

Prescriberfile

From the Primary Care Prescribing Group

Tramadol and Lisdexamfetamine Changes

As of June 10th, Tramadol is being reclassified as a Schedule 3 Controlled Drug (CD) and Lisdexamfetamine as a Schedule 2 CD.

Zopiclone and Zaleplon are being reclassified as Schedule 4 Part 1 (CDBenzPOM) in line with the current arrangements for Zolpidem – which means that prescriptions will only be valid for 28 days and the drugs are **not allowable on a CMS Serial Prescription**. No CD prescription requirements apply to the 'Z-drugs'.

The most pressing of these is Tramadol. Prescriptions for Tramadol will require the following in addition to the usual content of an EMIS prescription:

- Legally acceptable dosage instructions which **must** include the actual dose to be taken eg **ONE or TWO** to be taken when required.
'As directed' is not legally acceptable, but 'ONE as directed' would be as it specifies the dose.
- The total quantity in words and figures (added in handwriting and initialled by the prescriber, prior to updates to EMIS which will then add them automatically)
- Any instalment prescriptions will require the quantity per instalment as well as the interval between instalments (see [Prescriberfile March 2014](#))
- Tramadol will no longer be eligible for a CMS Serial Prescription.
- Prescriptions will only be valid for 28 days after the date of issue, rather than the usual 6 months.
- Prescribers are reminded that Tramadol is not in the Forth Valley formulary.
- The prescription requirements also apply to lisdexamfetamine.

EMIS is unlikely to implement the required changes on the system before 10th June.

Until the fixes are implemented on EMIS, as an interim measure practices will require to:

- **Check all current repeat prescriptions for Tramadol** on EMIS to ensure that they have legally acceptable **dosage instructions and instalment directions** and **amend on EMIS as necessary**.
- **Add the total quantity handwritten in words by the prescriber** and the handwritten additions **initialled by the prescriber** on any prescriptions issued by EMIS.
- **We would advise practices to consider how best administrative staff can identify and quarantine these prescriptions for alteration by the GP as part of their repeat prescription process.**
- **Any Tramadol CMS Serial Prescriptions** should be cancelled from 10th June, notifying the patient and community pharmacy. On an individual basis, consider whether issue of a standard repeat prescription for tramadol is required. Pharmacies will also be advised to contact surgeries about any current CMS Serials prescriptions for Tramadol.
- Any prescriptions written **before** 10th June but presented for dispensing **on or after** 10th June will require to meet the legal requirements and as such community pharmacists may refer these back to the prescriber for amendment or request a new prescription.
- Any prescriptions written **for instalment dispensing** which started before 10th June, but which would require instalments to be dispensed on or after 10th June will also require to be dealt with on an individual basis. Community pharmacists will contact the surgery to make arrangements on an individual basis for any affected instalment prescriptions.
- As a Schedule 3 CD, Tramadol does not require any CD Register entries and has been granted special exemption from safe custody regulations.

A [Tramadol information sheet](#) produced by the Scottish Accountable Officers Network is included with this edition of Prescriberfile.

Similar steps will be required for **Lisdexamfetamine**. Lisdexamfetamine **will** require CD register entries and **is** subject to safe storage requirements. Your Primary Care Pharmacist can provide assistance in making the necessary changes on EMIS.

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Please Circulate to All Staff

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Key Points of interest:

- Tramadol is becoming a Schedule 3 CD on 10th June. Steps to ensure that prescriptions meet the legal requirements from this date are required.
- Palliative Care 'Just in Case' Boxes are being launched in June
- The FV EMIS Formulary and Local Advice Files need to be re-installed after migration of practice computers to Windows 7.
- Community Optometrists are the first port of call for eye problems.

Palliative Care ‘Just in Case’ Boxes

Forth Valley Palliative Care Managed Clinical Network (MCN) is launching the Just in Case Box (JICB) initiative in June 2014 throughout NHS FV following the recommendation of the national strategy for palliative and end of life care (Living and Dying Well), published by the Scottish Government in 2008. This will be part of the Primary Care Whole System Working project for 2014/15.

The JICB is a box placed in the palliative care patient’s home, containing medication (individually prescribed for a patient) and sundries that may be required to help control common symptoms towards the end of life including pain, nausea and vomiting, agitation and respiratory tract secretions.

The JICB medicines are prescribed in advance of symptoms (approximately a few weeks before anticipated death) allowing timely access to end of life medication when the condition of the patient receiving palliative care deteriorates. This can be particularly helpful in the out of hours period when local pharmacies are closed. The four drugs recommended for a JICB (see table) are in line with the national palliative care guidelines being launched later this year.

Full details of the process for identification of suitable patients for JICBs, prescribing, usage, administration and recording of medicines from JICBs are available in the ‘Just in Case Boxes Primary Care’ guidance on the QI website <http://www.qifv.scot.nhs.uk/> in the [Palliative Care](#) Section.

- Patients who may be suitable for a JICB are identified by community-based healthcare professionals who discuss this with the patient and their family.
- The medicines contained in the JICB are prescribed on GP10s - a JICB protocol is available for EMIS to facilitate the production of prescriptions for the four identified medicines.
- A note should be added to the patient’s Key Information Summary stating that a box is in place.

Medication	Route	Indication
Morphine Sulphate	SC	Pain/breathlessness
Levomopromazine	SC	Nausea & vomiting /agitation
Midazolam	SC	Breathlessness /agitation
Hysocine Butylbromide	SC	Respiratory tract secretions
Water for injection	SC	Diluent

Table: Recommended medications for Just in Case box prescription

- Palliative Care ‘Just in Case’ boxes (JICBs) are being launched in June 2014 as part of the Whole System Working Project
- The [JICB Primary Care guidance](#) is available from the [Palliative Care](#) section of the QI website (www.qifv.scot.nhs.uk/)

Migration to Windows 7— Re-install the FV EMIS Formulary and Local Advice Files

If your Practice computers have recently been migrated to Windows 7, you will need check whether you have the FV EMIS Formulary and Local Advice Files (v9) installed and if necessary [download](#) and **reinstall the FV EMIS Formulary and Local Advice Files** following the usual procedure to allocate to users to ensure that you still have access to the FV Formulary.

Community Optometrists—first port of call for eye problems

If you have a patient presenting with an eye problem eg blurred vision, sudden loss of vision, sudden flashes and floaters, infected eye, red eye, sore eye, dry eye, watery eye, etc., Community Optometrists would be happy for other healthcare professionals to refer these patients to them. The optometrist will assess the problem, manage and treat the condition. Where the problem is more serious or an emergency, the optometrist can refer patients directly to hospital as appropriate.

All optometrists in Scotland have to pass an exam on their competence to interpret visual fields, perform applanation tonometry and correctly use a slit lamp biomicroscope. In addition to having the equipment to perform these tasks, most optometric practices in Scotland have a retinal camera, allowing them to record any problems at the back of the eye. Optometrists are easy to find in the phone book or the web and are present in just about every town in Forth Valley. Appointments are normally paid for by the NHS. (Article contributed by Tom McMahon, IP Lead, FV Area Optical Committee)

Contact Information:

<p>General Primary Care Prescribing Advice: Contact your Primary Care Pharmacist; or alternatively Primary Care Prescribing Support Team on 01786-431200 Email: FV-UHB.prescribingsupport@nhs.net</p>	<p>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 Mobile:07788-145722 Email: kirsty.peacock@nhs.net</p>
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