

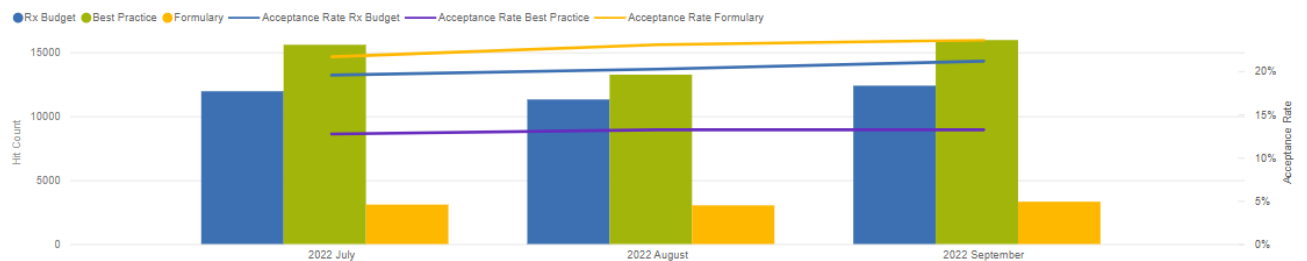
OptimiseRx Analytics Dashboard

1 Profiles 2 Organisations 14 Groups 36 Sites 1266 Messages 92 Days 18.03% Acceptance Rate £158,811 Total Savings £87,214 Cost Avoidance



Deactivated Sites	Last Active
[N/A] - Unknown	
[J82141] - BATH LODGE PRACTICE	04 October 2019
[J82171] - BITTERNE PARK SURGERY	10 November 2017
[J82187] - WESTON LANE SURGERY	27 October 2017
[J82619] - PORTSWOOD SOLENT SURGERY	05 April 2017
[Y02838] - ADELAIDE GP SURGERY	04 April 2017
[R22031] - REGENTS PARK SURGERY	13 January 2017

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	Best Practice	8144	[9746] - Amber - Basingstoke, Southampton and Winchester District Prescribing Committee	Formulary	5559
[9746] - Amber - Basingstoke, Southampton and Winchester District Prescribing Committee	Formulary	7020	[28382] - Salbutamol 100microgram cfc-free inhalers (generic and Ventolin Evohaler brand only): consider prescribing a salbutamol inhaler with a lower carbon footprint in adult patients	Best Practice	3771
[28382] - Salbutamol 100microgram cfc-free inhalers (generic and Ventolin Evohaler brand only): consider prescribing a salbutamol inhaler with a lower carbon footprint in adult patients	Best Practice	4444	[18860] - Emollient skin preparations for self-care: not to be routinely prescribed	Rx Budget	2354
[18860] - Emollient skin preparations for self-care: not to be routinely prescribed	Rx Budget	2652	[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	1771
[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	1798	[28701] - Anticholinergics: review use of anticholinergic effect on cognition (AEC) score 3 medications in patients aged 65 years and over	Best Practice	1377

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 reflect updated CrCl thresholds for patients taking direct oral anti-coagulants:

Prescribing edoxaban 30mg or 60mg tablets for stroke prevention in non-valvular atrial fibrillation is more cost-effective. Dose edoxaban according to renal function and body weight. Edoxaban is not recommended in patients with severe renal impairment (CrCl <15ml/min) or severe hepatic impairment.

The MHRA (Jun 2020) and the Specialist Pharmacy Service (SPS, Jul 2022) advise to use edoxaban with caution and only after a careful evaluation of the individual thromboembolic and bleeding risk if CrCl > 80ml/min; decreasing efficacy with increasing creatinine clearance has been observed. If edoxaban is not tolerated, rivaroxaban is second-line, then apixaban or dabigatran.

Introduction of licensed Xaqua® (metolazone) 5mg tablets:

Following the introduction of licensed Xaqua® (metolazone) 5mg tablets, which are not bioequivalent with other metolazone 5mg tablets, national messages have been authored. The Specialist Pharmacy Service (SPS, Aug 2022) states that, due to differences in bioavailability, metolazone tablet preparations are not interchangeable and brand prescribing is recommended. Patients should be monitored closely for dehydration and electrolyte disturbances, and dose adjusted based on patient response and tolerability.

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

MHRA Drug Safety Update: Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to differences in formulations ([Link](#))

Prescribers and dispensers should use caution if switching patients between different long-acting formulations of methylphenidate (Concerta® XL, Medikinet® XL, Equasym® XL, Ritalin® LA, and generics) as different instructions for use and different release profiles may affect symptom management. Frequent switching between different products should be avoided. This is consistent with existing guidance from the Specialist Pharmacy Service and in the BNF and BNF for Children.

OptimiseRx - Hampshire & IOW ICS

NEW COST MESSAGES

Mirena® → Benilexa® for appropriate patients in the same licensed indications

Fostair®100/6, 200/6 MDI → Luforbec®100/6, 200/6 MDI in appropriate patients

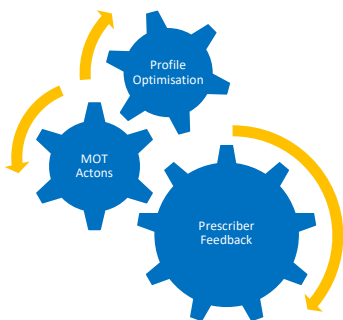
Metformin 1g tablets → 2x Metformin 500mg tablets

Liothyronine 5mcg, 10mcg and 20mcg tablets → Liothyronine 5mcg, 10mcg and 20mcg capsules for appropriate and existing patients

BEST PRACTICE MESSAGES

Short-acting beta-agonist and antimuscarinic bronchodilator nebuliser preparations for asthma in children and adolescents: should only be initiated and managed by appropriate specialists

The MHRA Drug Safety Update (Aug 2022) states that only specialists in asthma (such as respiratory specialist paediatricians) should initiate and clinically manage use of nebulisers and associated nebulised medicines at home for acute treatment of asthma in children and adolescents; use without adequate medical supervision could mask a deterioration in asthma control and result in delays in seeking medical attention, which may be fatal or have serious consequences for the patient.



OptimiseRx Top Tip

Various messages have been authored, based on the [Greener Practice Inhaler Guide](#) to complement existing low carbon inhaler messages:



Reducing-Carbon-Footprint-of-Inhaler-

MONITORING AND RECORDING MESSAGES FOR BEST PRACTICE

Following an update to the SPS guidance messages have been amended to reflect that monitoring should now be 4 months and the CKS guidance have been removed.

Direct-Acting oral anticoagulants (DOAC): monitor and record creatinine clearance (CrCl) at least every 4 months in patients with frailty or aged 75 years and over

Direct-Acting oral anticoagulants (DOAC): monitor and record a full blood count (FBC) at least every 4 months in patients with frailty or aged 75 years and over

RESOURCES

Hampshire & Isle of Wight ICB – NEW WEBSITE

The new website is now live, following the merger, on the 1 July, of Southampton, Fareham and Gosport, North and Mid-Hampshire West Hampshire, South East Hampshire and Portsmouth CCGs

Click [HERE](#) to see the ICB'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