inadvertent selection of conc oxycodone, morphine or methadone preparations	26
Best- practice reminders	Reminded prescribers to issue a Steroid Emergency Card to appropriate patients	2255
	Avoided a combined oral contraceptive being continued or initiated in women with a BMI >35	34
Monitoring	Reminded prescribers to monitor urea and electrolyte levels for patients starting allopurinol	473
	Reminded prescribers to monitor blood pressure for patients on mirabegron.	816

Deprescribing Vitamin C

Ascorbic acid (vitamin C) is only [indicated](#) for prevention and treatment of scurvy, which is a rare condition caused by inadequate vitamin C in the diet for at least three months. It can be prevented by eating foods rich in vitamin C such as fruit and vegetables, as part of a [healthy](#) balanced diet. The [BNF](#) states that it is rarely necessary to prescribe more than 100 mg of ascorbic acid daily. There is insufficient evidence to support the prescribing of ascorbic acid to improve iron absorption or ameliorate colds. £260k was spent on prescribing ascorbic acid during January-December 2021. It should not be prescribed as a dietary supplement. Where clinically proven deficiencies are associated with delayed [wound](#) healing, a once daily multivitamin and mineral preparation should meet these requirements. Excess vitamin C can cause gastrointestinal side effects such as stomach pain, diarrhoea and flatulence.

Actions for GP Practices

All patients prescribed ascorbic acid should be reviewed

- Any prescribing that is not for the management of actual deficiency should be discontinued.
- Patients should be encouraged to consume a healthy, varied, and well-balanced diet to obtain the vitamins and minerals needed.
- If patients still want to take vitamin C for dietary supplementation they should be advised that it is available to purchase over-the-counter.
- New prescriptions for ascorbic acid should only be initiated for the management of actual deficiency.
- Eligible pregnant and breast-feeding women should be signposted to the [Healthy Start](#) vitamin scheme to receive free vitamins containing Vitamin C, D and folic acid by post.

Deprescribing Vitamin B Compound Products

Deficiency of the B vitamins is rare in the UK (with the exception of vitamin B₁₂). Vitamin B compound preparations are considered by the Joint Formulary Committee to be [less suitable for prescribing](#). Prescribing may be justified for diagnosed deficiency, chronic malabsorption and refeeding syndrome. **Vitamin B compound strong** is the product of choice (see table 1).

Table 1: Comparison of vitamin B compound preparations

Preparation	Ingredients	Indication	Cost (£) / 28 days* (Drug Tariff September 22)
Vitamin B compound tablets	Nicotinamide 15 mg Riboflavin 1 mg Thiamine hydrochloride 1 mg	Prophylaxis of deficiency in adults: 1–3 tablets daily	32.54-97.62
Vitamin B compound strong tablets	Nicotinamide 20 mg Riboflavin 2 mg Thiamine hydrochloride 5 mg Pyridoxine hydrochloride 2 mg	Treatment of deficiency in adults: 1–2 tablets 3 times a day	3.48-6.96

Actions for Prescribers

- Only initiate vitamin B compound strong tablets for diagnosed deficiency, chronic malabsorption and refeeding syndrome
- Where it is justifiable to prescribe vitamin B compound, prescribe vitamin B compound **strong** tablets
- Do not initiate vitamin B compound preparations for dietary supplementation, prevention of deficiency, prevention of Wernicke's Encephalopathy (WE) in alcoholism or maintenance following treatment of deficiency
- Review all existing patients prescribed vitamin B compound preparations with a view to stopping treatment in all but exceptional circumstances e.g. medically diagnosed deficiency due to a lifelong or chronic condition, or surgery resulting in malabsorption
- See Compass report page 13 for practice data



Correction August 2022 Medicines Management Newsletter!

The list price of Ventolin 200 Accuhaler has been reduced to £1.99 from 1st August 2022. The price listed in the online August 2022 Newsletter has been amended.

NICE GUIDANCE

- [NICE TA803](#) Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs
- [NICE TA805](#) Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides
- [NICE TA807](#) - Roxadustat for treating symptomatic anaemia in chronic kidney disease
- [NICE TA809](#) Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease
- [NICE TA810](#) Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node-positive early breast cancer at high risk of recurrence
- [NICE TA812](#) Pralsetinib for treating RET fusion-positive advanced non-small-cell lung cancer
- [NICE TA813](#) Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors
- [NICE TA814](#) Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis
- [NICE TA818](#) Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma
- [NICE TA819](#) Sacituzumab govitecan for treating unresectable triple-negative advanced breast cancer after 2 or more therapies

MANAGED ENTRY DECISIONS

- Beclometasone dipropionate, formoterol fumarate dihydrate and glycopyrronium (Trimbow® pMDI 172 micrograms/5 micrograms/9 micrograms)
- Somatrogon (long-acting formulation of somatotropin) (Ngenla®)
- Remimazolam (Byfavo®)
- Remimazolam (Byfavo®)
- Inclisiran (Leqvio®)
- Guselkumab (Tremfya®)
- Nivolumab (Opdivo®)
- Setmelanotide (Imcivree®)
- Nivolumab (Opdivo®)
- Sacituzumab govitecan (Trodelvy®)
- Avalglucosidase alfa (Nexviadyme®)
- Brolocizumab (Beovu®)
- Vedolizumab (Entyvio®)
- Enfortumab vedotin (Padcev®)
- Grazoprevir + elbasvir (Zepatier®)
- Mepolizumab (Nucala®)

see [Managed Entry section](#) of NI Formulary

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.

This newsletter has been produced for GPs and pharmacists by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents, please contact one of the [Pharmacy Advisors](#).