

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk
- [Medicines Health Regulatory Agency \(MHRA\) Drug Safety Update](#)
- [Leaflet for GPs and practice staff to support the nasal spray flu vaccination programme for children in 2016 to 2017](#)
- [Shingles immunisation programme letter from September 2016](#) (Public Health England)
- Certain lots of TRUEyou blood glucose test strips, manufactured by Nipro Diagnostics may give incorrect low blood glucose results that could lead to undetected hyperglycaemia. Affected strip batch numbers are [listed in MHRA alert](#).
- Public Health England: flow chart for [vaccination of individuals with uncertain or incomplete immunisation status](#)
- MHRA [valproate toolkit](#) available for improving awareness of the risks of valproate in pregnancy
- [Public Health England special edition vaccine update](#) for July 2016, featuring information on the central supply of the BCG vaccine and ordering through ImmForm and advice on prioritisation of BCG stock
- Dorset Medicines Advisory Group [2015/16 annual report](#) and [May 2016 summary of recommendations](#)

Medicines safety: potential for serious interaction – topical miconazole with warfarin

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 over the counter), and to seek medical advice if they notice signs of over-anticoagulation, such as sudden unexplained bruising, nosebleeds or blood in the urine. Refer to MHRA [Drug Safety Update](#).

Nexplanon® (etonogestrel) implants: reports of device in vasculature and lung

There have been rare reports of Nexplanon® implants having reached the lung via the pulmonary artery. The MHRA [Drug Safety Update](#) recommends that an implant should only be inserted subdermally and by a healthcare professional that is appropriately trained and accredited. Immediately after insertion, presence of the implant should be verified by palpation and the woman should be shown how to locate the implant – she should be advised to do this frequently; if she has any concerns she should seek advice. If an implant cannot be palpated, locate it immediately (e.g. using imaging of the arm) and remove it at the earliest opportunity. For full recommendations, including updated instructions and illustrations on correct insertion, please refer to the [Drug Safety Update](#).

Levonorgestrel and enzyme inducing medicines: CHMP recommendations

The EMA's Committee for Medicinal Products for Human Use (CHMP) has recently completed a review for the emergency contraceptive Levonelle® (levonorgestrel), which concluded that interactions between enzyme inducing medicines (including the HIV medicine efavirenz and ritonavir, certain medicines for tuberculosis and epilepsy and St John's wort) may prevent Levonelle® from working effectively and could lead to contraceptive failure. The CHMP recommended that women who use liver enzyme inducing drugs should instead use a non-hormonal emergency contraceptive (i.e. a copper IUD) which is not affected by liver enzyme inducing medicines. However, when this is not an option, the CHMP considered that doubling the dose of Levonelle® from 1500 to 3000 microgram is recommended to compensate for the reduction in blood levonorgestrel levels. Refer to [CHMP briefing](#) for detailed information.

Licensed prednisolone oral solution launched

LogixX Pharma has launched a licensed version of prednisolone oral solution, available in packs of ten 5mg/5ml unit dose containers, priced at £11.41 (£1.14/5mg dose). This does offer a slightly more cost effective alternative to prednisolone 5mg soluble tablets, currently priced at £53.41/30 tablets (£1.78/5mg dose). Please note however:

- **Standard prednisolone tablets are recommended for all patients as first line.** Soluble and liquid formulations are a costly choice and their use should be reserved for only when absolutely necessary. Where clinically appropriate standard tablets can either be dispersed in water for two to five minutes or be crushed and mixed with a small amount of soft food such as yogurt, honey or jam. Please see the [Dorset Formulary](#) and '[medicines for children](#)' website for information on this.
- Please note that enteric coated tablets are not suitable to be crushed/dispersed in water, and dispersing standard prednisolone tablets is considered an "off label" use.
- The SPC for the oral solution says the prednisolone oral solution unit doses should not be used for doses of 30mg/day or more, due to the risk of dosing errors.

For all practice staff: Primary Care Support England (PCSE) and ordering prescription pads

We have been advised by PCSE of the following:

- Before attempting to order prescriptions for a GP, the GP needs to be added to the performer's list as per normal procedure using the NPL3 form. Unfortunately, at present there is a 4 week back log in processing the NPL3 forms and therefore it is likely the GP will not show on the PCSE portal for prescription ordering for some time after commencing employment at the practice. If prescription pads for a specific GP are needed urgently then practices should phone 0333 014 2084 to ask for an order to be manually processed. No confirmation from the CCG is required for this to occur.
- Prescription pads for non-medical prescribers (NMPs) employed by GP practices can be ordered via the PCSE portal if the nurse is already appearing under the practice list. For NMPs recently added to a practice they will need to order pads using a '[private prescriber order form](#)' – PCSE have asked that we don't let the name of the form bother us! Although at present there doesn't appear to be a dedicated space on the form for the practice J-code, please try and include it on the form until this is amended.
- There is also currently a 4-6 week wait for prescription delivery, so please try to register new GPs with PCSE and register new NMPs with medicines management as early as possible to avoid undue delay.

For all practice staff: NHS BSA reminders – overprints and nurse prescribers

Nurse prescribers

The NHS Business Services Authority (NHS BSA) has recently changed its processes meaning that where it is not possible to identify a nurse prescriber from the information provided on the prescription form, the prescribing is now attributed to the senior partner of the practice whose address is printed on the form. Therefore it is crucial that any changes to nurse prescribers in your practice are reported to the medicines management team promptly, to avoid prescribing costs being wrongly attributed to your practice.

Overprint specifications

As part of the prescription processing procedure, the NHS BSA captures information on prescriptions using an Intelligent Character Recognition (ICR) scanning system. To ensure that the information can be captured accurately, it is imperative that all printed prescriptions adhere to the nationally agreed [overprint specifications](#). Font size and the positioning of details within the allocated areas are particularly important. If you need help to amend software, please contact the company that supplies your clinical system.

For more information on either of these topics, refer to issue 24 of the NHS BSA '[Hints and Tips](#)' newsletter.

Specialist medicines advice can be obtained from the Medicines Advice Service at Southampton General Hospital: **023 8120 6908** or **023 8120 6909** or e-mail medicinesadvice@uhs.nhs.uk