**Informer**

**Happy New Year from the Medicine Management Team**

**Community Pharmacy**

The new [Medicines Management Website](http://medicinesmanagement.doncasterccg.nhs.uk/) is now available. The ‘new look’ website has been re-designed & upgraded.

The web address for the new site is: [http://medicinesmanagement.doncasterccg.nhs.uk](http://medicinesmanagement.doncasterccg.nhs.uk/) save to your favourites / shortcuts for a quick link to:

* Formularies;

Drug

Antibiotic

Palliative Care

Wound Care

Gluten Free

* Area Prescribing Committee Traffic Light System
* Shared Care
* Local Guidance
* Newsletters

The Medicines Management Team is currently supporting several Doncaster GP practices to implement Electronic Repeat Dispensing (ERD) as a pilot.

Therefore pharmacies may start to see an increase of prescriptions received via the ERD system.

Your help and support will be greatly appreciated during this period. If successful, ERD may be rolled out across Doncaster helping pharmacies & GP practices to manage workloads effectively.

**Electronic Repeat Dispensing**

**New Medicines Management Website**

**Palliative Care – Primary Care**

**Just In Case Boxes**

From the 1st September 2016, pre-emptive medications have been provided in a physical box called a ‘Just In Case Box’ for Doncaster patients.

Just In Case Boxes aim to improve identification of ‘Pre-emptive Medication’ within the patient’s home and to allow for safe and appropriate storage.

As a collaborative approach Doncaster CCG has provided the boxes to DBHFT, RDaSH and those community pharmacies taking part in the palliative care LES, and, patients will receive their pre-emptive medication in these boxes. A patient information leaflet will also be provided explaining why the medications have been given. The usual medications contained within these boxes are;

* Morphine Injection
* Haloperidol Injection
* Hyoscine Butylbromide Injection
* Midazolam Injection

**Pre-emptive Prescribing Guidance – Updated**

The ‘Pre-emptive Prescribing Guidance for the Last Days of Life’, has been reviewed and updated, to incorporate new prescribing practices, and, national or regional recommendations.

Updates include;

* Morphine recommended as 1st line choice for pain in palliative care - due to recurring issues with supply of Diamorphine over the past several years
* Algorithms changes for managing symptoms including; pain, nausea and vomiting and dysponea
* New ‘Community Specialist Palliative Care’ referral form
* New ‘Non-syringe Driver’ administration forms – interactive EMIS/Systm1 based forms which can be pre-populated with patient details
* Increased number for pharmacies involved in the community pharmacy palliative care LES with improved regional availability

<http://medicinesmanagement.doncasterccg.nhs.uk/guidelines/>

[**What are the equivalent doses of oral morphine to other oral opioids when used as analgesics in adult palliative care?**](https://www.sps.nhs.uk/articles/what-are-the-equivalent-doses-of-oral-morphine-to-other-oral-opioids-when-used-as-analgesics-in-adult-palliative-care-2/)

**Formulary Update:**

**Nitrofurantoin first line**

E. coli are one of the most common bacteria causing infections in humans, particularly urinary tract infections (UTIs). These infections can sometimes progress to cause more serious infections such as blood poisoning which can be life threatening. ESBL-producing strains are more difficult to treat because of their antibiotic resistance, also the number of ESBL-producing E. coli infections is increasing.

To support the reduction of E. coli bacteraemia by facilitating safe, effective antibiotic prescribing in urinary tract infection (UTI) Nitrofurantoin is now first line.

Trimethoprim and pivmecillinam are alternative agents when Nitrofurantoin is not suitable.

<http://medicinesmanagement.doncasterccg.nhs.uk/formulary/formularies/>

This Q&A gives advice on converting between oral morphine and other oral opioids when they are used as analgesics in adult palliative care. In addition it gives details on the issues that need to be considered when switching a patient from morphine to an alternative opioid or vice versa.

<https://www.sps.nhs.uk/articles/what-are-the-equivalent-doses-of-oral-morphine-to-other-oral-opioids-when-used-as-analgesics-in-adult-palliative-care-2/>

**Prescribing of vitamins in alcohol dependence**

**First line device choices for asthma & COPD**

Pharmacy staff may see repeat prescriptions for Vitamin B Co or Vitamin B Co strong being stopped or changed to Thiamine by prescribers. This is in line with NICE guidance on prescribing vitamins in the management of alcohol dependence.

<https://www.nice.org.uk/guidance/CG115>

The formulary now includes a list of devices with pictures to assist prescribers for first line choices of asthma and COPD products.

<http://medicinesmanagement.doncasterccg.nhs.uk/wp-content/uploads/2015/12/Formulary-First-line-device-choices-for-Asthma-and-COPD-V2.0.pdf>

**Availability of Licensed Products**

Diazepam 2mg/5ml oral suspension (Special Order) has been discontinued. A licensed option is available from Sandoz Ltd which should be considered and is also available through AAH Pharmaceuticals Ltd and Alliance Healthcare (Distribution) Ltd.

Instead of using Naproxen 125mg/5ml (Special Order) which is unlicensed, use of Naproxen 125mg/5ml oral suspension sugar free (Orion Pharma (UK) Ltd) which is licensed and also available through AAH Pharmaceuticals Ltd should be considered.

Following an EU wide review of meprobamate, the remaining licence holder in the UK has ceased manufacturing and the licence will be cancelled by the end of 2016. Pharmacists are advised that any prescribing after this date will be off-licence and may wish to consider liaising with the prescriber.

Advice for healthcare professionals:

* Prescribers should review the treatment of any patient who is currently receiving a meprobamate-containing medicine with a view to switching them to an alternative treatment
* Prescribers should not start any new patients on medicines that contain meprobamate

**Meprobamate: licence to be cancelled**

The Specialist Pharmacy Service (SPS) – Medicines Use and Safety (MUS), Procurement, Quality Assurance (QA), Technical Services and UKMi has launched a new website. Its aim is to be “The first stop for professional medicines advice”.

This new website has purposed-designed functionality and brings together the content of a number of historical SPS websites onto one platform. Users continue to have open access to the majority of the site and the content they are familiar with including the national Patient Group Direction (PGD) website guidance. Procurement training information and QA’s “yellow cover documents” on a variety of technical matters such as microbiological monitoring and over labelling are readily available. Information from most UKMI resources, including Medicines Q and As, fridge, lactation, compliance aid and patent expiry information, together with horizon scanning and new medicines information have moved onto the new website.

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

**How to search for information on medicines**

Following the recent MHRADrug Safety Update pharmacists are should consider the updated advice below when emergency contraception is requested.

Medicines or herbal remedies that induce CYP3A4 enzymes reduce blood levels of levonorgestrel, which may reduce emergency contraceptive efficacy.

**Updated advice for healthcare professionals:**

* women seeking emergency contraception who have used cytochrome P450 3A4 (CYP3A4) enzyme inducers (see below) within the last 4 weeks, should:
  + preferably use a non-hormonal emergency contraceptive - i.e. a copper intrauterine device
  + if this is not an option, double the usual dose of levonorgestrel from   
    1.5 milligrams to 3 milligrams (i.e. 2 packs)
* for these women:
  + provide advice on highly effective ongoing contraception that is not affected by hepatic enzyme-inducing drugs (see [guidance from the FSRH](https://www.fsrh.org/documents/ceu-guidance-drug-interactions-with-hormonal-contraception-jan/))
  + advise them to have a pregnancy test to exclude pregnancy after use of levonorgestrel-containing emergency contraception
  + advise them to seek prompt medical advice if they do become pregnant

**Hepatic enzyme inducers include medicines used to treat:**

* epilepsy (e.g. barbiturates, primidone, phenytoin, carbamazepine)
* tuberculosis (e.g. rifampicin, rifabutin)
* HIV (e.g. ritonavir, efavirenz)
* fungal infections (e.g. griseofulvin)

Herbal remedies that contain St John’s wort (Hypericum perforatum) also reduce levonorgestrel levels.

<https://www.gov.uk/drug-safety-update/levonorgestrel-containing-emergency-hormonal-contraception-advice-on-interactions-with-hepatic-enzyme-inducers-and-contraceptive-efficacy>

**MHRA Drug Safety Update -** **Levonorgestrel-containing emergency hormonal contraception: advice on interactions with hepatic enzyme inducers and contraceptive efficacy**

**Levonorgestrel-releasing intrauterine systems: prescribe by brand name**

[**Is there a lactose-free oral contraceptive?**](https://www.sps.nhs.uk/articles/is-there-a-lactose-free-oral-contraceptive-2/)

All licensed oral contraceptives currently available on prescription contain lactose. This Medicines Q&A lists lactose-free, non-oral alternatives.

<https://www.sps.nhs.uk/articles/is-there-a-lactose-free-oral-contraceptive-2/>

Levonorgestrel-releasing intrauterine systems should always be prescribed by brand name because products have different indications, durations of use, and introducers.

A levonorgestrel-releasing intrauterine system (IUS) has been available as the brand Mirena for a number of years. Recently, a second product called Levosert was licensed for use in the UK.

Pharmacists may wish to consult the prescriber if the brand prescribed is unclear.

**Topical miconazole**

MHRA have issued a reminder to healthcare professionals of the potential for serious interactions with warfarin and topical miconazole, including oral gel. Pharmacists are reminded to check if a patient is prescribed warfarin when dispensing miconazole products.

**Reminder for healthcare professionals:**

* Miconazole, including the topical gel formulation, can enhance the anticoagulant effect of warfarin—if miconazole and warfarin are used concurrently, the anticoagulant effect should be carefully monitored and, if necessary, the dose of warfarin reduced
* Patients should be advised to tell their doctor or pharmacist if they are receiving warfarin before using products that contain miconazole (including those available without prescription), and to seek medical advice if they notice signs of over-anticoagulation during treatment, such as sudden unexplained bruising, nosebleeds or blood in the urine

**Warfarin:**

**Fosfomycin Antibiotic Supply**

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. The drug is rarely prescribed in Primary Care and therefore not routinely stocked by Community Pharmacy.

A process to prescribe and dispense fosfomycin has also been developed and can be found at: <http://medicinesmanagement.doncasterccg.nhs.uk/wp-content/uploads/2015/12/Fosfomycin-process-for-prescribing-dispensing-V2.0-June-2016.pdf>

The Royal Pharmaceutical Society have developed a guide offering practical support and signposting to help pharmacists who are already working in/with care homes or are interested in starting this new role.

<http://www.rpharms.com/landing-pages/working-in-care-homes-hub.asp>

**The ultimate guide for pharmacists working in care homes**

**Treating your infection leaflet**

Public Health England in collaboration with other professional societies have developed the ‘Self-care guide to help you treat your infection’for healthcare professionals to use as an advice / support tool for patients.

<https://www.gov.uk/government/publications/antibiotic-awareness-resources-treating-your-infection-leaflets>

Guidance on the management and treatment of Clostridium difficile infection issued by Public Health England states that fidaxomicin is the recommended option for patients with recurrent CDI because of their increased risk of further recurrences.

Due to the rarity of the requirement for prescribing in Primary Care and the cost of the drug to keep in stock, a process is in place for prescribers following advice from the consultant microbiologists to have the FP10 prescription dispensed from the main dispensary at Doncaster Royal Infirmary. Should you receive any prescriptions or queries, please advise patients to go back to their GP to arrange for this process to be facilitated.

The process to prescribe and dispense fidaxomicin can be found at:

<http://medicinesmanagement.doncasterccg.nhs.uk/wp-content/uploads/2016/02/Fidaxomicin-process-for-prescribing-dispensing-V3.0-January-2016.pdf>

**Reducing Antimicrobial Resistance e-learning**

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>

**Suspected drug interaction between citalopram and cocaine**

A MHRA Drug Safety Update has been published following a coroner’s report that raised concernsabout a suspected drug interaction between citalopram and cocaine after the death of a man due to subarachnoid haemorrhage.

Pharmacy staff should be mindful of possible illicit drug use when medicines that have the potential to interact adversely are prescribed.

<https://www.gov.uk/drug-safety-update/citalopram-suspected-drug-interaction-with-cocaine-prescribers-should-consider-enquiring-about-illicit-drug-use>

Co-beneldopa (levodopa/benserazide) is available as standard release capsules, dispersible tablets and prolonged-release capsules. All three preparations are indicated for the treatment of parkinsonism.

For patients taking the prolonged-release preparation of co-beneldopa (Madopar® CR), there may be clinical situations when an alternative formulation of co-beneldopa needs to be considered e.g. if swallowing difficulties develop. This Medicines Q&A discusses the therapeutic options available.

<https://www.sps.nhs.uk/articles/how-do-you-convert-from-co-beneldopa-madopar-prolonged-release-capsules-to-dispersible-tablets/>

**How do you convert from co-beneldopa (Madopar®) prolonged-release capsules to dispersible tablets?**

**Fidaxomicin Antibiotic Supply**

**Methadone dispensing systems**

We have recently seen an increase in incidents where pharmacies have incorrectly dispensed Methadone to the wrong patient via the methameasure machine. Pharmacy staff are reminded to follow their company procedures for the dispensing systems, to ensure all patients are correctly identified before supplying Methadone doses.

**Buprenorphine Patches**

Incidents where the wrong Buprenorphine Patches have been dispensed e.g. 72 Hour patches dispensed instead of 96 Hour patches are still occurring. Where possible it is advised pharmacies put an alert on their IT systems as a reminder when dispensing patches to check the strength / dose / duration prescribed.

**Sodium Oxybate**

It has been highlighted in a recent report that a pharmacy failed on several occasions to identify that Sodium Oxybate changed from a schedule 3 to a schedule 2 Controlled Drug in January 2015. Contributory factors may have been due to the drug not being commonly prescribed in primary care and the stock being delivered by a courier.

🗹 Please be aware that deliveries via couriers may not require a signature like routine CD deliveries

🗹 Pharmacists are advised to check the classifications of unfamiliar drugs

🗹 Sodium Oxybate is classified as a Schedule 2 CD which necessitates safe custody, prescription and CD register requirements

**Missed Day Reminders**

The NHS England Accountable Officer continues to receive incident reports where pharmacies have issued doses to Substance Misuse Clients who have missed 3 days treatment.

There is a risk that the client will have lost tolerance of the drug and the usual dose may cause overdose.

**Pharmacy staff** are reminded of the importance of reporting **each individual missed dose** and **not to supply doses to clients who have missed 3 days** due to the risk that the client will have lost tolerance of the drug and the usual dose may cause overdose.

As stated in the Substance Misuse protocols pharmacy staff are advised to cancel any remaining days on the prescription and process the prescription for pricing, or destroy if nothing has been dispensed to minimise the risk of any errors occurring.

If you have Schedule 2 Controlled Drugs that require destruction and wish to request an NHS England authorised witness please complete the following forms within the NHS England Yorkshire & Humber SOP:



Appendix B - Controlled Drugs Destruction Pre-Visit Checklist &

Appendix C – Controlled Drug Destruction Witness Record

**Please then submit the completed forms to the Medicines Management Team by**

**Email**: [medicinesmanagementadmin@doncasterccg.nhs.uk](mailto:medicinesmanagementadmin@doncasterccg.nhs.uk) or **Fax:** 01302 556321

A member of staff will then contact you to arrange a convenient time to visit your pharmacy.

Alternatively for further information please contact a member of staff Tel: 01302 566229

The Controlled Drug Accountable Officer for NHS England Yorkshire & Humber is Gazala Khan.

The Medicines Management Team continue to support the CD AO through delegated authority to implement the Controlled Drugs (Supervision of Management and Use) Regulations 2013.

**All CD incidents must be reported to NHS England** by completing the incident form below & submitting via**:**

**Email**: [england.yhcdao@nhs.net](mailto:england.yhcdao@nhs.net) or by

**Fax:** to 0113 245 1594



**CD Destruction of Pharmacy Stock**

**Controlled Drug Incident Reporting**

**CD Incidents**

**Controlled Drug Update**

From 30th November 2015, amendments to the Misuse of Drugs Regulations 2001 made the completion of an FP10CDF mandatory to enable a prescriber to requisition stock CDs from a community pharmacy.

<https://www.gov.uk/government/publications/circular-0272015-approved-mandatory-requisition-form-and-home-office-approved-wording>

The introduction of an approved mandatory requisition form is a remaining Shipman Inquiry recommendation aimed at ensuring the purchase of all stocks of Schedule 2 and 3 Controlled Drugs by healthcare professionals within the community can be monitored.

The new form can be downloaded from NHSBSA website:

<http://www.nhsbsa.nhs.uk/PrescriptionServices/1120.aspx>

**CQC Controlled Drugs National Group**

**CD requisition form (FP10CDF)**

Please find web-links below to recently published newsletters from the Controlled Drugs National Group’s Sub-Groups:

**Vigilance Sub-Group’s newsletter Volume 1 Number 4**

<http://www.cqc.org.uk/content/use-controlled-drugs#vigilance>

In this issue the focus is on where CDs thefts have led to harm as a result of individuals taking CDs that were not prescribed or intended for their use.

**Patient Safety Newsletter Volume 1 Number 3**

<http://www.cqc.org.uk/content/use-controlled-drugs#patient-safety>

In this issue the focus is on risks of drug-drug interactions, drug doses in renal impairment, the safer use of naloxone and share an article on prescribing opioids for chronic pain.

**NICE NG46 - Controlled drugs: safe use and management**

[This guideline](https://www.nice.org.uk/guidance/ng46) covers systems and processes for using and managing controlled drugs (CDs) safely in all NHS settings except care homes. It aims to improve working practices to comply with legislation and have robust governance arrangements. It also aims to reduce the safety risks associated with controlled drugs.

The guidance includes recommendations:

* for organisations on developing systems and processes, including governance arrangements, storage, stock checks, transportation and destruction and disposal
* for organisations on record keeping, risk assessment and reporting controlled drug-related incidents for organisations
* for health professionals on prescribing, obtaining and supplying, administering and handling controlled drugs
* for health professionals monitoring use, including governance and systems for reporting concerns and incidents.

<https://www.nice.org.uk/guidance/ng46>

**Travelling with Controlled Drugs for 3 months or more**

**Opioids aware**

Patients must obtain a licence to enter or leave the UK for 3 months or more with medication containing a controlled drug.

They should apply at least 10 working days before they are due to travel. Applications from overseas could take longer.

Patients will need to obtain a letter from their GP or drug worker and send this with the appropriate Home Office [application form](https://www.gov.uk/government/publications/personal-import-export-licence-application-form) to the specified address. The letter must confirm:

* their name
* their travel itinerary
* a list of their prescribed controlled drugs
* dosages and total amounts for each drug

*Patients don’t need a licence for supplies for less than 3 months but should have a letter from their GP with the information above. They may have to show the letter when going through customs.*

Patients should also check the regulations for controlled drugs with each country they are travelling to by [contacting their embassy in the UK](https://www.gov.uk/government/publications/foreign-embassies-in-the-uk).

**The HO form and much more detailed information can be found at**: <https://www.gov.uk/travelling-controlled-drugs>

A new online resource, funded by Public Health England, has been launched for prescribers and users of opioid medicines. Information includes good practice guidelines on prescribing, record keeping and legislation around controlled drugs.

[www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware](http://www.fpm.ac.uk/faculty-of-pain-medicine/opioids-aware)