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GUIDANCE UPDATE

NICE Update

NICE have published new or updated guidance. There are five guidelines that impact upon primary care.

The Antenatal care for uncomplicated pregnancies guideline has been updated. The recommendations on alcohol consumption in pregnancy have been removed and replaced by a link to the UK CMOs' low-risk drinking guidelines.

The Post-traumatic stress disorder guideline has been published and replaces prior guidance from 2005. It covers recognising, assessing and treating post-traumatic stress disorder (PTSD) in children, young people and adults. It aims to improve quality of life by reducing symptoms of PTSD such as anxiety, sleep problems and difficulties with concentration. Recommendations also aim to raise awareness of the condition and improve coordination of care.

The Chronic obstructive pulmonary disease in over 16s guideline has been published and replaces prior guidance from June 2010. It covers diagnosing and managing chronic obstructive pulmonary disease (COPD) in people aged 16 and older, which includes emphysema and chronic bronchitis. It aims to help people with COPD to receive a diagnosis earlier so that they can benefit from treatments to reduce symptoms, improve quality of life and keep them healthy for longer.

The Chronic obstructive pulmonary disease (acute exacerbation): antimicrobial prescribing guideline has been published. It sets out an antimicrobial prescribing strategy for acute exacerbations of chronic obstructive pulmonary disease (COPD). It aims to optimise antibiotic use and reduce antibiotic resistance.

The Bronchiectasis (non-cystic fibrosis), acute exacerbation: antimicrobial prescribing guideline has been published. It sets out an antimicrobial prescribing strategy for managing and preventing acute exacerbations of bronchiectasis (non-cystic fibrosis). It aims to optimise antibiotic use and reduce antibiotic resistance.

ACTION: Clinicians should be aware of this month's new guidance and implement any necessary changes to practice.

SAFETY UPDATE

MHRA DRUG SAFETY UPDATE - JANUARY 2019

Tapentadol (Palexia®) may increase seizure risk in patients taking other medicines that lower seizure threshold. It is recommended to use with care in patients with a history of seizure disorders or epilepsy. Serotonin syndrome has also been reported when tapentadol is used in combination with serotoninergic antidepressants.
Readers are also advised that the Yellow Card App has been updated to make it easier to use and new features have been added, such as the ability to receive updates via the app.

**ACTION:** Practices highlighted should search for patients prescribed Tapentadol and review in light of the safety warning.

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**INHALERS SHOULD BE PRESCRIBED BY BRAND**

BTS/SIGN and NICE guidelines recommend that inhalers are prescribed by brand in order to reduce the risk of an inhaler device being dispensed that was different from the intended device.

Prescribing by brand makes sure that a consistent device is dispensed for each individual.

The graph below shows the percentage of prescriptions for combination inhalers that are prescribed by brand. Being low down on this graph indicates that efforts should be made to increase prescribing of inhalers by brand in order to reduce risk.

Quick safety search: A search in EMIS Enterprise for patients prescribed fluticasone 250mcg/ salmeterol 25mcg CFC has identified patients that can safely switched to the best value brand: Sereflo® inhaler (18 years and over) or Seretide® inhaler (children). In EMIS web use G/T to switch patients to Sereflo®/ Seretide®.

**ACTION:** Practices highlighted above please prescribe inhalers by brand to ensure patients receive a consistent branded inhaler.

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**COMMUNITY PHARMACY NON-STERoidal ANTI-INFLAMMATORY DRUGS (NSAID) SAFETY AUDIT**
Practices may have received feedback from Community Pharmacists concerning patients who may need consideration for NSAID gastro-protection, if not already prescribed. Under the Quality Payments Scheme Community Pharmacies have been reviewing patients. NSAIDs including cyclo-oxygenase-2 selective inhibitors are a frequent cause of hospital admissions which are potentially preventable. The aim of this audit is to reduce preventable patient harm from adverse effects of NSAIDs. The audit links directly to the WHO Global Patient Safety Challenge ‘Medication Without Harm’. The goal of the WHO Challenge on Medication Safety is to reduce the level of severe, avoidable harm related to medications by 50% over 5 years.

Further information concerning this audit currently being performed by Community Pharmacies can be accessed here, https://psnc.org.uk/our-news/quality-payments-nsaid-audit-now-available/

**ACTIONS:** For information and please review identified patients.

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**JOURNAL**

**LEAVING AN ADRENALINE AUTOINJECTOR IN A CAR REDUCES ADRENALINE CONCENTRATION**

This study found that single, 12hr-long heat exposure in a parked car on summers day (24-32°C) can decrease adrenaline concentration in autoinjectors, without any change in solution appearance (3.3%, 13.3%, and 14.33% reduction in samples in boot, cabin and glove compartment, respectively).


**ACTIONS:** Please continue to advise that adrenaline autoinjectors are kept with the individual at all times. Adrenaline autoinjectors should not be left in locations where they may be exposed to temperature variations and where they are not within reach at the time of need.

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**FORMULARY UPDATE**

**ADULT NUTRITIONAL SUPPLEMENT FORMULARY CHANGES.**

The Formulary includes sections on our First / Second line ONS as well as those specialist items which should only be prescribed on the recommendation of a dietitian.

One key change is the wider availability of ONS in powder format. These are usually reconstituted with whole (full fat) milk and are recommended first line where a patient/carer is able to make them up as they provide a similar amount of nutrition but are more cost effective than bottled versions.

*However, please note:* some of the milk-containing products in the Formulary are not suitable for those with cow’s milk/lactose intolerance or galactosaemia, or as a sole source of nutrition. Use with caution in CKD Stage 3 and only under Dietitian recommendation for CKD 4 and 5.

The following may be initiated by any prescriber when ACBS prescribing criteria have been met:

NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group
NHS Bracknell & Ascot Clinical Commissioning Group
NHS Slough Clinical Commissioning Group

‘Thinking Locally, Working Together’
Powder ONS *(first line)*
- **Ensure Shake**: standard volume – make up with 200ml whole (full fat) milk
- **Aymes Shake Compact**: reduced volume - make up with 100ml whole (full fat) milk
- **Aymes Shake Smoothie**: non-milky drink – make up with 150ml water

Ready to drink ONS *(second line)* continue to choose from the Abbott ‘Ensure’ range
- **Ensure Plus** milkshake style: standard 200ml volume
- **Ensure Compact**: reduced, 125ml volume
- **Ensure Plus Juice**: standard 220ml, non-milky option

For patients at risk of malnutrition, prior to initiating ONS please consider the following:
2. Screen using MUST nutritional assessment tool (launch tool from EMIS web) [need MUST score of 2 or above], refer to dietetic action plans
3. Check patient meets ACBS prescribing criteria
4. Refer to Dietitian if a patient has complex nutritional needs

**Specialist ONS** – please only prescribe on the recommendation of a Dietitian or other specialist.
The main change here is that for patients (except those with renal disease) requiring a low volume ONS, **Procal shot** has been replaced with **Altrashot**.

**ACTION:** Please note new additions to the nutritional formulary, Optimise RX messages may start to alert you to a new alternative product.

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**SAYANA PRESS® MEDROXYPROGESTERONE ACETATE SUB-CUTANEOUS INJECTION**

A Formulary extension for Medroxyprogesterone acetate 104mg/0.65ml suspension for injection has been accepted by APC. Sayana Press® has been added to the formulary with a **GREEN** traffic light status. Sayana Press® is a long term contraceptive that may be administered S/C into the abdomen or thigh every 13 weeks. The advantage of this product is that suitable patients may be taught to self-administer.

The manufacturer has a useful website which we recommend you signpost to patients. From the website patients may set up a text reminders that their injection is due. [https://www.sayanaanswers.co.uk/sayana-faq-answer](https://www.sayanaanswers.co.uk/sayana-faq-answer).

Patients that self-administer should be prescribed a **PURPLE** sharps bin (purple lidded as progesterone is classified as a cytostatic drug) and advised to contact their local authority for collection of full bins. Please note that in Slough, patients should be provided with a practice GP letter formally requesting collection of clinical waste from the property of the resident. Failure to write the formal request will result in Slough Borough patients being charged for waste collection. More information may be found here [http://www.slough.gov.uk/bins-and-recycling/clinical-waste.aspx](http://www.slough.gov.uk/bins-and-recycling/clinical-waste.aspx).

**ACTION:** Please be aware of the above information.

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**HAY FEVER MEDICATIONS OTC**
Practices will soon start to get requests for hay fever medication and for the majority of patients, hay fever medication available over the counter should now be purchased. This includes the majority of children, the elderly and those who do not pay for their NHS prescriptions.


NHS England says that hay fever is a common allergic condition and most people are able to relieve symptoms with OTC treatments and “that a prescription for treatment of mild to moderate hay fever will not routinely be offered in primary care as the condition is appropriate for self-care”

NHS England did not identify any specific exceptions except those listed as general exceptions. This includes circumstances where the product licence doesn’t allow the product to be sold over the counter to certain groups of patients, and could include babies, children and/or women who are pregnant or breast-feeding. Community Pharmacists will be aware of what these are and can advise accordingly. Some examples:

- Continue to prescribe sodium cromoglycate eye drops for children < 6 years
- Continue to prescribe cetirizine and loratadine liquid for children < 2 years
- Continue to prescribe cetirizine and loratadine tablets for children < 6 years
- Continue to prescribe steroid nasal sprays for patients < 18 years

The following steroid nasal sprays are available for purchase for patients > 18 years

- Beclomethasone dipropionate 50mcg/dose
- Fluticasone propionate 50mcg/dose
- Triamcinolone acetonide 55mcg/dose (Nasacort)
- Budesonide 64mg/dose (Benacort)

Currently, please DO NOT remove items from patients living in care homes or assisted living (e.g. learning disability) houses. You may also wish to consider house bound patients who cannot access a local community pharmacy or supermarket.

Whilst undertaking this work, it has been noted that some patients originally started on treatment for seasonal hay fever, over the years end up ordering monthly (or have it ordered for them by a 3rd party such as a community pharmacy) without review. These patients, unless prescribed for an alternative indication such as urticaria or year round chronic rhinitis should also have their medication reviewed and stopped as appropriate.

**ACTION:** Remove these items as appropriate from repeat records and ask your practice CCG pharmacist for assistance if required. A Search is available in EMIS Enterprise.

**SMA ALFAMINO®**


This is to remind you that SMA Alfamino® is the formulary 1st line AAF. Patients currently prescribed Neocate® LPC or Nutramigen® can be switched to SMA Alfamino®.

NHS Windsor, Ascot & Maidenhead Clinical Commissioning Group
NHS Bracknell & Ascot Clinical Commissioning Group
NHS Slough Clinical Commissioning Group

‘Thinking Locally, Working Together’
AAF should only be initiated in severe Cow’s Milk Protein Allergy (CMPA), or, when extensively hydrolysed formula (eHF) does not resolve symptoms, or, the infant has severe anaphylactic or multiple allergies (unless specifically requested by a paediatric dietician or a consultant). Please be reminded to stop all prescriptions when the child reaches age 2 years, by which time the child will be on a solid diet. In addition it was found that the AAF rates were much higher than expected, accounting for approx. 30% of prescriptions, whereas it is recognised that severe CMPA incidence runs at about 10% of those pts with CMPA.

**ACTION:** Patients can be actively switched from Neocate® LCP or Nutramigen Puramino® to SMA AlfaMino® (a template letter to parents is available from your practice pharmacist). Provide 2x tins on acute, initially. AAF should be initiated in severe Cow’s Milk Protein Allergy (CMPA), or, when extensively hydrolysed formula (eHF) does not resolve symptoms, or, there are severe anaphylactic or multiple allergies.

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### OCTASA® BEST VALUE MESALAZINE GASTRO-RESISTANT PREPARATION

Octasa® is our formulary recommended brand of mesalazine MR and can be used in place of Asacol®, they are equivalent. Unlike some mesalazine products Octasa® and Asacol® provide identical release characteristics.

<table>
<thead>
<tr>
<th>Preparation</th>
<th>Price</th>
</tr>
</thead>
<tbody>
<tr>
<td>Asacol® 400mg gastro-resistant tablets</td>
<td>84 = £27.45</td>
</tr>
<tr>
<td>Mesalazine 400mg gastro-resistant tablets</td>
<td>84 = £27.45</td>
</tr>
<tr>
<td>Octasa® 400mg gastro-resistant tablets</td>
<td>90 = £16.58</td>
</tr>
<tr>
<td>Asacol® 800mg gastro-resistant tablets</td>
<td>84 = £54.90</td>
</tr>
<tr>
<td>Mesalazine 800mg gastro-resistant tablets</td>
<td>84 = £54.90</td>
</tr>
<tr>
<td>Octasa® 800mg gastro-resistant tablets</td>
<td>90 = £40.38</td>
</tr>
</tbody>
</table>

Table 3 showing prices of various mesalazine preparations

**ACTION:** Please ensure prescriptions are written as Octasa® and not Asacol® or mesalazine gastro-resistant tablets.

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### SUPPLY ISSUES

**ACICLOVIR EYE OINTMENT (ZOFIGO®)**

Aciclovir eye ointment is being discontinued globally due to challenges in guaranteeing a sustainable product supply. It is expected current supplies will last until around June 2019.

There is no generic direct alternative but ganciclovir 0.15% ophthalmic gel (Virgan®) may be considered as an appropriate alternative, although since formulary status is red, must be prescribed by the recommending specialist.

**ACTION:** Please be aware of this information.
WHERE TO ACCESS YOUR PRACTICE PRESCRIBING DATA

OPEN PRESCRIBING WEBSITE

Every month, the NHS in England publishes anonymised data about the drugs prescribed by GPs. But the raw data files are large and unwieldy, with more than 700 million rows. Open Prescribing makes it easier for GPs and practice managers to explore - supporting safer, more efficient prescribing.

ACTION: Visit the Open Prescribing website and explore the 67 Standard Measures and 17 NHS Low Priority Measures. Sign up for alerts or updates highlighting where the practice is an outlier, or have suddenly changed prescribing. [https://openprescribing.net/](https://openprescribing.net/)

CONTACT DETAILS FOR THE MEDICINES OPTIMISATION TEAM

<table>
<thead>
<tr>
<th>Name</th>
<th>Position</th>
<th>Mobile</th>
<th>E: mail</th>
</tr>
</thead>
<tbody>
<tr>
<td>Catriona Khetyar</td>
<td>Head of Medicines Optimisation</td>
<td>07500 606169</td>
<td><a href="mailto:catrina.khetyar@nhs.net">catrina.khetyar@nhs.net</a></td>
</tr>
<tr>
<td>Tim Langran</td>
<td>Slough Lead Support Prescribing Pharmacist</td>
<td>07775 010727</td>
<td><a href="mailto:tim.langran@nhs.net">tim.langran@nhs.net</a></td>
</tr>
<tr>
<td>Melody Chapman</td>
<td>Bracknell &amp; Ascot Lead Support Prescribing Pharmacist</td>
<td>07826 533736</td>
<td><a href="mailto:melody.chapman@nhs.net">melody.chapman@nhs.net</a></td>
</tr>
<tr>
<td>Dawn Best</td>
<td>Windsor/Ascot &amp; Maidenhead Lead Support Prescribing Pharmacist</td>
<td>07825 691163</td>
<td><a href="mailto:dawnbest@nhs.net">dawnbest@nhs.net</a></td>
</tr>
<tr>
<td>Caroline Pote</td>
<td>CCG Prescribing Support Pharmacist</td>
<td>07824 476439</td>
<td><a href="mailto:caroline.pote@nhs.net">caroline.pote@nhs.net</a></td>
</tr>
<tr>
<td>Caroline Hailstone</td>
<td>CCG Prescribing Support Pharmacist</td>
<td>07768 020809</td>
<td><a href="mailto:caroline.hailstone@nhs.net">caroline.hailstone@nhs.net</a></td>
</tr>
<tr>
<td>Cathy Macqueen</td>
<td>Community Prescribing Dietitian (Part time)</td>
<td>01753 636845</td>
<td><a href="mailto:catherine.macqueen@nhs.net">catherine.macqueen@nhs.net</a></td>
</tr>
</tbody>
</table>

Care Home Team

Sundus Bilal
CCG Lead Care Home Pharmacist
07909 505658
sundusbilal@nhs.net

Sally Clarke
CCG Care Home Pharmacist
07747 007934
sally.clarke6@nhs.net

Dhara Thacker
Medicines Optimisation Care Homes Pharmacy Technician
07776244842
dhara.thacker2@nhs.net

Generic in box email: WAMCCG.medicines-optimisation-team@nhs.net