NHS Forth Valley

Prescriberfile

From the Primary Care Prescribing Group

Volume 23 No. 1

January/February 2015

Please Circulate to All Staff

Reminder of changes to oral doses of amoxicillin and ampicillin for children

The dosage recommendations for the prescribing of Amoxicillin and Ampicillin in children based on age bands have increased to bring them into line with dosages used in Europe and to address concerns that children have been receiving inadequate dosages.

The current paper copy and web versions of the BNF (BNF 68) and BNF for Children (2014-15) reflect these changes (NB: the EMIS version of the BNF had **not** been updated at the time of writing).

See the online BNF for full information.

https://www.medicinescomplete.com/mc/bnfc/current/PHP12661-broad-spectrum-penicillins.htm

Dosages for AMOXICILLIN are now:

Neonate 7–28 days 30 mg/kg (max. 125 mg) 3 times daily

Child 1 month–1 year 125 mg 3 times daily; increased if necessary up to 30 mg/kg 3 times daily

Child 1–5 years 250 mg 3 times daily; increased if necessary up to 30 mg/kg 3 times daily

Child 5–12 years 500 mg 3 times daily; increased if necessary up to 30 mg/kg (max. 1 g) 3 times daily

Child 12–18 years 500 mg 3 times daily; in severe infection 1 g 3 times daily

See the online BNF for updated **ampicillin** doses.

Zuclopenthixol Injection—Care with Preparation Choice

Prescribers and pharmacists should be aware for the potential for error in the prescribing and dispensing of zuclopenthixol injection and ensure that the correct product is selected.

There are two injectable zuclopenthixol preparations available:

- **Zuclopenthixol DECANOATE** (*Clopixol®* and *Clopixol® Conc*)

A depot antipsychotic injection administered every 1 to 4 weeks as a **maintenance therapy** in schizophrenia.

- **Zuclopenthizol ACETATE** (*Clopixol ACUPHASE®*)

For rapid tranquillisation in specialist inpatient settings. Patients require regular observation and monitoring for several days following administration due to pronounced sedative effects. **This product is extremely unlikely to be required in the community.**

Prescribers require to exercise care when selecting Zuclopentixol preparations to ensure the correct product and strength is selected from EMIS and community pharmacies should ensure an appropriate product is dispensed. Particular care is required due to the order the products are listed by EMIS.

Omacor Removed from Forth Valley Formulary

NICE guidance does not recommend use of Omega-3 (Omacor®) for primary or secondary prevention of cardiovascular disease (revised Nov 2013), nor for diabetes or familial hypercholesterolaemia. It has therefore been removed from the FV Formulary. Local Cardiologists support all current prescriptions for these indications being stopped.

Inside this issue:

Key Points of interest:

- New childhood doses for amoxicillin and ampicillin.
- Zuclopenthixol injection—care required in product selection.
- Sodium oxybate is now a Sch 2 CD
- FV Pain Team investigating unlicensed Gabapentin 6% gel for localised neuropathic pain.
- Cilest® - prescribe maximum of 6 months at a time.
- Metoject® (methotrexate) - Device changed. Prescribe by BRAND name as PEN device.
- Fosfomycin—direct patients to identified pharmacies.
- Substance Misuse training.
- Avoid generic salmeterol MDIs in peanut allergy.

Sodium Oxybate reclassified as a Schedule 2 Controlled Drug

Sodium Oxybate (Xyrem®) is now a Schedule 2 Controlled Drug as of 7th January 2015. The product is licensed for the treatment of narcolepsy with cataplexy in adult patients.

As such the drug will be subject to all the usual requirements for the prescribing and dispensing of Schedule 2 CDs.

Prescriptions for sodium oxybate (Xyrem) 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 **25ml** to be taken at night.
  'As directed' is not legally acceptable, but '25ml as directed' would be as it specifies the dose.
- The total quantity in words and figures.
- Any instalment prescriptions will require the quantity per instalment as well as the interval between instalments (see Prescriberfile March 2014).
- Sodium Oxybate 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.

The product is subject to the full requirements for a Schedule 2 CD - including safe custody requirements and recording in CD registers.The status of the drug is unlikely to be updated in EMIS until February. In the meantime advice on ensuring any repeat prescriptions meet the requirements has been emailed to all Practice Managers, GPs and Community Pharmacists. Contact the Hannah Miller, Interim Inspection Officer for Controlled Drugs
(Mobile: 07714-873963, email: hannah.miller@nhs.net) or your Primary Care Pharmacist for further advice.

Trial of Topical Agents for Localised Neuropathic Pain

In line with practice elsewhere in Europe and the States, the pain clinic in NHS Forth Valley has been investigating the use of topical neuropathic agents for localised neuropathic pain. The initial product being investigated is GABAPENTIN 6% GEL.

There is growing acknowledgement in the scientific community of the role the peripheral nervous system plays in the development of both neuropathic and chronic pain. A number of possible mechanisms of action have been postulated and studies have focussed on the treatment of peripheral neuropathic pain of unknown origin, vulvodynia, complex regional pain syndrome, radiotherapy-induced skin pain and post herpetic neuralgia. The drugs used topically include the above and clonidine, doxepin, baclofen, amitriptyline and aspirin. Certain disease states and skin conditions can alter absorption.

The benefits of topical agents include:

- Production of local therapeutic concentrations of drug.
- Avoidance of factors that affect bioavailability and drug interactions.
- reduction of systemic side effects and improved patient compliance.

The products are unlicensed Specials, manufactured to order by Specials manufacturers, with the associated implication for prescribers and requiring Community Pharmacists to follow the local processes in place. The cost of these agents is low compared with many oral equivalents and is not prohibitive (~£60 for 45g of Gabapentin gel).

Please contact Moira Baillie, Primary Care Pharmacist (moira.baillie@nhs.net), or any member of the Pain service if further information is required.

Initial prescription and issue of Gabapentin 6% Gel will be undertaken in the pain clinic but the support of primary care with ongoing prescribing if long term prescription is required would be appreciated.

Review of ongoing requirements will be undertaken by the Pain Team via a telephone consultation at 6 months.

(Article provided by the FV Pain Team)

Cilest® —limited shelf-life: Prescribers should be aware that Cilest® (norgestimate 0.25 mg/ethinylestradiol 0.035 mg) has a **maximum of shelf-life of 12 months after date of manufacture**, meaning that stock available to pharmacies will have an effective shelf-life of less than this. We would therefore advise that prescriptions for this product should be issued for a **maximum of 6 months treatment at a time**.

Metoject® (methotrexate) – pre-filled syringe replaced by a PEN device

Metoject (methotrexate) pre-filled syringe (PFS) has been discontinued and has been replaced by a PEN device:

http://tinyurl.com/metojectpen

While this changeover took place a while ago, it is only recently that supplies of the syringe have been used up.

Patients on a PFS will need to have this changed to the **PEN device** prescribed by **BRAND NAME**. While a range of doses are available, each pen device is the same concentration (50mg/ml).

Patients prescribed the pre-filled syringe using either the generic description :
METHOTREXATE INJECTION (PRE-FILLED SYRINGE) xx MG IN yy ML (50 MG/ML) **OR** the branded description: METOJECT INJECTION (PRE-FILLED SYRINGE) xx MG IN yy ML (50 MG/ML)

should be changed over to the relevant dose of the new Pen device:
New Description: METOJECT PEN INJECTION xx MG/yy ML (50 MG/ML), PRE-FILLED PEN

Fosfomycin in UTI—Reminder of Supply Routes

Patients who have been prescribed Fosfomycin in line with microbiology recommendation should be directed by the prescribing GP to those pharmacies which have been identified to hold stocks of Fosfomycin, to allow patients to access the product in a timely fashion. If the patient presents at another pharmacy they will be directed to one of the identified pharmacies.

Prescribing information for GPs and details of the supply pathway are available on the QI website, accessible by selecting the topic 'Antibiotic Prescribing'.

Patients prescribed Fosfomycin should be directed to the following pharmacies, where stocks of the product are held:

Bo'ness: Boots Pharmacy; **Falkirk:** Tesco In-Store Pharmacy; **Grangemouth:** Lindsay & Gilmour; **Killearn** Pharmacy; **Sauchie:** Lindsay & Gilmour; **Stirling**: Tesco In-Store Pharmacy.

Substance Misuse Training Opportunities

Training opportunities have been planned for GPs and Community Pharmacists who wish to engage in the **Forth Valley Naloxone Service.** The tailored sessions will equip staff to provide naloxone training to people dependent on opiates and at risk of overdose. Supply of the take home kit via the Naloxone PGD by pharmacists will also be covered. The next of these sessions will take place on the **20th April 2015** in the Old Ward One at Stirling Community Hospital.

Additionally, an education evening arranged by **NHS Education for Scotland and hosted by Forth Valley Alcohol & Drug Partnership** which aims to help GPs and Pharmacy staff develop an understanding of and improve communication with the local treatment services is being held on **18th March 2015**. Topics will include Opiate replacement therapy & communication between services; Recovery Orientated Systems of Care; Child Protection; Developments in the local naloxone programme in Primary Care and Abuse potential of prescribed medicines.

For further information or to reserve a place on either course contact jean.logan@nhs.net or anita.dufton@nhs.net.

Avoid Generic Salmeterol Inhalers in Patients with Peanut Allergy

Some generic salmeterol metered dose inhalers (MDIs) may contain excipients that are contraindicated in patients with peanut allergy. Forth Valley Respiratory MCN advise that **all patients with a peanut allergy on generic salmeterol MDI are switched to branded Serevent® MDI** (if it remains clinically appropriate for them to stay on a single agent long-acting beta agonist, LABA).

The combination inhalers Seretide® Evohaler, Fostair®, Symbicort® and Flutiform® have also been confirmed to be suitable for use in patients with a peanut allergy if a combination LABA/steroid inhaler is preferred.

Contact Information:
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

For Advice Related to Management of Controlled Drugs:
Hannah Miller, Interim Inspection Officer for Controlled Drugs,
NHS Forth Valley, Forth Valley Royal Hospital Tel: 01324-566743
Mobile: 07714-873963 Email: hannah.miller@nhs.net