



Frimley ICB Prescribing Newsletter

"Making the most of medicines"

**Volume 13 Issue 10
November/December 2022**

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[Looking for past newsletters? – follow this link.](#)

MOT'ea continues in 2023, further details to follow

Not on the distribution list? Then e-mail: tim.langran@nhs.net

Introducing Yinka Kuye - Community Pharmacy Clinical Lead

Yinka Kuye started with us on 31 October 2022 as the Community Pharmacy Clinical Lead. Yinka will be leading on the implementation, assurance and clinical governance of community pharmacy clinical services, to ensure the uptake and delivery of services are of the highest level.

Whilst this role will be a key advocate for community pharmacy to promote community pharmacy's role and the importance of pharmaceutical services within an ICS, a key focus for Yinka will be looking at improving patient pathways within the system to improve patient experience and flow.

Yinka is really looking forward to meeting the Frimley family to work collaboratively across the ICS to offer clinical leadership, guidance and support.

Please contact Yinka to arrange a meeting either to speak in person, or virtually:
Yinka.kuye1@nhs.net



GUIDANCE UPDATE

.Prescribing antibiotics for Group A *Streptococcus*

NHS England has updated the [Group Strep A interim clinical guidance on the diagnosis and treatment of children under the age of 18 years](#). Use the [feverPAIN](#) score to differentiate between bacterial and viral disease. [The feverPAIN](#) score has been amended to lower the treatment threshold and a decision to treat tonsillitis with antibiotics in children with a [feverPAIN](#) score of 3 or more is now in place, use in combination with clinical judgement.

When a clinical decision has been made to treat a child with antibiotics please prescribe:

- SORE THROAT: a 5-day course of phenoxymethylpenicillin or clarithromycin (if penicillin allergy)
- SCARLET FEVER: a 10-day course of phenoxymethylpenicillin or clarithromycin (if penicillin allergy).

In **non-severe-penicillin allergy**, clarithromycin is 1st line, then other macrolides, with cefalexin as an alternative to macrolides. In **severe penicillin allergy**, use macrolides 1st line, with co-trimoxazole an alternative, further detail in the NHSE document above.

In adults, follow [NICE Guidance](#). Continue to use feverPAIN score or CENTOR to guide need to use an antibiotic.

For adults use phenoxymethylpenicillin (5-10 days) or clarithromycin (5 day) (if penicillin allergy) or erythromycin (5 dys) (if penicillin allergy in pregnancy).

8 [Serious Shortage Protocols](#) for phenoxymethylpenicillin allow pharmacists to supply a different formulation or alternative antibiotic in the event of non-availability of phenoxymethylpenicillin.

A tiered approach to alternative antibiotics in the Serious Shortage Protocols means that **clinicians can prescribe phenoxymethylpenicillin (unless penicillin allergic) without considering the need for alternative** option i.e prescribe phenoxymethylpenicillin.

Use the Pharmacy Info box to remind pharmacies to follow the SSP. Suggested wording "if no pen v in stock provide alternative antibiotic as per SSP" **adding** if there is a known reason why a patient cannot have one of the alternatives (amoxicillin, clarithromycin, flucloxacillin, cefalexin and co-amoxiclav, as per SSP priority order). Note that occasionally patients or parents/guardians may not accept the switch or the community pharmacist is concerned that the switch is not appropriate so patients return to the practice, but in the main the SSP should be followed & without the need to contact the prescriber again.

Send prescriptions to "EPS-Any Pharmacy" and print a token containing the prescription's unique barcode, which can be given to the patient/patient's representative, to take to a pharmacy of their choice or provide the patient with the prescription ID (barcode) number (e.g. via text)

Action: For information and see [Supply](#) section below and **SCAN** article below.

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Antibiotic guidelines: SCAN MicroGuide latest updates

Version 7.2 (14th November 2022)

- **Major** updates to all sections of Fungal Infection – Fingernail or Toenail
- Minor updates to Oral Candidiasis page
- Minor update to Varicella Zoster (Chickenpox), Herpes Zoster (Shingles) & Cold Sores

- Updated references to **TARGET** toolkit within pages for Acute Otitis Media, Acute Cough and all guidelines with Urinary Tract Infections section

December SCAN updates 7.3-7.7 have centered on Scarlet Fever and Strep A.

Version 7.7 (19th December 2022)

- New NEW Group A streptococcus in children - Interim clinical guidance summary 16th December 2022
- Updated Access to antibiotic liquids
- Updated Adults Acute sore throat 19/12/22
- Updated Sore throat including Tonsillitis (CHILDREN) 19/12/22 to link to the interim clinical guidance summary
- Updated Scarlet fever (CHILDREN) to link to the interim clinical guidance summary

Action: The Scarlet Fever and Strep A guidelines are being regularly updated, keep abreast of the changes via SCAN MicroGuide link. It can be used to access the information from SPS on crushing tablets and latest NHSE, UKHSA and NICE information.

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Guidance on management of scabies outbreaks

Following an outbreak of scabies in a care home, we would like to draw your attention to the [UKHSA guidance](#) on the management of scabies cases and outbreaks in long-term care facilities and other closed settings.

Action: For information. The ICB Infection Control Prevention team are available to provide advice.

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SAFETY UPDATE

Valproate: reminder of current Pregnancy Prevention Programme requirements; information on new safety measures to be introduced in the coming months

In view of data showing ongoing exposure to valproate in pregnancy, [this article](#) reminds healthcare professionals of the risks in pregnancy and the current Pregnancy Prevention Programme requirements, and provides information about the potential risks of valproate in other patients following a review of the latest safety data. Following advice from the Commission on Human Medicines (CHM), new safety measures for valproate-containing medicines are to be put in place in the coming months.

Advice for healthcare professionals:

- continue to follow the existing strict precautions, including that valproate should not be prescribed to female children or women of childbearing potential unless other treatments are ineffective or not tolerated and that any use of valproate in women of childbearing potential who cannot be treated with other medicines is in accordance with the [Pregnancy Prevention Programme](#)
- following a new safety review conducted in light of concerns that the current regulatory requirements for safe use are not being consistently followed, the Commission on Human Medicines (CHM) has advised that there should be greater scrutiny of the way valproate is prescribed and that further risk minimisation measures are required – in particular that 2 specialists should independently consider and document that there is no other effective or tolerated treatment for patients aged under 55 years

- consider all other suitable therapeutic options before newly prescribing valproate in patients younger than 55 years
- these new measures will be implemented over the coming months. In the meantime, GPs and pharmacists should continue to provide repeat prescriptions for valproate and dispensers should continue to ensure patients receive the patient card, a copy of the Patient Information Leaflet and packaging bearing pregnancy warnings
- patients currently taking valproate must be advised not to stop taking it unless they are advised by a specialist to do so.

Action: for information.

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Aripiprazole long acting injectable antipsychotic

To avoid a dosing error with aripiprazole long acting injectable antipsychotic, please note the following:

There are 2 forms of aripiprazole injection available to order.

- Aripiprazole (Abilify Maintena®) 400 mg powder and solvent for prolonged-release suspension for injection in pre-filled syringe
- Aripiprazole (Abilify Maintena®) 400 mg powder and solvent for prolonged-release suspension for injection

Occasionally, a 300mg dose will be required. Because the 300mg prefilled syringe is not marketed in the UK, and the 400mg pre-filled syringe is not graduated to allow accurate dose measurement, aripiprazole (Abilify Maintena®) 400 mg powder and solvent for prolonged-release suspension for injection will need to be prescribed and after reconstitution each mL of suspension contains 200 mg aripiprazole. The 300mg dose can be measured from the vial.

Action: Please be aware of the formulation chosen when prescribing to ensure correct dosing and question with the specialist if the dose / product is not clear.

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Updated Oral Anticoagulation Information and Monitoring Booklets (the “Yellow Book”), now available

The following information and monitoring booklets for patients on oral anticoagulation have been updated

- information booklet for patients on warfarin and other vitamin K antagonists
- booklet for monitoring vitamin K antagonists now includes a column for recording time-in-therapeutic range (TTR)
- a new information booklet for patients on direct oral anticoagulants (DOACs) that includes a section for recording renal function
- anticoagulation card suitable for patients on vitamin K antagonists and DOACs

These are available to order in the same way as previously: via [NHS Forms](#) or [Primary Care Support England \(PCSE\)](#). Existing stock of the previous versions will continue to be used and distributed but they will be gradually replaced by the new versions.

The Frimley ICS [‘Anti-coagulation for non-valvular atrial fibrillation treatment selection tool’](#) is available on the Frimley ICB website.

Report medicines related incidents

A reminder that all health and social care professionals can now report medication incidents using the new LFPSE (Learn from Patient Safety Event) system. Please register [here](#) for an account to start reporting



MEDICINES BOARD UPDATE

Frimley anti-coagulation in AF selection tool

Frimley Medicines Board and FHFT Cardiology Clinical Governance Group have approved a selection tool to aid appropriate prescribing of oral anticoagulants in AF. It includes the recommendation for edoxaban to be first line and this is agreed across the system. This has been developed with local specialists to ensure we are joined up.

The document also includes guidance on how to change people from warfarin to edoxaban and from other DOACs to edoxaban. This supports delivery of the PCN DES IIF indicator.

The tool can be found [here](#) on the website and in the [net.Formulary](#).

Action: Please use to tool to help appropriate choice of oral anticoagulant. Edoxaban is the preferred DOAC across Frimley.

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Frimley Lipid Management Tool for use in primary care and FHFT

Frimley Medicines Board and FHFT Cardiology Clinical Governance Group have approved guidelines to support the management of lipids across the system. This document has been developed jointly with local Lipidologists.

A key focus of this guideline, as well as the PCN DES IIF and Frimley Medicines Optimisation Scheme, is to ensure that people with CVD or with a high risk of CVD are prescribed a high intensity statin (atorvastatin 20mg or more or rosuvastatin 10mg or more).

The process for assessing for familial hypercholesterolaemia is set out which is another key priority. In addition, the place of new therapies such as alirocumab, evolocumab and inclisiran is explained.

Two key changes to note:

- A move to return to using LDL-C rather than non-HDL cholesterol
- Using a 50% reduction in LDL-C as the benchmark for assessing for titration of therapy

The tool can be found [here](#).

Action: Please use this tool to guide appropriate lipid management.

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Primary Care prescribing guidelines for oral paracetamol in adults at risk of hepatotoxicity including low body weight

The ICS Medicines Safety Group and Medicines Boards have approved weight-adjusted prescribing guidelines for primary care to support the safe prescribing of oral paracetamol in adults at risk of hepatotoxicity including low body weight. The guidelines are available [here](#) on the [Frimley ICB website](#) and based on the [British Hepatology Pharmacy Group](#) recommendations below:

	Weight*	Weight*	Weight*
	≤40kg	41kg to 49kg	> 50kg
Oral dosing (PO)	500mg four times a day	500mg-1g three times a day	500mg-1g four times a day
Maximum daily dose	2 g	3g	4g

*dry weight should be used.

If over 50kg (dry weight), 1g QDS PO is safe for short periods (≤ 7 days). If needed regularly long-term (> 7 days), reduce dose. Irrespective of weight where the patients eGFR is less than 30ml/min/1.73m², the interval between dosing must be a minimum of 6 hours.

Action: For Information

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Frimley position statement for Prescribing of low protein products for patients with Phenylketonuria (PKU)

PKU can be successfully treated by a low phenylalanine diet. The amount of low protein products prescribed will vary from patient to patient and should be determined on an individual basis, usually by a specialist metabolic dietitian. Protein requirements are calculated on a 'unit basis'. The maximum number of units required per month varies depending on age. Low protein milk replacements are excluded from this monthly unit allocation. The recommended maximum number of low protein items to prescribe per month is included in the statement and it is recommended that PKU supplements (e.g. PKU Anamix Infant/Junior) are added as 'Repeat' as they are required monthly, whereas the low protein special food options as 'Acute' or 'Variable Repeat'.

Action: Access the position statement [here](#).

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	FORMULARY
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Shared Care Guidance for the use of Sativex® Oromucosal Spray in adults with moderate to severe MS related spasticity

The shared care guidance for the use of Sativex® in adults with moderate to severe MS related spasticity has been added to the Frimley ICB website and may be accessed [here](#).

Once the patient has been stabilised on a dose by Month 3, GPs may enter into shared care and prescribe the drug in Month 4. The median dose is eight sprays per day. Once the optimum dose has been achieved, patients may spread the doses throughout the day according to individual response and tolerability. Doses of greater than 12 sprays per day are not recommended. Under shared care GPs should monitor the patient's overall wellbeing, report any adverse events to the hospital specialist and refer back if there are any changes in severity of the patient's condition.

Action: For information.

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Carefine[®] insulin pen needles are being re-branded as Greenfine[®] insulin pen needles

This is a name change only as the composition and quality control of the Greenfine pen needles remain unchanged, as does the drug tariff price, £2.75 per 100 box. OptimiseRx has been updated accordingly.

Action: Prescriptions will need to be changed when they are issued.

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SUPPLY ISSUES

Antibiotic Supplies

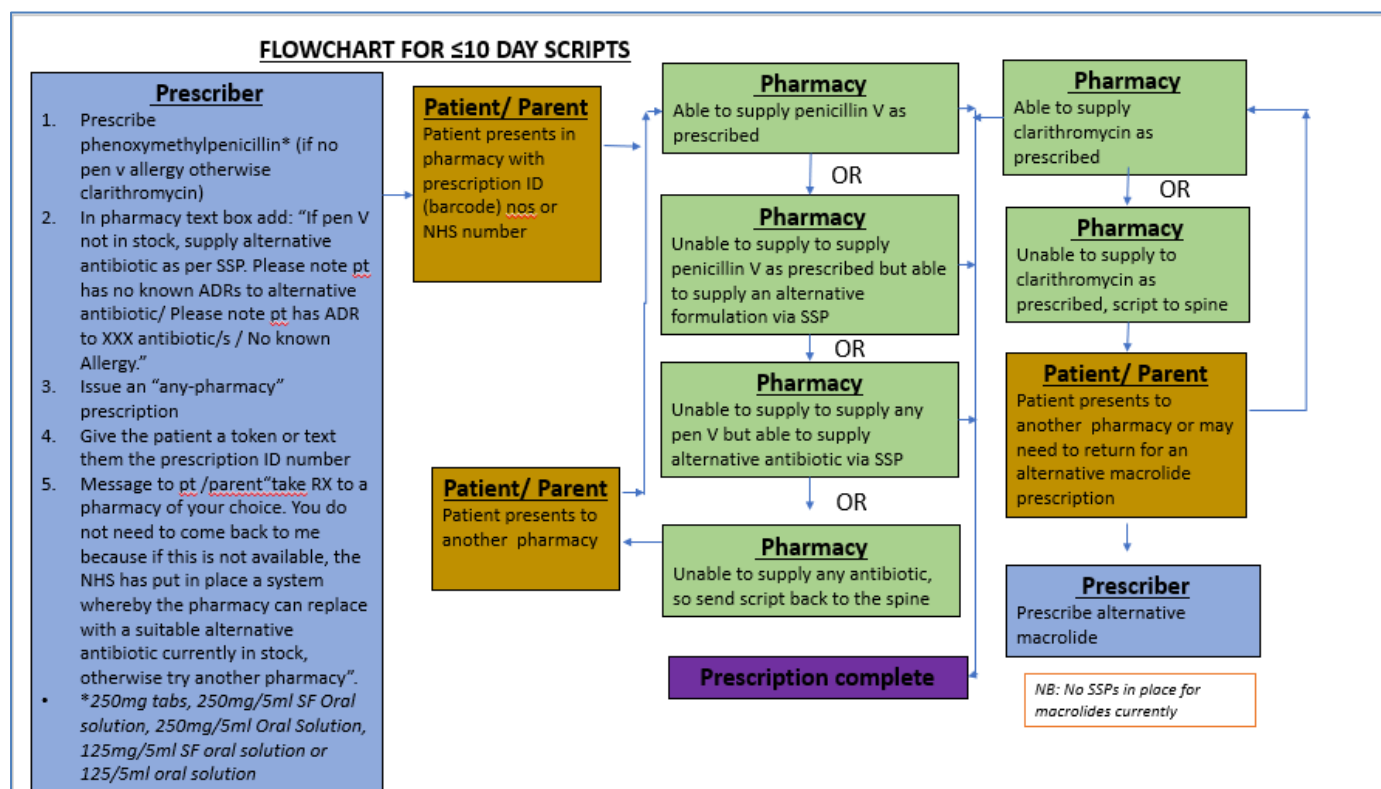
Name of SSP \ ref no.	Substitute Products	Supporting guidance
SSP047 Phenoxymethylpenicillin 250mg tablets (PDF:289KB)	For treatment up to and including 10 days. Various strengths and formulations of:	Phenoxymethylpenicillin 250mg tablets supporting guidance plus Q&A (PDF:248KB)
SSP046 Phenoxymethylpenicillin 250mg/5ml oral solution sugar free (PDF:289KB)	• Amoxicillin	Phenoxymethylpenicillin 250mg/5ml sugar free supporting guidance plus Q&A (PDF:250KB)
SSP045 Phenoxymethylpenicillin 250mg/5ml oral solution (PDF:291KB)	• Clarithromycin	Phenoxymethylpenicillin 250mg/5ml supporting guidance plus Q&A (PDF:248KB)
SSP044 Phenoxymethylpenicillin 125mg/5ml oral solution sugar free (PDF:291KB)	• Flucloxacillin	Phenoxymethylpenicillin 125mg/5ml supporting guidance plus Q&A (PDF:249KB)
SSP043 Phenoxymethylpenicillin 125mg/5ml oral solution (PDF:287KB)	• Cefalexin	Phenoxymethylpenicillin 125mg/5ml supporting guidance plus Q&A (PDF:248KB)
SSP042 Phenoxymethylpenicillin 250mg/5ml oral solution (PDF:143KB)	• Co-amoxiclav	Phenoxymethylpenicillin 125mg/5ml supporting guidance plus Q&A (PDF:248KB)
SSP041 Phenoxymethylpenicillin 250mg/5ml oral solution sugar free (PDF:145KB)	If treatment course longer than 10 days the preferred substitution is Erythromycin	Phenoxymethylpenicillin 250mg/5ml supporting guidance plus Q&A (PDF:123KB)
SSP040 Phenoxymethylpenicillin 125mg/5ml oral solution sugar free (PDF:138KB)	Phenoxymethylpenicillin: • 125mg/5ml oral solution (SF or original) • 250mg tablets	Phenoxymethylpenicillin 250mg/5ml sugar free supporting guidance plus Q&A (PDF:128KB)
	Phenoxymethylpenicillin: • 125mg/5ml oral solution (SF or original) • 250mg/5ml oral solution • 250mg tablets	Phenoxymethylpenicillin 125mg/5ml sugar free supporting guidance plus Q&A (PDF:116KB)
	Phenoxymethylpenicillin • 125mg/5ml oral solution	

Top tips

Prescribe **phenoxymethylpenicillin**(clarithromycin if penicillin allergy), to give community pharmacies the freedom to supply whichever alternative antibiotic they have in stock via national Serious Shortage Protocols (SSPs). Prescribe for the appropriate duration i.e. for sore throat / tonsillitis option for 5 days. Issuing antibiotics alone on a prescription will ensure the prescription can easily be returned to the spine.

Choose *Any-pharmacy EPS* & we recommend typing in the *Pharmacy Info* box: "If pen V not in stock, supply alternative antibiotic as per SSP. Please note patient has no known ADRs to alternative antibiotic/ Please note patient has ADR to XXX antibiotic/s / No known Allergy." This gives community pharmacist instruction re SSP and clinical information not available to them (may not be patient's usual pharmacy) to supply alternative. Consider sharing allergy information with patient via text, so they may share with the pharmacy for their information.

Flowchart illustrating process.



Action: Prescribing phenoxymethylpenicillin (250mg tabs, 250mg/5ml SF Oral solution, 250mg/5ml Oral Solution, 125mg/5ml SF oral solution or 125/5ml oral solution) (unless there is known penicillin allergy, in which case prescribe clarithromycin) to give community pharmacies the freedom to supply whichever alternative antibiotic they have in stock via national Serious Shortage Protocols (SSPs). This will minimise need for contacting pharmacies for stock info & patients asking for an alternative antibiotic.

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Online medicines supply tool

- DHSC and NHSE/I have launched an online [Medicines Supply Tool](#)
- To access the Tool, you will be required to register with the Specialist Pharmacy Service (SPS) website and be logged in due to the commercially sensitive nature of the information

Action: Access the supply tool [here](#).

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Medicines Optimisation in Care Homes (MOCH) Corner

Use of antivirals in care homes

The UK Health Security Agency, UKHSA, surveillance data indicates influenza is circulating in the community. A [Central Alerting System](#) (CAS) message from the Chief Medical Officer, issued on 24th November 22, enables:

- prescribers working in primary care to prescribe antiviral medicines, and
- community pharmacists to supply antiviral medicines (oseltamivir and zanamivir) for the prophylaxis and treatment of influenza.

Antiviral medicines may be prescribed for patients in clinical at-risk groups as well as anyone at risk of severe illness and/or complications from influenza if not treated.

It is important that:

- Oseltamivir (Tamiflu®) treatment begins within 48 hours of onset of symptoms,
- Zanamivir (Relenza™) treatment begins within 48 hours of onset of symptoms for adults and within 36 hours of onset of symptoms for children who are 5 years old or over.

Adults and children over 12 months who are unable to swallow capsules can be prescribed oral oseltamivir suspension.

For more detailed information, refer to the [Good Practice Guidance: Seasonal 'flu vaccination for care home residents](#). The management of outbreaks of influenza-like illness (ILI) in care homes can be found on the final page of this guidance.

Supply of antiviral medicines:

East Berkshire Places:

East Berkshire Out of Hours have been commissioned to provide provision for localised community outbreaks of influenza both in and out of season, and in and out of working hours. EBPC OOH holds a stock of antivirals. This stock is for:

- out of season influenza
- or may be used if there is a delay in prescribing and ordering the antivirals from a pharmacy in season.

Admin Tel: 03000 243 333 email: ebpcOOHs@nhs.net

NEHF and SH Places:

GP practice clinicians (during work hours) or OOH (NHUC) clinicians (out of working hours) to complete patient specific direction (PSD) for patients requiring antivirals, then contact the pharmacy at Frimley Park Hospital 0300 6134717 or 0300 6134724 and then send the PSD to the pharmacy - by nhs.net email to fhft.dispensary.frimleypark@nhs.net

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CONTACT DETAILS FOR THE MEDICINES OPTIMISATION TEAM

These may now be found on the [Frimley ICB website](#).

OTHER USEFUL CONTACTS

Controlled Drugs Accountable Officer (CDAO): CDAO (Julie McCann) can be contacted via england.southeastcdao@nhs.net noting that all general CD concerns, incidents and authorised witness requests should always be raised via www.cdreporting.co.uk . For non-CD medicines safety issues, use julie.mccann3@nhs.net

Medicines Advice Service -telephone number 0300 7708564.