



Prescribing Hints & Tips

April 2017

LIOTHYRONINE PRESCRIBING UPDATE

The Area Prescribing Committee has updated its [liothyronine prescribing statement](#). Liothyronine should no longer be prescribed on the NHS for any patient. All patients currently receiving liothyronine on the NHS should be reviewed by an NHS endocrinologist and prescribing will only be continued in exceptional circumstances. Patients receiving liothyronine on the advice of a private consultant should be referred back to them for private prescription of liothyronine or recommendation of an alternative treatment.

DOXAZOSIN COST COMPARISON

There is still a reasonable amount of modified-release doxazosin being prescribed despite offering no significant advantage over the standard-release preparations. Just under £50,000 was spent in the last 12 months on modified-release doxazosin. Significant savings could be made if this was prescribed as standard-release instead.

Preparation	Cost per 28 tablets (April Drug Tariff)
Doxazosin 4mg tablets	£0.82
Doxazosin 4mg M/R tablets	£5.00
Doxazosin 8mg M/R tablets	£9.98

RECORDING HOSPITAL MEDICATIONS ON GP CLINICAL SYSTEMS

Following discussions at the medicines safety officers meeting; practices are advised to record on the patients medication screen details of any medicines issued by the hospital. There have been incidents where interacting drugs have been prescribed by GPs as the prescriber was unaware of the other drugs being taken. This is of particular concern with HIV drugs which have many interactions.

There have also been incidents where hospital inpatients have had important medication omitted during their stay as there was no record of it on the SCR and it was therefore not transferred to the inpatient chart.

The medicines management team have created a [short guide](#) about how to add these drugs to clinical systems. It is important that any "hospital issued" drugs are updated annually on the clinical system (this could be done at the medication review) as they are automatically removed from the SCR after 12 months.

NEW FORMULATION OF LUCOZADE®

From April 2017 Lucozade® Energy Original will contain almost 50% less glucose-based carbohydrate. This will have implications for any diabetic patients that have been advised to use this to treat hypoglycaemia. It also has implications for patients undergoing glucose tolerance tests with Lucozade®. It is likely that the old formulation will remain on shelves for a number of months so it is essential to check the nutritional information carefully, as the different formulations will look identical. The new formulation contains 8.9g carbohydrate per 100ml compared with 17g in the old formulation.

If you are interested in reviewing any of the areas discussed in PHT and would like some assistance, please contact a member of the medicines management team below:

General Contacts
Email for non-urgent queries (response usually within 2 working days): [Redacted]
Medicines management office numbers: [Redacted]
Senior Pharmacists
[Redacted]
Medicines Management Pharmacists
[Redacted]
Medicines Management Technicians
[Redacted]

For additional medicines management information and resources please visit the team's eHealthscope pages:-

<http://ehealthscope.nottingham-pct.nhs.uk/dotnetnuke/Default.aspx?tabid=253>

Or the Area Prescribing Committee website:-

<http://www.nottsapc.nhs.uk/>

Contributions

If you have any comments or suggestions for topics in future editions of PHT please contact

[Redacted]