Keep Taking the Tablets Newsletter

Issue 32 – September 2016

NHS Dorset Clinical Commissioning Group

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk
- Medicines Health Regulatory Agency (MHRA) Drug Safety Update
- Topical antibacterial and antiviral agents: prescribing and resistance– article written by a pharmacist specialising in writing on therapeutics. The article describes the current prescribing patterns for topical antibacterial and antiviral preparations in primary care and the factors to consider when choosing a treatment, including the evidence for antimicrobial resistance.
- The SPC for lisdexamfetamine dimesylate (Elvanse ®) has been updated to include the interaction of lisdexamfetamine with serotonergic drugs such as SSRIs and SNRIs which may lead to the development of serotonin syndrome – avoid concomitant use.
- For practices reviewing benzodiazepine prescribing, there is a medicines management support pack containing resources such as a withdrawal process, template letters and a suggested audit. Guidance developed in conjunction with local Counter Fraud and Security Management services on managing difficult patients is also available.
- A statement from the MHRA on the risks and benefits of statins.
- Details of medicines 'Shortages, Discontinuations and Patent Expiries' can be found on the NHS Specialist Pharmacy Service website. A log in is required for access.
- Special edition newsletters have been produced by NHS South Region, South West on **'Prescribing opioids for chronic pain'** and **'Morphine Sulphate Solution 10mg/5ml – Patient Safety Incidents'.**
- Paracetamol caplets do not feature in the 'NHS Dictionary of Medicines and Devices' and therefore will not be available to prescribe on any GP IT systems. Pharmacies can order caplets from their wholesalers and will not lose out financially for substituting caplets for tablets.

Drug Safety topics from the July 2016 MHRA Drug Safety Update

Warfarin – reports of calciphylaxis (syndrome of vascular calcification)– an EU-wide review of relevant evidence recently concluded that there is a reasonable possibility that on rare occasions warfarin use might lead to calciphylaxis. Healthcare professionals are advised to consider stopping warfarin and starting appropriate treatment if necessary.

Citalopram – suspected drug interaction with cocaine – following the death of a man as a result of a subarachnoid haemorrhage due to the possibility of an interaction between citalopram and cocaine, prescribers are being reminded to question patients about illicit drug use when prescribing SSRIs.

Primary care prescribing of drugs recommended by outpatient clinics

Dorset Medicines Advisory Group (DMAG) has recently issued guidelines outlining the duty of care regarding prescribing of drugs recommended by outpatient clinics. This is available to download in full from the Dorset formulary and CCG websites, but as a summary:

- Provider Trusts will prescribe following an outpatient episode where an **URGENT** treatment is needed or where treatment MUST be initiated in secondary care. Non-urgent treatments to be started within **10 working days** of the outpatient appointment should also be prescribed in secondary care. Where a Provider Trust needs to prescribe, usual duration of the prescription will be 28 days, unless a short course is indicated or longer duration is dictated by a shared care guideline.
- For new treatments not required to be initiated within 10 days, the clinician should write to the GP

with a recommendation **in line with current formulary choices**. 10 working days will be given for the GP to receive written information prior to the patient attending the practice.

- All supplied medication information should be by generic name, except for those agents where it is clinically necessary to indicate the brand prescribed for therapeutic or safety reasons. The prescribing of "special" formulations should only be considered when suitable alternatives proprietary options have been exhausted and in accordance with the Dorset formulary.
- Responsibility for unlicensed/'off-label' prescribing will not be transferred to GPs without their prior agreement (exceptions include recognised standards of prescribing practice e.g. paediatrics, dermatology and palliative care).
- Medication required for planned hospital procedures (for example, EMLA® cream before hospital dialysis) medication will be prescribed by the hospital/provider and treating clinician.

Pre-op management: Enoxaparin Prescribing and INR checks

Yeovil District Hospital have clarified that whilst the "traffic light categorisation" of enoxaparin remains "red" they will prescribe it when necessary for patients pre-operatively. They are likely to request practices to undertake INR monitoring during this period.

Anticoagulation in Atrial Fibrillation

For clarification, it is no longer necessary to have specialist initiation of anticoagulation (vit k antagonist or NOAC) treatment, in cases of AF, by secondary care for patients attending non-urgent out-patient clinics. Only if the consultant wants treatment to start within two weeks should he/she initiate treatment.
The details of the Treatment Pathway, from the formulary, can be found here and should be used to aid the GP and the patient in their decision making process.
Further information can be found in the CCG position statement, should it be needed.

Management of repeat medication requests.

There have been a number of reports from GPs concerning community pharmacies ordering medication for patients who have had the requested medication stopped by the GP or consultant. It is often assumed that the pharmacy has just ticked all items on the repeat list and sent it to the surgery. There has been a recent case reported to the CCG where medication was being requested months after being stopped by the GP. After some investigation, it was discovered that it was the nursing home that was requesting this medication via the pharmacy that were then submitting the repeats to the GP and therefore being accused of over ordering. It is important for all parties to ensure they do everything possible to reduce the risk of over ordering or unnecessary medication ordering, whether it is surgeries tidying up repeat medication on patient's records or pharmacies and nursing homes going through each item on the list with the patients when ordering. Good communication between healthcare professionals is important to ensure seamless care and reduce risk of medicines wastage. 'Pharmacy management of repeat medication request – FAQ' – can be found here

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