

## CONTENTS

## HIGHLIGHTS FROM THIS QUARTER

Any good news about performance over the last quarter

## MESSAGE IN FOCUS

Message(s) that need some education around or update on progress on them e.g., ACB or PINCER set

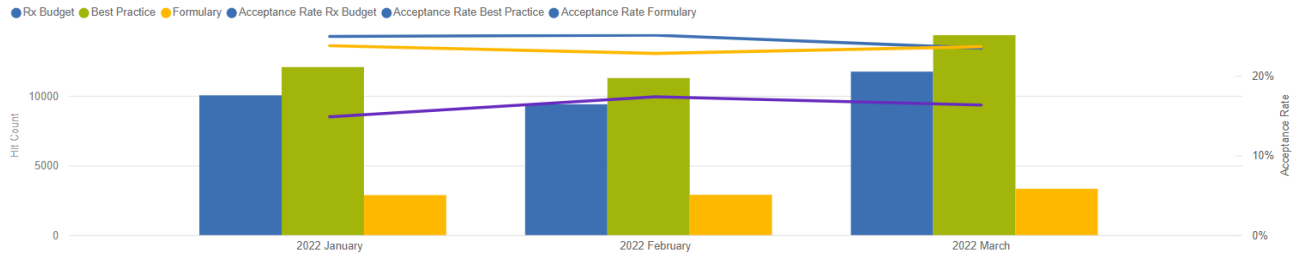
## OptimiseRx TOP TIP

Info that may improve use of ORx for example rejection reasons being optional

1 Profiles   2 Organisations   7 Groups   27 Sites   1232 Messages   90 Days   21.55% Acceptance Rate   £137,291 Total Savings   £117,118 Cost Avoidance



Profile Overview: Message Hits & Acceptance Rate



Most Hit Messages	Focus	Hit Count	Most Rejected Messages	Focus	Rejected Count
[26505] - Pressurised metered-dose inhalers: ensure a spacer/holding chamber device is prescribed with pressurised metered-dose inhalers - Southampton CCG	Best Practice	7318	[9746] - Amber - Basingstoke, Southampton and Winchester District Prescribing Committee	Formulary	5322
[9746] - Amber - Basingstoke, Southampton and Winchester District Prescribing Committee	Formulary	6737	[18860] - Emollient skin preparations for self-care: not to be routinely prescribed	Rx Budget	2434
[18860] - Emollient skin preparations for self-care: not to be routinely prescribed	Rx Budget	2845	[25525] - Anticholinergics: review use of anticholinergic burden (ACB) score 3 medications in vulnerable patients	Best Practice	1247
[25525] - Anticholinergics: review use of anticholinergic burden (ACB) score 3 medications in vulnerable patients	Best Practice	1377	[10104] - Low or medium-intensity statins (existing patients): consider atorvastatin 20-80mg (high-intensity statin) for primary or secondary prevention of CVD (excluding patients with a familial dyslipidaemia or CKD stages 4 or 5)	Best Practice	1222
[21679] - Calcium and vitamin D preparations: consider swapping to Accrete D3 film coated tablets, or Accrete D3 One a Day, TheiCal-D3 or Calci-D chewable tablets - Southampton CCG	Rx Budget	1281	[21679] - Calcium and vitamin D preparations: consider swapping to Accrete D3 film coated tablets, or Accrete D3 One a Day, TheiCal-D3 or Calci-D chewable tablets - Southampton CCG	Rx Budget	969

There has been an excellent acceptance rate of cost and formulary messages and a good acceptance rate for best practice messages.

## Message In Focus

Messages have been authored to help prescribers choose more carbon-neutral inhalers for patients.

Please note, apart from 28382 which is covering SABAs, all other messages are for new patients only, to avoid accidentally switching a well-controlled patient without a comprehensive review first. Please also note, in messages where all the lower-carbon alternatives are dry powder inhalers (DPIs), we have excluded patients with a SNOMED code stating that DPIs are not indicated. This will help reduce inappropriate triggering of these messages for patients who cannot use a DPI, but it is contingent on prescribers explicitly coding relevant patients as such.

Messages are currently being reviewed to reflect local Wessex Asthma Guidance see link:

[WAN Guidelines Full.pdf \(westhampshireccg.nhs.uk\)](#)

## Antianginal drugs: beta-blockers and calcium channel blockers recommended first-line for patients with stable angina

Beta-blockers or calcium channel blockers are recommended first-line for stable angina. NICE (CG126, Aug 2016) states that antianginal drugs other than a beta-blocker or a calcium channel blocker should not be offered routinely as first-line treatments for stable angina.

NICE CKS (Jun 2021) for stable angina suggest, if beta-blockers are contraindicated or not tolerated, to consider a rate-limiting calcium-channel blocker (such as diltiazem or verapamil) instead of dihydropyridine CCB. Short-acting dihydropyridines are more likely to cause reflex tachycardia, and if they are needed, it is recommended prescribing a longer-acting alternative, such as amlodipine, felodipine, or modified-release nifedipine preparations.

# OptimiseRx - Hampshire & IOW ICS

## NEW COST MESSAGES

Direct-acting Oral Anticoagulants (DOACs) → Edoxaban in new patients

Oxycodone MR tablets → OxyPro® MR or Oxeltra® MR

Generic Estriol cream 0.01% cream → Ovestin® 0.1% or Estriol 0.1% cream

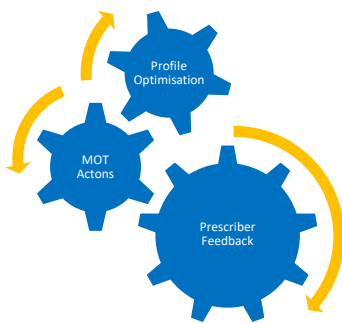
Omeprazole dispersible GR tablets or Losec® MUPs → Mezzopram® dispersible GR tablets

Actiq® or generic fentanyl lozenges all strengths → Cyril®. *Please note fentanyl lozenges are a RED drug.*

## BEST PRACTICE MESSAGES

**Removal of NICE Key Therapeutic Topics (KTT) references** - In response to the recent withdrawal of the NICE KTTs, we have removed all references from our current messages. Additionally, we are retiring message 5525 - NSAIDs/COX-2 inhibitors: ibuprofen or naproxen recommended choices of NSAID as we are no longer able to support this message without NICE KTT.

**Rebranding Insulin lispro Sanofi to Admelog®** - Following the rebranding of "Insulin lispro Sanofi" preparations within Great Britain to "Admelog" and previous product announcement by Sanofi that only Admelog will be supplied from February 2022, "Insulin lispro Sanofi" preparations has been removed as alternatives from all messages and replaced these with the corresponding Admelog preparation.



### OptimiseRx Top Tip

Inadvertent Oral Administration of Potassium Permanganate.

Potassium permanganate is supplied in concentrated forms, either as a tablet or a solution, which requires dilution before use. These concentrated forms resemble an oral tablet or drink and if ingested are highly toxic.

The alert asks both secondary and primary care providers to take action to assess if use of potassium permanganate can be reduced; to ensure safer prescribing and labelling and to ensure it is stored safely. to ensure safer prescribing and labelling, and to ensure it is stored safely.



NaPSA - Inadvertent oral administration of

## MONITORING AND RECORDING MESSAGES FOR BEST PRACTICE

**Leflunomide:** monitor and record renal function at least every 3 months. Monitor renal function; no evidence of monitoring found within 3 months. The Specialist Pharmacy Service (SPS, Jul 2021) recommend that renal function should be monitored at least every 3 months in patients prescribed leflunomide. Weight and blood pressure should also be monitored three-monthly.

**Spironolactone:** monitor and record renal function and potassium levels at least every 6 months. Monitor renal function and urea and electrolyte levels; no evidence of monitoring found within 6 months. The Specialist Pharmacy Service (SPS, Jul 2021) recommend that renal function and potassium levels should be monitored at least every 6 months in patients with heart failure prescribed spironolactone.

**Dapagliflozin 5mg tablets:** consider discontinuing treatment in patients with type 1 diabetes. Dapagliflozin 5mg tablets are not recommended for type 1 diabetes due to license withdrawal. The manufacturer of dapagliflozin 5mg tablets (Forxiga) recommends seeking specialist care for treatment discontinuation in patients with type 1 diabetes. After stopping dapagliflozin, frequent blood glucose monitoring is recommended, and the insulin dose should be increased carefully to minimise the risk of hypoglycaemia.

## RESOURCES

### Hampshire, Southampton & Isle of Wight CCG – NEW WEBSITE

The new website is now live, following the merger, on the 1 April, of Southampton, Fareham and Gosport, North Hampshire, West Hampshire and South East Hampshire CCGs.

Click [HERE](#) to see the CCG's Medicines Optimisation landing page and links to SCGs and other guidance

Click [HERE](#) for **Lunchtime Learnings on-demand** webinars to learn more about how OptimiseRx can support your job role