

Prescriberfile

From the Primary Care Prescribing Group

Avoid NSAIDs in Children with Chickenpox

As previously advised, following [media reports](#), prescribers are reminded that the [NICE CKS guidance](#) on chickenpox advises that NSAIDs should be avoided in children with chickenpox due to concerns that use of NSAIDs in children with varicella is associated with an increased risk of necrotizing soft-tissue infections and infections with invasive streptococci.

- Avoid NSAIDs in children with varicella
- Where an antipyretic is necessary for a child with chickenpox, paracetamol is the agent of choice

Systemic Anti-Cancer Agents (SACT)

Over the last few years the range of oral anti-cancer medicines has increased, with new oral options becoming available for most tumour types. There have been several instances over the last few months of oral anti-cancer medicines being prescribed by patients' GPs, either at the pa-

tient's request or due to a misinterpretation of hospital communications. Some of these prescriptions were subsequently dispensed by the community pharmacist and taken by the patient, whilst others were identified by the community pharmacist and were not dispensed.

- It is not appropriate for a GP to start or continue the supply of SACT medicines for their patients
- The prescribing of SACT medicines remains the responsibility of the specialists in Forth Valley Royal Hospital or the Regional Cancer Centres
- All SACT medicines must be dispensed in hospital pharmacy. **The only exception to this is hydroxycarbamide capsules used in line with West of Scotland shared care protocol.**
- **This advice does not apply to cytotoxic drugs used for non-cancer indications eg. Methotrexate being used as a Disease Modifying Antirheumatic Drug (DMARD).**
- If you are in any doubt about whether it is appropriate to prescribe or dispense an anti-cancer drug, please contact the oncology pharmacists at Forth Valley Royal Hospital for advice on 01324 566308.

Forth Valley Polypharmacy Review Guidance

The Polypharmacy Review Guidance is designed to support healthcare professionals in reviewing patients prescribed many medicines and to identify medications which are unlikely to have a significant clinical benefit or which have the potential to cause harm.

It guides safe withdrawal and gives advice on reducing inappropriate medications. The [Polypharmacy Review Guidance](#) can be found under "Pharmacy/ Prescribing Guidelines on the QI website <http://www.qifv.scot.nhs.uk>.

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Please Circulate to All Staff

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Key Points of interest:

- Avoid NSAIDs in Children with Chickenpox
- Prescribing and Dispensing of Systemic Anti-cancer Agents must not be done in Primary Care
- Check Childrens' BNF for Clarithromycin dosages
- Gluten-free sweet biscuits removed from FV formulary

Clarithromycin Dosages in Children

The dose of clarithromycin in children is dependent on the age and body weight of the child. Please check the [Children's BNF](#) to guide appropriate dosing and avoid delays in dispensing.

Unlicensed Omeprazole Suspensions

NHS Forth Valley spent in January to December 2015 approximately £28,000 (average cost £214 per item) for unlicensed omeprazole suspensions.

- Please prescribe licensed omeprazole orodispersible tablets at a fraction of the cost of the unlicensed suspensions. These are suitable for PEG tubes.

Interaction between Rizatriptan and Propranolol

Plasma concentrations of rizatriptan may be increased by concomitant administration of propranolol.

- In patients receiving propranolol, the 5 mg dose of rizatriptan should be used.

COPD Record Cards

Hand held COPD record cards enable patients, deemed fit to self-manage COPD exacerbations, to obtain rescue medication from community pharmacies, under Patient Group Directions (PGDs) out with the normal GP practice opening hours.

An evaluation of the Pharmacy First service, launched in community pharmacies throughout Forth Valley (FV) in March of this year, highlighted the lack of use of hand held COPD record cards by some GP practices.

Many practices continue to provide patients with 'just in case' prescriptions.

Unless robust repeat prescribing systems are in place, it may not always be possible to closely monitor the numbers of prescriptions being requested—potentially resulting in poorer clinical management.

An evaluation of the Pharmacy First service indicated that there is patient demand for the COPD service but many patients cannot be treated as they cannot produce the hand held record card.

Guidelines for review and decision on self-management can be found in the [Forth Valley COPD Guideline](#).

Practices should scan any notification of supply, under a community pharmacy PGD, into docman and, as good practice, make an entry in Emis.

Guidance on COPD hand held record cards

- Must be signed by GPs or Independent Nurse Prescribers (INPs)
- Should be issued during COPD review and only to those patients considered suitable to self-manage
- Should be issued as part of the Forth Valley COPD self-management plan
- After initial authorisation by a GP or INP, non-prescribing practice nurses can and should check the patient's card when undertaking an annual COPD review
- Re-issues (and initial issues) of a COPD card should always be discussed with and signed by a GP or INP

COPD record cards should be requested from:

Margaret Smith
Health Improvement Resource Service
NHS Forth Valley
Unit 2, Colquhoun Street,
STIRLING

Telephone: 01786 433868
Email: m.smith7@nhs.net
Fax: 01786 451156

Just in Case Boxes

Just in Case boxes contain palliative care medicines to help provide timely access to symptom control for end of life care, in the community. The revised NHS Forth Valley 'Guideline for the use of [Just in Case Boxes in Community](#)' has been approved and is available on the Forth Valley QI website <http://www.qivf.scot.nhs.uk>.

The main changes to the guideline include:

- Adding in a renal and hepatic impairment section.
- Highlighting that morphine 2mg s/c is for opioid naïve patients.
- Emphasising that opioid breakthrough doses should be reviewed when regular opioid doses are titrated.
- Updating the community kardex to accommodate two syringe pumps

Scottish Palliative Care Guidelines

The [Scottish Palliative Care Guidelines](#) reflect a consensus of opinion about good practice in the management of adult patients with life limiting illness. They are designed for healthcare professionals from any care setting who are involved in supporting people with a palliative life-limiting condition.

The purpose of the Scottish Palliative Care Guidelines is to provide, in a readily usable format, practical, evidence-based or best-practice guidance on a range of common clinical issues. Over 30 different guidelines are available, under the sections of 'Pain Control', 'Other Symptoms', 'Palliative Emergencies' and 'End of Life care'.

The national guidelines can also be accessed directly from the NHS Forth Valley Intranet Site <http://staffnet.fv.scot.nhs.uk/a-z/palliative-and-end-of-life-care/>. This intranet site also contains local information, such as the 'Just in Case' prescribing policy in Forth Valley.

16 of the most frequently used palliative care guidelines are now available in app format for iPhone or android devices providing offline access to key clinical information anywhere, anytime. To download the app visit: [Android](#), [iPhone](#)

Gluten Free Food Formulary Change Reminder

The gluten-free food formulary was updated in August 2016. All sweet biscuits have been removed from the new formulary. Please inform your patients. Patients requesting ANY non-formulary product should have a 'Request to supply a non-formulary gluten free food product or a letter of support from a Forth valley specialist consultant. A copy should be provided for patients to give to the community pharmacy dispensing the product. Community Pharmacies should advise Community Pharmacy Services of any authorised requests to supply a non-formulary product by NHS mail,

communitypharmacysupport (NHS FORTH VALLEY) or post (in line with the [FV policy Transportation and Handling of Confidential and Sensitive Information](#) policy to Community Pharmacy Services, Falkirk Community Hospital, Major's Loan, Falkirk FK1 5QE. Patients will need to be referred to a dietitian if this request is not already in place.

The NHS Forth Valley Prescribing of Non-Formulary Gluten-free Food process can be found on the [Forth Valley Community Pharmacy SHOW page](#).

Supply of Prophylactic Paracetamol Oral Suspension for the prevention of Post Immunisation Fever Following Meningococcal Group B Vaccine

Practices are reminded that Public Health Scotland has put in place a Patient Group Direction (PGD) for community pharmacists to provide a supply of paracetamol oral suspension 120mg/5ml for the prevention of post vaccination fever following Men B vaccination in infants. This service is not intended to replace GP prescribing (or supply) of prophylactic paracetamol, but to support the overall smooth running of the Men B programme. Both arrangements are in place to provide flexibility of delivery.

- A PGD for the supply of prophylactic paracetamol oral suspension 120mg/5mls for the prevention of post immunisation fever following Men B vaccination, from community pharmacies, is available.
- Consider advising parents/carers to obtain a supply of paracetamol oral suspension 120mg/5mls from community pharmacies prior to Men B immunisation in infants.

Drug Safety Updates you may have missed...

Cardiovascular risk of high-dose ibuprofen ($\geq 2400\text{mg/day}$) is similar to COX 2 inhibitors and diclofenac. See [June 2015 Update](#) for full information.

The most important risk factors for **uterine perforation** from **levonorgestrel-releasing intrauterine systems (IUSs)** and copper intrauterine devices are insertion during **lactation and insertion in the 36 weeks after giving birth**. Before inserting an IUS or IUD, inform women of the risk and the symptoms of perforation. See [June 2015 Update](#) for full information.

Proton pump inhibitors (PPIs) are associated with very infrequent cases of subacute cutaneous lupus erythematosus, a non-scarring dermatosis that can develop in sun exposed areas. See [September 2015 Update](#) for full information

Mirabegron is used third line in the management of urinary incontinence. It is now **contraindicated in patients with severe uncontrolled hypertension**. Blood pressure should be measured before starting treatment and monitored regularly during treatment, especially in patients with hypertension. See [October 2015 Update](#) for full information. It is important to review the effectiveness of mirabegron after 6 months which may include a trial stop.

Nicorandil can cause serious skin, mucosal, and eye ulceration, including gastrointestinal ulcers which may progress to perforation, haemorrhage, fistula, or abscess. **Stop if ulceration occurs**. Use nicorandil for treatment of stable angina only in patients whose angina is inadequately controlled by first line anti-anginal therapies, or who have a contraindication or intolerance to first line anti-anginal therapies such as beta-blockers or calcium antagonists. See [January 2016 Update](#) for full information.

When patients are being treated with a **paraffin-based emollient product** that is covered by a dressing or clothing, there is a danger that smoking or using a naked flame could cause dressings or clothing to catch fire. Advise patients not to smoke or use naked flames (or be near people who are smoking or using naked flames). See [April 2016 Update](#) for full information.

Xalatan: increased reporting of eye irritation since reformulation of the Xalatan brand of latanoprost in 2013. Advise patients to tell their health professional if they experience severe eye irritation with Xalatan. This reaction is specific to the brand. Generic versions are available and it would be expected that the majority of scripts are generic. See [July 2015 Update](#) for full information.

Mycophenolate mofetil and its active metabolite mycophenolic acid are associated with a high rate of serious birth defects and increased risk of spontaneous abortion. It should not be used in pregnancy unless there is no suitable alternative treatment to prevent transplant rejection and should only be given to women of childbearing potential who are using highly effective contraception. Men (including those who have had a vasectomy) should use condoms during treatment and for at least 90 days after stopping treatment. See [December 2015 Update](#) for full information

There have been rare reports of **Nexplanon** implants having reached the lung via the pulmonary artery. An implant should only be inserted subdermally and by a healthcare professional who has been **appropriately trained and accredited**. Immediately after insertion, verify the presence of the implant by palpation. Locate an implant that cannot be palpated (eg, using imaging of the arm) and remove it at the earliest opportunity. If an implant cannot be located in the arm by palpation or imaging, perform chest imaging. Review the [updated instructions](#) on how to correctly insert the implant. See [June 2016 Update](#) for full information.

A smartphone app for reporting side effects to the Yellow Card Scheme is available. Download the app via [iTunes Yellow Card](#) for iOS devices or via [PlayStore Yellow Card](#) for Android devices.

Contact Information:

General Primary Care Prescribing Advice:
Contact your Primary Care Pharmacist; or alternatively
Primary Care Prescribing Support Team on 01324 673611

For Advice Related to Management of Controlled Drugs:
Kirsty Peacock, Inspection Officer for Controlled Drugs,
NHS Forth Valley, Forth Valley Royal Hospital Tel: 01324-566743