

### Quick bites

- The Dorset Formulary is available at: [www.dorsetformulary.nhs.uk](http://www.dorsetformulary.nhs.uk)
- [Medicines Health Regulatory Agency \(MHRA\) Drug Safety Update](#)
- Details of medicine '[Shortages, Discontinuations and Patent Expiries](#)' can be found on the NHS Specialist Pharmacy Service website.
- **Incorrect inhaler technique:** Following a [systematic review](#) of inhaler use in patients with asthma and COPD, that spanned four decades, incorrect inhaler technique was found to be unacceptably frequent. The review ended in 2014 and so does not include the most recently introduced inhalers. Locally there are plans for additional support to health professionals to raise awareness of the new inhalers and inhaler technique generally.
- **Pan Dorset Updated Urinary Continence Formulary:** Please see the updated Urinary Incontinence [preferred products list](#) (as endorsed by Dorset CCG for acceptance on the pan Dorset formulary). Also the [Summary of Urinary Incontinence Amendments to formulary 2016](#). The DHUFT continence team are planning a larger launch with training in Jan / Feb 2017 for nurses etc.
- **Myth buster:** Oxycodone is NOT the opiate of choice in renal impairment. This article from the Specialist Pharmacy Service gives evidence of [what can be used in renal impairment](#).

### Medicines Safety Officer Update

[Risk of severe harm and death due to withdrawing insulin from pen devices](#) This Patient Safety Alert was issued November 16<sup>th</sup> by NHS Improvement highlighting that extracting insulin from pen devices or cartridges is dangerous and should not happen.

#### Medication safety incident with Entresto® (sacubitril/valsartan)

All healthcare professionals are reminded that patients prescribed the new sacubitril/valsartan combination for chronic heart failure should **not** be continued on any previous prescriptions for an ACE inhibitor or an ARB. An incident has been reported where a patient previously receiving losartan was prescribed sacubitril/valsartan in hospital without stopping the losartan. The patient was discharged and continued to receive both medications.

Some local acute trusts have developed specific forms to promote safe transfer of prescribing from primary to secondary care in patients started on sacubitril/valsartan. However, all healthcare professionals should check that patients on the new combination drug are no longer on an ACE inhibitor or an ARB. Please see the pan Dorset Formulary website for the [Shared care guideline for the use of sacubitril-valsartan](#) in accordance with NICE TA388.

#### Methotrexate audit at Dorset County Hospital

A small pharmacy audit at DCHFT has revealed that patients admitted on methotrexate are not carrying their Methotrexate Treatment Booklets, some patients do not have one at all and that patients have a poor understanding of what toxic symptoms might be.

Patients should be counselled on initiation and given a treatment booklet. The blood results are recorded in this booklet that has information regarding the monitoring requirements and side effects of treatment. Methotrexate Treatment Booklets can be ordered from [PCSE](#) or downloaded via the [NPSA](#) links in the methotrexate section of the pan-Dorset Formulary. [The CCG policy for prescribing methotrexate can be found here](#)

### **Ofloxacin EYE drops 0.3% should NOT be used in primary care unless with specialist advice**

Please note Ofloxacin **eye** drops 0.3% is “Amber” on the pan-Dorset formulary and so GPs should not be prescribing it without specialist advice, at a minimum.

DCHFT have reported a number of patients in past weeks referred in from primary care with red eyes that have been prescribed Ofloxacin by the GPs for conjunctivitis/blepharitis.

### **TARGET Webinar Series: GPs to tackle global antimicrobial resistance threat through online education series**

Public Health England (PHE) and the British Society for Antimicrobial Chemotherapy (BSAC) have worked together with primary care specialists to produce a series of 7 practice based webinars that will be available LIVE every Wednesday between November 2nd and December 14th. The webinars which are FREE for all primary care healthcare professionals are also accredited so participants can gain 1 CPD point for every webinar attended.

Registration for the webinars is open NOW and all primary care healthcare professionals are encouraged to view the webinars, if you haven't already done so, as the first part of a UK primary care response to this important global AMR agenda. [www.TARGET-webinars.com](http://www.TARGET-webinars.com)

Every healthcare professional has a role to support and improve antimicrobial stewardship, wherever they practice, and the content of these webinars is suitable for all clinicians in all areas of practice.

### **Low molecular weight heparins**

A new shared care guideline has been developed to support the transfer of prescribing of low molecular weight heparins from specialist services to primary care for the treatment of patients with a recently diagnosed thromboembolic disease and for perioperative doses as an “amber” drug where a patient is not being seen regularly in secondary care. In addition the shared care guideline will support the use of a LMWH in the treatment of DVT in patients who are IV drug users as a “green” drug.

A letter to introduce the shared care guideline is attached to this newsletter. The [shared care guideline](#) and a [Q&A document](#) to support it is available on the Dorset formulary.

### **Lutein and antioxidant vitamins for the prevention of age-related macular degeneration**

NHS Dorset CCG has identified ‘lutein and antioxidant vitamins for the prevention of age-related macular degeneration (AMD)’ as one of the medicines which should not be initiated for supply on NHS FP10 prescriptions.

This is not a decision which is unique to Dorset; this group of medicines has been recognised nationally by the NHS as being of limited clinical value and suitable for self-care (i.e. purchased over the counter) if a patient wishes to use the supplement (although please note they are not licensed medicines and are classified as a food supplement; they are not suitable for all patients and available evidence does not support their use). However as with all prescribing it is appreciated that individual patient circumstances need to be taken into account.

In addition to this there is some concern that the high doses of vitamins and minerals needed may cause harm in some people; for example, beta carotene has been found to increase the risk of lung cancer in smokers. In view of this patients are being encouraged to eat a healthy diet rich in oily fish, leafy green vegetables (which have high amounts of lutein) and fresh fruit; as this is likely to improve concentrations of macular pigment in the fundus whilst unlikely to do any harm.

Please find a [template letter](#) on our Medicines Management Resources page for use when contacting patients regarding discontinuation of ocular vitamin prescribing. For additional information please also find link to NHS PrescQIPP bulletin [here](#).

### Community Pharmacies and Waste Medicines

Just to clarify; community pharmacies act as the primary collection point for the public's unwanted medicines. With the exception of dispensing doctors; waste medicines should not be returned to GP practices. Returned medicines to pharmacies can be accepted from households and individuals (this includes residential homes). Medicines cannot be accepted from nursing homes, who must themselves arrange for their waste medicines to be disposed of appropriately. For further information please see the PSNC website [here](#).

### Wessex AHSN Medicines Optimisation Programme Newsletter

Please find attached the latest Wessex AHSN [Medicines Optimisation Programme newsletter](#). This reiterates that Repeat Dispensing saves GP practice time and reduces dispensing of unwanted medicines so saves money. Estimates shared in the newsletter show that if all GP Practices in Wessex implemented Repeat Dispensing for 80% of repeat prescriptions it could save the time equivalent of 61wte GPs across Wessex and £2.8 million.

For more information about the benefits of repeat dispensing please see 'helping practices [get started](#) with Repeat Dispensing' and/or contact your locality pharmacist or the Medicines Management Team.

### Prescribing Anomalies

Please note that the cost of ibuprofen 200mg capsules are over three times the cost of ibuprofen tablets ; 14p per capsule compared to 4p per tablet respectively. Similarly ibuprofen capsules 400mg are around seven times the cost of ibuprofen 400mg tablets; at 27p per capsule compared to 4p per tablet respectively. (The Drug Tariff, November 2016 prices).

Urea cream prescribed generically is currently being costed expensively as a 'special'. Currently the most cost effective way to prescribe urea cream is by brand as Flexitol 10% cream; available as 150g or 500g.

### Prescribing for Overseas Travel

[Prescribing for Overseas Travel Guidance](#) has recently been approved by the Dorset CCG Primary Care Commissioning Committee (PCCC).

We would like to draw your attention to the table at the end of the document which lists the vaccines that are available at NHS expense in Dorset, and those that are expected to be supplied privately. A recommendation was made to the Medicines Optimisation Group (MOG) and subsequently agreed by the PCCC that Hepatitis B vaccination, **for travel**, will no longer be available at NHS expense in Dorset, this applies to the single component vaccines as well as the combined Hepatitis A/B vaccines (e.g. Twinrix).

GP practices should ensure that patient information leaflets and websites are updated, as soon as reasonably possible, to reflect this change. Data related to the prescribing of travel vaccines at NHS expense is monitored on an on-going basis and any practices submitting claims for Hepatitis B or Hepatitis A/B from April 2017 will be expected to provide clinical justification for prescribing at NHS expense.

On behalf of the medicines management team , we would like to wish everyone a

**MERRY CHRISTMAS AND A HAPPY NEW YEAR**

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](mailto:medicinesadvice@uhs.nhs.uk)