

Response ID ANON-TZJY-76QY-8

Submitted to Achieving value and sustainability in prescribing medication: consultation
Submitted on 2024-09-06 17:46:18

About you

What is your name?

Name:
Fiona McIntyre

Are you responding as an individual or an organisation?

Organisation

If you are responding as an individual, are you?

Not Answered

Please specify:

What is your organisation?

Organisation:
Royal Pharmaceutical Society Scotland

Further information about your organisation's response

Please add any additional context:

What is your email address?

Email:
Fiona.McIntyre@rpharms.com

The Scottish Government would like your permission to publish your consultation response. Please indicate your publishing preference:

Publish response with name

Do you consent to Scottish Government contacting you again in relation to this consultation exercise?

Yes

I confirm that I have read the privacy policy and consent to the data I provide being used as set out in the policy.

I consent

Co-proxamol

1a Do you agree or disagree with the recommendation that prescribers should not initiate co-proxamol for any new individuals?

Agree

1b Do you agree or disagree with the recommendation to de-prescribe co-proxamol in all individuals?

Agree

1c Please provide any further comments on the recommendations for co-proxamol.

Please provide any comments on the recommendations for Co-proxamol in this box:

Glucosamine and Chondroitin

2a Do you agree or disagree with the recommendation that prescribers should not initiate glucosamine and chondroitin for any new individuals?

Agree

2b Do you agree or disagree with the recommendation to deprescribe glucosamine and chondroitin in all individuals?

Agree

2c Please provide any further comments on the recommendations for glucosamine and chondroitin.

Please provide any comments on the recommendations in this box:

Herbal treatments

3a Do you agree or disagree with the recommendation that prescribers should not initiate herbal treatments for any new individuals?

Agree

3b Do you agree or disagree with the recommendation to deprescribe herbal treatments in all individuals?

Agree

3c Please provide any further comments on the recommendations for herbal treatments.

Please provide any comments on the recommendations in this box:

In the UK, herbal products and conventional medicines are regulated differently. Herbal products can be marketed under a Traditional Herbal Registration (THR) if they demonstrate 30 years of traditional use and are intended for minor health conditions, relying on historical evidence for safety and quality. In contrast, conventional medicines require a Marketing Authorisation (MA), which involves rigorous testing and clinical trial data to prove their safety, efficacy, and quality for a wide range of health issues. The regulatory process for conventional medicines is generally more stringent and comprehensive compared to the THR scheme for herbal products.

There is an unpredictability in the effectiveness of herbal products compared to licensed medicines and also in their effect on liver and kidney function and indeed, in how they may interact with other prescribed treatments.

Homeopathy

4a Do you agree or disagree with the recommendation that prescribers should not initiate homeopathy for any new individuals?

Agree

4b Do you agree or disagree with the recommendation to deprescribe homeopathy in all individuals?

Agree

4c Please provide any further comments on the recommendations for homeopathy.

Please provide any comments on the recommendations for homeopathy in this box:

The RPS does not endorse homeopathy as a form of treatment because there is no scientific basis for homeopathy nor any evidence to support the clinical efficacy of homeopathic products beyond a placebo effect. We do not support the prescribing of homeopathic products on the NHS.

Minocycline for acne

5a Do you agree or disagree with the recommendation that prescribers should not initiate minocycline for acne for any new patients?

Agree

5b Do you agree or disagree with the recommendation to deprescribe minocycline for acne in all individuals?

Agree

5c Please provide any further comments on the recommendations for minocycline for acne

Please provide any comments on the recommendations for minocycline for acne in this box:

There may also be value in describing the contribution of long term use of oral antibiotics for acne treatment to antimicrobial resistance in the rationale for change. Do long-term antibiotics for acne fuel antimicrobial resistance? - The Pharmaceutical Journal
<https://pharmaceutical-journal.com/article/feature/do-long-term-antibiotics-for-acne-fuel-antimicrobial-resistance>

Aliskiren

6a Do you agree or disagree with the recommendation that prescribers should not initiate aliskiren for any new individuals?

Agree

6b Do you agree or disagree with the recommendation to deprescribe aliskiren in all individuals?

Not sure

6c Please provide any further comments on the recommendations for aliskiren.

Please provide any comments on the recommendations for aliskiren in this box:

This medicine is not recommended by SMC and therefore any prescribing must be approved via the appropriate process within the Health Board area. All patients require a review but there may be a small number of patients where this medicine is appropriate and clinicians should make a request via their local Individual Patient Treatment Request process.

Bath and shower emollients

7a Do you agree or disagree with the recommendation that prescribers should not initiate bath and shower emollients for any new individuals?

Not sure

7b Do you agree or disagree with the recommendation to deprescribe bath and shower emollients in all individuals?

Not sure

7c Please provide any further comments on the recommendations for bath and shower emollients.

Please provide any comments on the recommendations for bath and shower emollients in this box:

These products are often prescribed as part of an overall treatment plan for very severe conditions. If these preparations are no longer prescribed then there is likely to be an increase in the prescribing of 'leave on' emollients which can also be used as soap substitutes.

When using these products on small children they become very slippery and ongoing work with emollients is demonstrating a potential fire hazard with fabrics that have been impregnated with the product and then dried. To achieve the best results, patients need clear guidance on how to use emollients properly. Additionally, it is crucial to provide information on the safety and fire hazards associated with emollients to ensure patients use them safely.

This needs further exploration with a potential to move these treatments into the section including medicines which can be prescribed in exceptional circumstances.

Dipipanone

8a Do you agree or disagree with the recommendation that prescribers should not initiate dipipanone for any new individuals?

Agree

8b Do you agree or disagree with the recommendation to deprescribe dipipanone in all individuals?

Agree

8c Please provide any further comments on the recommendations for dipipanone.

Please provide any comments on the recommendations for dipipanone in this box:

Doxazosin modified release preparation

9a Do you agree or disagree with the recommendation to deprescribe doxazosin modified release preparation in all individuals?

Agree

9b Do you agree or disagree with the recommendation to deprescribe doxazosin modified release preparation in all individuals?

Agree

9c Please provide any further comments on the recommendations for doxazosin modified release preparation.

Please provide any comments on the recommendations for doxazosin modified release preparation in this box.:

Lutein and antioxidants

10a Do you agree or disagree with the recommendation that prescribers should not initiate lutein and antioxidants for any new individuals?

Agree

10b Do you agree or disagree with the recommendation to deprescribe lutein and antioxidants in all individuals?

Agree

10c Please provide any further comments on the recommendations for lutein and antioxidants.

Please provide any comments on the recommendations for lutein and antioxidants in this box.:

Nefopam

11a Do you agree or disagree with the recommendation that prescribers should not initiate nefopam for any new individuals?

Agree

11b Do you agree or disagree with the recommendation to deprescribe nefopam in all individuals?

Agree

11c Please provide any further comments on the recommendations for nefopam.

Please provide any comments on the recommendations for nefopam in this box.:

Omega 3 fatty acids excluding icosapent ethyl [Vazkepa®]

12a Do you agree or disagree with the recommendation that prescribers should not initiate omega 3 fatty acids for any new individuals?

Agree

12b Do you agree or disagree with the recommendation to deprescribe omega 3 fatty acids in all individuals?

Agree

12c Please provide any further comments on the recommendations for omega 3 fatty acids

Please provide any comments on the recommendations for omega 3 fatty acids in this box:

Oxycodone and Naloxone combination product

13a Do you agree or disagree with the recommendation that prescribers should not initiate oxycodone and naloxone for any new individuals?

Agree

13b Do you agree or disagree with the recommendation to deprescribe oxycodone and naloxone combination product in all individuals?

Agree

13c Please provide any further comments on the recommendations for oxycodone and naloxone.

Please provide any comments on oxycodone and naloxone in this box:

Paracetamol and Tramadol combination product

14a Do you agree or disagree with the recommendation that prescribers should not initiate paracetamol and tramadol combination product for any new individuals?

Agree

14b Do you agree or disagree with the recommendation to deprescribe paracetamol and tramadol combination product in all individuals?

Agree

14c Please provide any further comments on the recommendations for paracetamol and tramadol combination product.

Please provide any comments on the recommendations for paracetamol and tramadol in this box:

Perindopril arginine

15a Do you agree or disagree with the recommendation that prescribers should not initiate perindopril arginine for any new individuals?

Agree

15b Do you agree or disagree with the recommendation to deprescribe perindopril arginine in all individuals?

Agree

15c Please provide any further comments on the recommendations for perindopril arginine.

Please provide any comments on the recommendations for perindopril arginine. :

Probiotics

16a Do you agree or disagree with the recommendation that prescribers should not initiate probiotics for any new individuals?

Agree

16b Do you agree or disagree with the recommendation to deprescribe probiotics in all individuals?

Agree

16c Please provide any further comments on the recommendations for probiotics.

Please provide any comments on the recommendations for probiotics in this box.:

Rubefacients and Poultices

17a Do you agree or disagree with the recommendation that prescribers should not initiate rubefacients and poultices for any new individuals?

Agree

17b Do you agree or disagree with the recommendation to deprescribe rubefacients and poultices in all individuals?

Agree

17c Please provide any further comments on the recommendations for rubefacients and poultices

Please provide any comments on the recommendations for rubefacients and poultices in this box.:

Alimemazine

18a Do you agree or disagree with the recommendation that alimemazine is only prescribed for an exception or indication named in this guidance?

Agree

18b Do you agree or disagree with the recommendation to deprescribe alimemazine in individuals where appropriate?

Agree

18c Do you agree or disagree with the recommendation to only prescribe alimemazine if no other item or intervention is clinically appropriate or available?

Agree

18d Please provide any further comments on the recommendations for alimemazine.

Please provide any comments on the recommendations for alimemazine in this box.:

Amiodarone

19a Do you agree or disagree with the recommendation that amiodarone is only prescribed for an exception or indication named in this guidance?

Agree

19b Do you agree or disagree with the recommendation to deprescribe amiodarone in individuals where appropriate?

Agree

19c Do you agree or disagree with the recommendation to only prescribe amiodarone if no other item or intervention is clinically appropriate or available?

Disagree

19d Please provide any further comments on the recommendations for amiodarone.

Please provide any further comments on the recommendations for amiodarone in this box.:

The NICE guidance describes the place in therapy for amiodarone and therefore exception prescribing should be allowed. Therefore, additionally classifying as only prescribing allowed when no other intervention or treatment is clinically appropriate seems contrary to that advice. Suggest only prescribe where national guidelines recommend and deprescribe where appropriate is sufficient.

Ascorbic acid

20a Do you agree or disagree with the recommendation that ascorbic acid is only prescribed for an exception or indication named in this guidance?

Agree

20b Do you agree or disagree with the recommendation to deprescribe ascorbic acid in individuals where appropriate?

Agree

20c Do you agree or disagree with the recommendation to only prescribe ascorbic acid if no other item or intervention is clinically appropriate or available?

Agree

20d Please provide any further comments on the recommendations for ascorbic acid

Please provide any comments on the recommendations for ascorbic acid in this box.:

Buprenorphine patches

21a Do you agree or disagree with the recommendation that buprenorphine patches should only be prescribed for an exception or indication named in this guidance?

Agree

21b Do you agree or disagree with the recommendation to deprescribe buprenorphine patches in individuals where appropriate?

Agree

21c Do you agree or disagree with the recommendation to only prescribe buprenorphine patches if no other item or intervention is clinically appropriate or available?

Agree

21d Please provide any further comments on the recommendations for buprenorphine patches.

Please provide any comments on the recommendations for buprenorphine patches in this box:

Transdermal patches are an inflexible treatment option for patient with escalating or fluctuating needs. There is a complex marketplace for these products and with this recommendation only valid for 7 day patches, there may be benefit in using the brand names of the products for which this prescribing restriction is applied.

Cloral hydrate

22a Do you agree or disagree with the recommendation that cloral hydrate should only be prescribed for an exception or indication named in this guidance?

Agree

22b Do you agree or disagree with the recommendation to deprescribe cloral hydrate in individuals where appropriate?

Not sure

22c Do you agree or disagree with the recommendation to only prescribe chloral hydrate if no other item or intervention is clinically appropriate or available?

Agree

22d Please provide any further comments on the recommendations for chloral hydrate.

Please provide any comments on the recommendations for chloral hydrate in this box.:

Chloral hydrate has indications for use in the paediatric population and it can be a very useful sedative agent when used under specialist agreement as referenced in the consultation document.

Dosulepin

23a Do you agree or disagree with the recommendation that dosulepin should only be prescribed for an exception or indication named in this guidance?

Agree

23b Do you agree or disagree with the recommendation to deprescribe dosulepin in individuals where appropriate?

Not sure

23c Do you agree or disagree with the recommendation to only prescribe dosulepin if no other item or intervention is clinically appropriate or available?

Agree

23d Please provide any further comments on the recommendations for dosulepin.

Please provide any comments on the recommendation for dosulepin in this box.:

Dronedarone

24a Do you agree or disagree with the recommendation that dronedarone should only be prescribed for an exception or indication named in this guidance?

Agree

24b Do you agree or disagree with the recommendation to deprescribe dronedarone in individuals where appropriate?

24c Do you agree or disagree with the recommendation to only prescribe dronedarone if no other item or intervention is clinically appropriate or available?

Agree

24d Please provide any further comments on the recommendations for dronedarone.

Please provide any comments on the recommendations for dronedarone in this box.:

Question 24B does not allow an answer to be submitted. We agree with the recommendation to deprescribe dronedarone in individuals where appropriate.

Immediate release Fentanyl

25a Do you agree or disagree with the recommendation that immediate release fentanyl should only be prescribed for an exception or indication named in this guidance?

Not sure

25b Do you agree or disagree with the recommendation to deprescribe immediate release fentanyl in individuals where appropriate?

Agree

25c Do you agree or disagree with the recommendation to only prescribe immediate release fentanyl if no other item or intervention is clinically appropriate or available?

Agree

25d Please provide any further comments on the recommendations for immediate release fentanyl.

Please provide any comments on the recommendations for immediate release fentanyl in this box.:

RPS agrees in principle that prescribing of immediate release fentanyl in primary care should be restricted to palliative care exceptions as described. Member feedback has informed us that immediate release fentanyl is an option for treating severe pain in children who do not have intravenous access in some Emergency Departments in Scotland. It would be beneficial to consult with Health Boards and consider inclusion if appropriate.

Lidocaine Plasters

26a Do you agree or disagree with the recommendation that lidocaine plasters should only be prescribed for an exception or indication named in this guidance?

Not sure

26b Do you agree or disagree with the recommendation to deprescribe lidocaine plasters in individuals where appropriate?

Agree

26c Do you agree or disagree with the recommendation to only prescribe lidocaine plasters if no other item or intervention is clinically appropriate or available?

Agree

26d Please provide any further comments on the recommendation for lidocaine plasters

Please provide any comments on the recommendation for lidocaine in this box.:

Member feedback for a similar consultation exercise in England suggested that the use of lidocaine plasters for elderly patients with complex needs remains a useful therapy for short term use. The RELIEF feasibility study also suggested that further research into the use of lidocaine plasters in elderly patients would be useful.

Liothyronine

27a Do you agree or disagree with the recommendation that liothyronine should only be prescribed for an exception or indication named in this guidance?

Disagree

27b Do you agree or disagree with the recommendation to deprescribe liothyronine in individuals where appropriate?

Not sure

27c Do you agree or disagree with the recommendation to only prescribe liothyronine if no other item or intervention is clinically appropriate or available?

Disagree

27d Please provide any further comments on the recommendations for liothyronine.

Please provide any comments on the recommendations for liothyronine in this box.:

Clarity is required in this section regarding the formulation of liothyronine as the injection is used in the treatment of myxoedema coma. Treatment with liothyronine may continue to be prescribed orally for patients for some time after, which may not meet the threshold of a 3 month review with an endocrinologist, although it is anticipated that these patients will have had a review by a consultant endocrinologist.

The joint consensus from the British Thyroid Society and British Endocrinology Society states that "Given limited efficacy and long-term safety data around the use of liothyronine, the long-term prescription should be reserved for a very select group of patients with evidence of sustained response". Oral liothyronine should be prescribed in primary care on specialist initiation only, and should not be initiated within primary care. Any patient currently prescribed liothyronine should be under the care of a specialist endocrinology team.

Trimipramine

28a Do you agree or disagree with the recommendation that trimipramine should only be prescribed for an exception or indication named in this guidance?

Disagree

28b Do you agree or disagree with the recommendation to deprescribe trimipramine in individuals where appropriate?

Not sure

28c Do you agree or disagree with the recommendation to only prescribe trimipramine if no other item or intervention is clinically appropriate or available?

Agree

28d Please provide any further comments on the recommendations for trimipramine

Please provide any comments on the recommendations for trimipramine in this box.:

There are no exceptions noted in the guidance therefore the recommendation is not to allow prescribing. We support that no new prescribing should be taking place as other more cost-effective treatments exist. Deprescribing may not deliver all the benefits as disrupting someone established and responding to treatment may have a significant impact on the patient's wellbeing.

Blood glucose monitoring strips (costing more than £10 per 50 strips)

29a Do you agree or disagree with the recommendation that prescribers should not initiate blood glucose monitoring strips that cost over £10 for 50 strips?

Not sure

29b Do you agree or disagree with the recommendation to deprescribe or change blood glucose monitoring strips that cost over £10 for 50 strips?

29c Do you agree or disagree with the recommendation to only prescribe blood glucose monitoring strips that cost over £10 for 50 strips if no other item or intervention is clinically appropriate or available?

Not sure

29d Please provide any further comments on the recommendations for blood glucose monitoring strips that cost over £10 for 50 strips.

Please provide any comments on the recommendations for blood glucose monitoring strips in this box.:

We would answer "not sure" to Q29B but it does not allow an answer.

The guidance does not offer an evidence base for the price cap that has been set. For those products available at a price under the threshold – has there been an assessment made as to the cost benefit? As pricing changes over time, will there be a review period set to ensure that the price cap remains appropriate?

Insulin pen needles (costing more than £5 per 100 needles)

30a Do you agree or disagree with the recommendation that prescribers should not initiate insulin pen needles that cost over £5 for 100 needles for any new individuals?

Not sure

30b Do you agree or disagree with the recommendation to deprescribe or change insulin pen needles that cost over £5 for 100 needles?

Not sure

30c Do you agree or disagree with the recommendation to only prescribe insulin pen needles that cost over £5 for 100 needles if no other item or intervention is clinically appropriate or available?

Not sure

30d Please provide any further comments on the recommendations for insulin pen needles that over £5 for 100 needles.

Please provide any comments on the recommendations for insulin pen needles in this box.:

As for blood glucose tests strips, the guidance does not offer an evidence base as to how the price cap was derived. There would be benefit in a more in depth explanation to the cost benefit of the products which are priced below the cap.

Antimicrobial stewardship

31a Do you agree or disagree with the recommendation to avoid prescriptions for antibiotics in self-limiting or viral infections?

Agree

31b Do you agree or disagree with the recommendation to prescribe antibiotics for the appropriate duration?

Agree

31c Do you agree or disagree with the recommendation to ensure a management plan is documented within 72 hours when commencing IV antibiotics?

Agree

31d Do you agree or disagree with the recommendation to prescribe oral solid dosage forms, minimising the use of liquids?

Not sure

31e Please provide any further comments on the recommendations for antimicrobial stewardship.

Please provide any comments on the recommendations for antimicrobial stewardship in this box.:

The RPS agrees with the recommendations in the guidance for antimicrobial stewardship and our policy ([https://www.rpharms.com/Portals/0/RPS document library/Open access/Policy/AMS policy.pdf](https://www.rpharms.com/Portals/0/RPS%20document%20library/Open%20access/Policy/AMS%20policy.pdf)) describes the established role of the pharmacist in antimicrobial stewardship. Any public awareness campaign to promote this guidance would also align with one of the policy asks within our Sustainability Policy (<https://www.rpharms.com/recognition/all-our-campaigns/policy-a-z/sustainability-policy/policies>), raising awareness of antimicrobial resistance, prudent use of medicines and appropriate medicines disposal.

With reference to liquids and solid oral dosage forms, there are risks to restricting access to liquid dosage forms where patients cannot overcome an inability to swallow tablets or capsules e.g. they do not complete the antibiotic course and become more unwell. For parents and carers who are administering medicines to children or those with swallowing difficulties, crushing a tablet can expose them to antibiotic dust or particles, reduce the dose administered to the patient through waste or otherwise through reducing the bioavailability of the medicine. For patients who have medicines administered through an enteral tube, a liquid formulation is most appropriate.

We support the reference to resources published by SAPG. The RPS also has a number of resources available on our dedicated website pages.

Evaluation

Please help us improve our consultations by answering the questions below. (Responses to the evaluation will not be published.)

Matrix 1 - How satisfied were you with this consultation?:

Slightly satisfied

Please enter comments here.:

Matrix 1 - How would you rate your satisfaction with using this platform (Citizen Space) to respond to this consultation?:

Slightly satisfied

Please enter comments here.:

Two questions within the consultation could not be answered and free text box had to be used.

Usually there is a final question asking for other comments and this was missing. We have emailed a covering letter separately with additional comments.