

the T@bulet

News from Medicines Management at Doncaster Clinical Commissioning Group

Formulary update

Nasal allergy. First-line corticosteroid nasal spray: mometasone.

Dymista Nasal Spray (azelastine 137 micrograms + fluticasone 50 micrograms) should be **reserved** for those with persistent symptoms, in whom the combination of an oral antihistamine and an intra-nasal corticosteroid has been tried and found to be sufficiently ineffective.

Otitis externa. [Gentisone HC Ear Drops/ Gentamicin 0.3% w/v and Hydrocortisone acetate 1% w/v Ear Drops](#) have been removed due to long term supply issues.

Alternative – betamethasone 0.1% plus neomycin 0.5% drops.

Note: Cure rates are similar at 7 days for topical acetic acid or antibiotic +/- steroid. [Doncaster and Bassetlaw Antimicrobial Guidelines for Primary Care.](#)

Strong opioids. Modified release strong opioids should be prescribed by brand name.

Oxycodone modified release tablets – Longtec prolonged release tablets.
Fentanyl patches - [Matrifen](#).
Morphine modified release capsules – [Zomorph capsules](#).

Action: Please consider change to a branded product during the medication review process.

Working with Private Organisations

General Practice colleagues are increasingly approached by Private Organisations with a view to collaborative working. In order to support Primary Care colleagues in their decision-making process a risk/benefit document has been developed. It is available on the [Medicines Management website](#).

Methadone and ketamine – updated Amber-G guidance for prescribing in palliative care

These documents have recently been reviewed in collaboration with DBH FT and RDASH FT colleagues and have been updated and approved via the Area Prescribing Committee. They can be found at: <http://medicinesmanagement.doncasterccg.nhs.uk/guidelines/>

Fidaxomicin for the management of C.Difficile

Fidaxomicin is an antibacterial drug that is a recommended option only by a Consultant Microbiologist in the treatment of recurrent C.Diff. It is not routinely stocked by Community Pharmacy due to the rare nature of use.

The process to prescribe and dispense fidaxomicin has recently been reviewed and can be found at: <http://medicinesmanagement.doncasterccg.nhs.uk/wp-content/uploads/2016/02/Fidaxomicin-process-for-prescribing-dispensing-V3.0-January-2016.pdf>

Fosfomycin for the management of resistant UTI's

Oral fosfomycin sachet is an option that may infrequently be recommended by a Consultant Microbiologist for the management of a UTI in a community patient. It is an **unlicensed** preparation and therefore not routinely stocked by Community Pharmacy.

A process to prescribe and dispense fidaxomicin has recently been developed and can be found at: <http://medicinesmanagement.doncasterccg.nhs.uk/wp-content/uploads/2016/03/Fosfomycin-process-for-prescribing-dispensing-V1.0-March-2016.pdf>

The processes for fidaxomicin and fosfomycin have both been developed in collaboration with DBH FT and approved by the DBH FT Drug and Therapeutics Committee, the DCCG Medicines Management Group and the Area Prescribing Committee.

Co-amoxiclav prescribing by secondary care – restrictions and authorisation process

The Reducing Antimicrobial Resistance programme consists of a single e-learning session, which provides overview of how to tackle antimicrobial (antibiotic) resistance, key facts about antimicrobial resistance and describes the important role everyone working in a health and social care environment has in tackling it. This Level 1 e-learning programme provides an introduction for all clinical and non-clinical staff.

Clinical staff who have an active interest and prior experience in the prevention, diagnosis and management of infectious disease can access a free interactive six-week online course on Antimicrobial Stewardship: <https://www.futurelearn.com/courses/antimicrobial-stewardship>

Treating your infection patient leaflet – access through system suppliers

The [Treating Your Infection](#) leaflet aims to increase patients' confidence in self-caring and to advise them about using backup antibiotic prescriptions. It is designed to be printed, shared with patients and completed with them during consultations and can be accessed through TPP System-One and EMIS Web.

TPP System-One

- Practice activation process:
- Go to setup>data entry>protocols.
- Look in the Sepsis folder for the Treat your infection better protocol: click on the active button.

Clinician access:

- Access patient's record.
- Go into 'Search features' and type 'Launch Protocol'.
- From 'Select Protocol' choose 'Treat Your Infection Leaflets' Protocol: this will launch the protocol and save the leaflet to the patient's record.

EMIS Web

Practice activation process:

- Go to Templates & Protocols.
- Look in the Public Health England folder for the Launch PHE Treating Your Infection Leaflet: choose Activate from the ribbon.
- Press F12, right click and Add to list from EMIS Library>EMIS Protocols>Public Health England.
- Clinician access:
- Access patient's record.
- Launch protocols by pressing F12: double click Launch PHE Treating Your Infection Leaflet.

UKMi Q&A 225.1

What are the [risks](#) of using antidepressants together with NOACs and how should these risks be managed? [UKMi Q&A 225.1](#)

Key messages:

- Concomitant use of NOACs with strong/moderate inhibitors/inducers of CYP3A4 or P-glycoprotein can result in clinically significant interactions. Please refer to the document for further details.
- Co-administration of NOACs with drugs that affect haemostasis, such as SSRIs increases the risk of bleeding.