# CITY SCRIPTS

Brighton and Hove Clinical Commissioning Group

## Prescribing Newsletter September/October 2014

This newsletter is produced by the Medicines Management Team at the CCG, and is sent to all local GPs, Practice Nurses and Community Pharmacists. We would welcome any feedback on the content and usefulness of the newsletter and suggestions for future topics. With thanks to the MM teams of Surrey CCGs

## Amoxicillin dose increase in children

The **Online BNF and BNF for Children** now list higher doses of oral amoxicillin for use in children in line with changes to Health Protection Agency (HPA) guidance**.** The recommended oral doses of amoxicillin and ampicillin for children have been updated to take account of changes made to the amoxicillin product information across Europe, and to address concerns that children may have been receiving inadequate doses.
**NB The current edition of the paper BNF (67th edition, March 2014) which will be in circulation within practices does NOT list the new doses.**

**The new recommended doses are**
Child 1 month to 1 year: 125mg three times daily, increased if necessary up to 30mg/kg three times daily.
Child 1-5 years: 250mg three times daily, increased if necessary up to 30mg/kg three times daily.
Child 5-12 years: 500mg three times daily, increased if necessary up to 30mg/kg (max 1g) three times daily.
Child 12-18 years: 500mg three times daily; in severe infection 1g three times daily

**The standard dose of oral amoxicillin for adults was increased to 500mg three times daily (doubled in severe infection) in September 2013 and this is reflected in the printed and online editions of the BNF.**

**Advice for prescribers:**
There is no commercially available Amoxicillin 500mg/5ml suspension. Prescribers are advised to prescribe either 10mls of Amoxicillin 250mg/5mls or 500mg capsules depending on a patient's ability to swallow. SPfT's swallowing PIL may be of use.

## Nitrofurantoin in Renal Impairment

The MHRA have released a Drug Safety Update (Sept 2014) on the prescribing of nitrofurantoin in renal impairment. MHRA guidance states that nitrofurantoin is considered safe to be prescribed in patients with an eGFR > 45mls/min. A short course (3- 7days) may be used *with caution* in certain patients with an eGFR of 30 to 44mls/min to treat a lower Urinary Tract Infection (UTI) with suspected or proven multidrug resistant pathogens. This is likely to have a big impact on prescribing for the treatment of lower UTIs in both primary and secondary care. Nitrofurantoin was previously contraindicated in patients with a creatinine clearance < 60 mls/min.

The MHRA state that they have reviewed the evidence for this contraindication in the context of increasing antibiotic resistance of lower urinary tract pathogens to standard therapy (trimethoprim and amoxicillin). They also considered the risk of *Clostridium difficile* colitis associated with the widespread use of alternative broad-spectrum antibiotics (cephalosporins and flouroquinolones). They concluded that the existing contraindication is no longer supported and that the available evidence justified a revised contraindication against use in patients with an eGFR of less than 45 ml/min.
Local Antibiotic guidance has been updated to reflect this.

## Mupirocin Supply Problem- Octenisan to be used instead

There is a national shortage of mupirocin. Octenisan nasal gel should be used TWICE daily for 5 days as an alternative when mupirocin is usually recommended e.g. as pre-surgery suppression therapy for MRSA positive patients. In some GP systems Octenisan doesn't appear, so scripts may need to be handwritten.

## OTC Domperidone

From 4 September 2014, people taking domperidone to treat nausea and vomiting will only be able to get this medicine on prescription from their doctor. It will no longer be available from pharmacies without a prescription, the MHRA have announced.

## Drug Safety Update

**Oral Anticoagulants**

The Medicines and Healthcare products Regulatory Agency (MHRA) has launched an online learning module for healthcare professionals on reducing the side effects of **oral anticoagulants**. Designed for doctors, nurses and pharmacists, the interactive programme takes the learner through key points about these medicines, how to manage the risks and, importantly, how to make sure patients get the most benefit from these medicines.

**Drugs and Driving**

A new offence of driving with certain controlled drugs in excess of specified levels in the body is expected to come into force on 2 March 2015. This offence is an addition to the existing rules on drug impaired driving and fitness to drive. The legislation also provides for a statutory "medical defence" for this new offence, for patients taking their medicines in accordance with instructions.

In line with current professional practice, healthcare professionals prescribing or supplying medicines should take account of the risks of medicines (such as whether a patient's driving may be impaired by their medicines) and advise accordingly. This clinical practice has not changed. However, healthcare professionals are likely to want to be able to explain the new rules concerning this offence to patients.

Newly published Department of Transport guidance, Drug driving and medicine: advice for healthcare professionals provides information on what to discuss with patients.

## Supply of Salbutamol Inhalers to Schools

Following a public consultation, the Human Regulations 2012 have been amended to allow schools to hold stocks of salbutamol inhalers for use in an emergency. Asthma UK state that up to 86% of children have been without their own inhaler because it was lost, forgotten, broken or had run out. Previous legislation meant it was illegal for schools to have a spare emergency inhaler to use in the event of a potentially life-threatening asthma attack. Now schools will be able to hold spare emergency inhalers if they choose to.

From 1 October 2014, schools can buy inhalers and spacers from a pharmaceutical supplier in small quantities provided it is done on an occasional basis and is not for profit. A supplier will need a request signed by the principal or head teacher stating:

- the name of the school for which the product is required,
- the purpose for which that product is required,
- the total quantity required.

The emergency salbutamol inhaler should only be used by children for whom written parental consent for use of the emergency inhaler has been given, who have either been diagnosed with asthma or prescribed an inhaler, or who have been prescribed an inhaler as reliever medication. The inhaler can be used if the pupil's prescribed inhaler is not available (for example, because it is broken or empty).

The Department of Health Guidance sets out how schools should safely keep and administer spare emergency inhalers. Schools which choose to keep an emergency inhaler should establish a policy or protocol for the use of the emergency inhaler based on the guidance.

Education for Health is developing a free online educational resource due to be launched in Autumn 2014 which will support anyone working with children or young people with asthma. This includes teachers; other school staff, sport coaches and youth group leaders. To receive priority notification of the module's launch please email asthma-interest@educationforhealth.org

## EPS Release 2 Update October 2014

Our 3 early adopter Electronic Prescription Service Release 2 (EPSR2) surgeries have now been transmitting electronic prescriptions since May/June 2014 and latest statistics show that usage for all 3 surgeries is above the current national figure of 38%. Sackville , Stanford & Ardingly surgeries should be commended for making this transition so smoothly and for successfully increasing their utilisation over the past 4 months.

Our next phase of Emis Web surgeries will be rolled out over the next 2 months and the confirmed "Go live" dates are set out below:

| Surgery | Confirmed "Go Live" date |
|---|---|
| Pavillion | 22nd October 2014 |
| Warmdene | 23rd October 2014 |
| Regency | 24th October 2014 |
| Ship St | 27th October 2014 |
| Portslade Health Centre | 3rd November 2014 |
| The Haven | 19th November 2014 |

Further information and resources on EPS can be found on our website

## Brighton Area Prescribing Committee and Joint Formulary Update

Brighton APC makes decisions concerning additions to the Joint Formulary. The following summarises decisions made by the APC in September 2014:

| Preparation | Decision | Notes |
|---|---|---|
| Collagenase (Xiapex®) | Added to the joint formulary as **RED** | Hospital/secondary care only. |
| Brimonidine gel (Mirvaso®) | NOT added to the joint formulary – **BLACK** | Not routinely recommended for initiation or prescribing in any healthcare setting for NHS patients. This is due to Mirvaso being considered **not** an appropriate use of NHS resources because of the lack of evidence and considered as a cosmetic treatment. |
| Ingenol Mebutate (Picato®) | Status changed from **RED** to **GREEN** | Suitable for prescribing in any healthcare setting. |
| Adrenaline Auto Injector (Emerade®) | Added to the joint formulary as **GREEN** | Suitable for prescribing in any healthcare setting. Emerade is available as a 150mcg, 300mcg and 500mcg pen and has a longer shelf life. Emerade is a different device to the other AAIs with a different method of administration. Ensure that the patient has received appropriate training. |
| Lubiprostone (Amitiza®) | Added to the joint formulary as **RED** | Hospital/secondary care only. As per NICE guidance. |
| Insuman® Basal | Added to the joint formulary as **GREEN** | Suitable for prescribing in any healthcare setting. |

This month the APC approved Surrey Downs' CCG guidance on 'Payments for Vaccines' for use in Brighton & Hove CCG. The guidance can be found on the prescribing pages of the CCG website here. You might also have noticed an additional chapter to the Joint Formulary this month - Chapter 14, Immunological products and vaccines. This contains a link to the DoH Green Book, which holds current guidance and details when vaccination is appropriate.

## Revisions to ED Drug status - Sildenafil

The SLS eligibility list has been updated and generic sildenafil has been removed, so that generically written prescriptions will no longer require prescriber annotation with "SLS". These changes mean that:

- Generic sildenafil can now be prescribed to **all men** with erectile dysfunction (ED), where **clinically appropriate** for its **licensed indication** and no longer have to conform to the SLS restrictions.
  As a result, patients who previously have been prescribed sildenafil privately because they did not meet the SLS eligibility criteria can now be transferred to NHS prescriptions and men currently prescribed an alternative on a private prescription can present requesting a change to an NHS prescription for generic sildenafil.
- Patients who do not tolerate generic sildenafil and are prescribed Viagra®, or any other ED treatments, must still meet the SLS criteria and the prescription must be endorsed "SLS". If they do not meet the SLS criteria then treatment should **not** be funded by the NHS unless the patient is experiencing serious distress where a referral into the ED clinic should always be made.
- Patients who would have previously been referred to the ED clinic as they did not fit SLS criteria can now be trialled on sildenafil in primary care without a referral, but this should still be used if there is a need for specialist psychosexual counselling.
- Please ensure that the usual cardiovascular health checks have been carried out as ED can be the first indication of CVD.
- The original advice on quantity to prescribe in HSC 148 recommends one treatment per week being appropriate for most patients. When prescribing any product for ED, please consider that these drugs do have a street value and realistic quantities should be agreed after a discussion with the patient

# Erectile Dysfunction Pathway