

Frimley CCG Prescribing Newsletter
"Making the most of medicines"
Volume 12 Issue 5

July 2021

Contents

GENERAL UPDATE	<u>2</u>
East Berkshire GP Questionnaire link to submit feedback on the East Berkshire Electronic Medicines Authorisation Template Pilot	2
MOTea returns in August- Save the date- Tuesday 17th August at 1pm	2
Remembering to check new patient EPS nominations	2
Shared decision making learning package	3
Branded Generic Drugs-what are they?	3
COVID RELATED GUIDANCE	<u>4</u>
Acceleration of 2nd dose of the COVID-19 vaccine for the remaining people in all cohorts who have yet to receive their second dose.	4
Summary of COVID-19 medicines guidance: Cardiovascular system disorders	4
British Transplantation Society guidance during COVID-19	4
Temporary advice for management of oral retinoid medicines during the COVID-19 pandemic	4
Regulatory approval of COVID-19 Vaccine Janssen	4
COVID-19 Booster vaccine programme winter 2021-22	5
MHRA warns about myocarditis and pericarditis with Moderna and Pfizer COVID-19 vaccines	5
Contra-indication for the Astra Zeneca COVID-19 Vaccine -Vaxzeria®	6
GUIDANCE/EVIDENCE UPDATE	<u>6</u>
Antibiotic Guidelines: SCAN MicroGuide Latest Updates	6
Desogestrel 75 microgram tablets- P Medicine	6
Choosing formulations of medicines for adults with swallowing difficulties	6
Choosing a suitable antidepressant for people with coronary heart disease	7
Smoking cessation service – For the attention of RBWM practices only	7
NICE UPDATE	<u>7</u>
SAFETY UPDATE	<u>8</u>
MHRA Drug Safety Update July 2021	8
Safety concerns when using betamethasone soluble tablets as a mouthwash	8
NPSA: Inappropriate anticoagulation of patients with a mechanical heart valve	9
SAVINGS	<u>9</u>
Edoxaban-cost effective choice	9
FORMULARY UPDATE	<u>10</u>
MOB Update	10
Respiratory chapter review	10
Dermatology formulary updates	11
SUPPLY	<u>12</u>
Champix® (varenicline) 0.5mg and 1mg tablets – Out of Stock	12
Medicines Optimisation in Care Homes (MOCH)	<u>12</u>
Heat Wave Information shared with Care Homes	12
CONTACT DETAILS FOR THE MEDICINES OPTIMISATION TEAM	<u>14</u>

East Berkshire GP Questionnaire link to submit feedback on the East Berkshire Electronic Medicines Authorisation Template Pilot

Please note: The questionnaire is only relevant to GPs in Windsor, Maidenhead, Ascot, Slough and Bracknell who refer NHS patients into the Berkshire Healthcare Community Nursing Service for medicines administration.

Survey Link

<https://forms.office.com/Pages/ResponsePage.aspx?id=a2ektcThCEyAqc80otZzJP0aOqvcoepJlpMqrm017zBUMDRFSDZGRkqxS0dCVk4yM0xESVBYNkYzTi4u>

In October 2020, Berkshire Healthcare Foundation Trust (BHFT) made available to East Berkshire GPs, a set of medicines referral and authorisation templates on the DXS platform. This enabled GPs to provide authorisations electronically to our community nurses to ensure safe and timely administration of complex medicines (e.g. insulin, End of Life Care medicines). During COVID paper based authorisations were not available.

The pilot which was launched in October 2020 is now drawing to a close and we would like your feedback on the process. We would be grateful if you could take a few moments to provide some feedback about your experience using the electronic templates and the whole process.

Action: Please complete the questionnaire by the 30th July 2021. The questionnaire consists of 13 questions- it should take 10-15 minutes to complete.

[BACK TO CONTENTS PAGE](#)

MOTea returns in August- Save the date- Tuesday 17th August at 1pm

Topic: **Chronic pain and dealing with requests for drugs that can cause dependence including opioids, hypnotics and gabapentinoids.**

There will be some really practical tips that will no doubt help in practice and will certainly make you re-think chronic pain.

Action: For information. If you haven't received the invite please e-mail tim.langran@nhs.net for the TEAMs invite link.

[BACK TO CONTENTS PAGE](#)

Remembering to check new patient EPS nominations

When a patient registers with a practice their existing EPS nominations will travel with them as they are stored on the NHS Spine and not at their registered practice. This is not specific to their Primary Nomination, but includes Appliance Contractor and, where applicable, Dispensing Doctor nominations.

To prevent prescriptions from being sent to an incorrect or historical nomination, EMIS recommends that you review patient's EPS nominations as part of the new patient registration process at your organisation. It is recommended that you:

- Check with the patient and update any incorrect nominations as soon as possible
- Update any forms the patient needs to complete
- Update any clinical templates used to gather registration information
- Remove any Dispensing Doctor nominations if they are no longer required

Guidance on managing nominations is available [here](#), a log-in to EMIS Now will be required to access this information.

Action: Discuss with your practice.[BACK TO CONTENTS PAGE](#)

Shared decision making learning package

To support implementation of the NICE guideline on shared decision making, Keele University and NICE have worked in partnership to develop an online learning package. This is suitable for all healthcare professionals and aims to equip people with the skills and knowledge they need to have good-quality shared decision-making conversations with the people they are caring for. The learning package is free to access and users can do so by completing the [registration form](#). It is made up of 6 modules:

- Orientation and background
- Cognitive psychology: the science of how we all make decisions
- Evidence-based medicine
- Probability and uncertainty
- Consultation skills
- Knowledge: getting and staying up to date

Action: For information.

[BACK TO CONTENTS PAGE](#)

Branded Generic Drugs-what are they?

We have received feedback from GPs that it would be useful to understand the difference between a generic medicine and a branded generic medicine.

The generic or non-proprietary name is the name given to the active ingredient. This is decided by an expert committee and is understood internationally. A generic drug is usually intended to be interchangeable with an innovator product. It is manufactured with its own generic licence and marketed after the expiry date of the patent or other exclusive rights of the innovator. Generic drugs are frequently as effective as, but much cheaper than, brand-name drugs. Many generic medicines are marketed using only the generic name and are not given a brand name.

A **branded generic** is the brand name given to a drug that is bioequivalent to the original (innovator) brand, but once the original brand has come off patent it is marketed under another company's brand name, not the generic name.

There are a few circumstances when it is appropriate to prescribe a specific manufacturer's product branded or generic. These include:

- Drugs where there is a difference in bioavailability, particularly those with a narrow therapeutic index.
- Certain modified- or controlled-release drugs.
- Certain administration devices.
- Multiple ingredient products.
- 'Biosimilar' medicines.
- Reduce the risk of confusion and error in dispensing and administration
- Cost effective choice.

Action: For information

[BACK TO CONTENTS PAGE](#)



COVID-19 RELATED GUIDANCE UPDATE

Acceleration of 2nd dose of the COVID-19 vaccine for the remaining people in all cohorts who have yet to receive their second dose.

This is to ensure everyone has the strongest possible protection from the Delta variant of the virus at the earliest opportunity possible. Further information may be read [here](#) and in the [Green Book](#).

Please note that in line with the updated Green Book guidance second dose vaccinations should not be offered earlier than eight weeks. Given the increase in cases of the Delta variant, giving people the best possible protection from Covid-19 is vital. Therefore, second dose vaccinations should not be offered earlier than 8 weeks, except in line with the guidance issued by JCVI and the Green Book (for example, transplant patients or those about to undergo immunosuppression treatment where vaccination prior to this would be beneficial). Any decision to vaccinate earlier than eight weeks should be made by the patient's responsible clinician or vaccination site clinical lead on a case-by-case basis and must be based on clinical risks and benefits of giving the second dose earlier than eight weeks. *There must be no blanket approach taken by vaccination sites to offer second doses sooner than advised.*

[BACK TO CONTENTS PAGE](#)

Summary of COVID-19 medicines guidance: Cardiovascular system disorders

Specialist Pharmacy Services (SPS) summarises and signposts to medicine related guidance from professional and government bodies relating to coronavirus and the cardiovascular system disorders. Visit the webpage [here](#).

British Transplantation Society guidance during COVID-19

A summary of the documents holding key information regarding the coronavirus and professional practice from the British Transplant Society, may be found on the SPS website [here](#).

[BACK TO CONTENTS PAGE](#)

Temporary advice for management of oral retinoid medicines during the COVID-19 pandemic

This guidance covers oral isotretinoin, alitretinoin and acitretin, and the use of remote consultations for pregnancy prevention in women of childbearing potential and monitoring for other safety risks in all patients taking these medicines during the COVID-19 pandemic.

MHRA guidance on coronavirus (COVID-19) has been updated to include a link to the new temporary advice for management of oral retinoid medicines during the COVID-19 pandemic guidance, in the ['Medicines and COVID-19'](#) section.

NB: These are classified on the Frimley formulary as **RED** drugs.

[BACK TO CONTENTS PAGE](#)

Regulatory approval of COVID-19 Vaccine Janssen

Further information on the Janssen vaccine may be found [here](#).

[BACK TO CONTENTS PAGE](#)

COVID-19 Booster vaccine programme winter 2021-22

JCVI advises that any potential booster programme should begin in Sept 2021. Any potential booster programme should be offered in 2 stages:

- ✓ Stage 1 offer a 3rd dose and the annual influenza vaccine as soon as possible from Sept 2021.
- ✓ Stage 2 offer a 3rd dose as soon as practicable after stage 1, with equal emphasis on deployment of the influenza vaccine.

Stage 1	Stage 2
adults aged 16 years and over who are immunosuppressed	all adults aged 50 years and over
those living in residential care homes for older adults	adults aged 16 to 49 years who are in an influenza or COVID-19 at-risk group. (Refer to the Green Book for details of at-risk groups)
all adults aged 70 years or over	adult household contacts of immunosuppressed individuals
adults aged 16 years and over who are considered clinically extremely vulnerable	
frontline health and social care workers	

As most younger adults will only receive their second COVID-19 vaccine dose in late summer, the benefits of booster vaccination in this group will be considered at a later date when more information is available. The initial objective for winter 2021 to 2022 is for persons in booster stages 1 and 2 to receive their influenza and COVID-19 vaccines in good time.

NHS England support for planning information may be read [here](#).

[BACK TO CONTENTS PAGE](#)

MHRA warns about myocarditis and pericarditis with Moderna and Pfizer COVID-19 vaccines

Following very rare reports of myocarditis and pericarditis occurring after vaccination with COVID-19 mRNA vaccines, often in younger men and shortly after second dose, the Summary of Product Characteristics and the Patient Information Leaflets for both vaccines have been update.

Further information:

As of 16 June 2021, the MHRA has received 87 Yellow Card reports of myocarditis and pericarditis as suspected side effects after administration of the Pfizer/BioNTech COVID-19 vaccine and 4 reports after the Moderna COVID-19 vaccine.

Up to the same date an estimated 16.8 million first doses and 10.9 million second doses of the Pfizer/BioNTech vaccine had been administered, and an approximate 0.73 million first doses of the COVID-19 Vaccine Moderna have also now been administered.

The Commission on Human Medicines has reviewed the available safety data and advises healthcare professionals to be alert to the signs and symptoms of myocarditis and pericarditis. Vaccinated individuals should be advised to seek immediate medical attention should they experience new onset of chest pain, shortness of breath or symptoms of arrhythmia.

These events are extremely rare and tend to be mild when they do occur. Advice remains that the benefits of getting vaccinated outweigh the risks in the majority of people. The MHRA alert may be read [here](#).

[BACK TO CONTENTS PAGE](#)

Contra-indication for the Astra Zeneca COVID-19 Vaccine -Vaxzeria®

The vaccine should not be given to people with a history of capillary leak syndrome. This is a new contra-indication. More information is available [here](#).

[BACK TO CONTENTS PAGE](#)



GUIDANCE UPDATE

Antibiotic Guidelines: SCAN MicroGuide Latest Updates

The SCAN group administration have set up a Twitter handle [@SCANpharmacy](#) with the intention of tweeting guideline update alerts/ information.

Action: Follow [@SCANpharmacy](#) for receipt of timely guideline updates.

SCAN Version 5.2 and 5.3 Updates (July 2021)

Version 5.2 and 5.3 (July 2021) pages updated:

- [Paediatric conjunctivitis](#) guideline updated in response to MHRA drug safety update Eye infections Infective Conjunctivitis (CHILDREN), the alert section updated to include MHRA drug safety update, "Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years 8/7/21" and link to yellow card website for reporting adverse drug reactions
- [Surgical Site Infection \(SSI\)](#)
- [FeverPAIN](#) page now links to information on sore throat page
- [Acute Sore Throat](#) page minor updates (adding general advice and online scoring tool link)
- [Necrotising Fasciitis](#) page added with referral to secondary care

Action: Please take note of changes. Click on the links to take you to the updated page.

[BACK TO CONTENTS PAGE](#)

Desogestrel 75 microgram tablets- P Medicine

Following a safety review and public consultation, the MHRA has agreed to reclassify Hana® and Lovima® film-coated tablets (both contain 75 microgram desogestrel) from prescription only (POM) to Pharmacy (P) for the prevention of pregnancy in women of childbearing age.

Action: Be aware that patients may now purchase desogestrel over the counter at registered Pharmacies

[BACK TO CONTENTS PAGE](#)

Choosing formulations of medicines for adults with swallowing difficulties

Follow the [SPS](#) (Specialist Pharmacy Service) step-wise approach for choosing a suitable formulation.

Action: Please be aware and follow the considerations for safely switching a patient over to an alternative formulation. The Medicines Optimisation team has a subscription to the NEWT Guideline website and will be happy to supply you with information from their website, please e-mail in the usual way.

[BACK TO CONTENTS PAGE](#)

Choosing a suitable antidepressant for people with coronary heart disease

Follow the [SPS](#) (Specialist Pharmacy Service) guide on available options.

In summary SSRIs are the preferred antidepressants in CHD. Sertraline, fluoxetine, or paroxetine are the SSRIs of choice. Mirtazapine is also a preferred antidepressant in CHD. SSRIs increase the risk of gastrointestinal bleeding, particularly in older people and those who are taking aspirin and SSRIs. Consider if gastroprotection is needed in these patients.

[BACK TO CONTENTS PAGE](#)

Smoking cessation service – For the attention of RBWM practices only

Please note that the service has recently changed from being based within the East Berkshire Wellbeing Hub to Cranstoun (RBWM Drug & Alcohol service), at the 'Resilience' building in Maidenhead.

Contact details for the service are as follows:

Stop Smoking Service for Royal Borough of Windsor & Maidenhead

Email: admin@resilience-rbwm.org.uk.cjism.net

Telephone contact: 07785430995

Based at: Unit 13, Reform Road, Maidenhead, SL6 8BY

To refer a patient (any RBWM resident over 18 years of age) to the service via a referral form, click [here](#).

[BACK TO CONTENTS PAGE](#)

NICE UPDATE

[NICE](#) have published new or updated guidance for the month of June 2021

The **COVID-19 rapid guideline: managing COVID-19** [guideline](#) has been updated. It covers the management of COVID-19 for children, young people and adults in all care settings.

The **Atrial fibrillation: diagnosis and management** [guideline](#) has been updated. It includes guidance on providing the best care and treatment for people with atrial fibrillation, including assessing and managing risks of stroke and bleeding. The update recommends using the ORBIT score to assess bleeding risk.

The **Autism spectrum disorder in under 19s: support and management** [guideline](#) has been updated.

The **Autism spectrum disorder in adults: diagnosis and management** [guideline](#) has been updated. The update clarifies that a person who scores 6 or above on the AQ-10 should be offered a comprehensive assessment.

The **Shared decision making** [guideline](#) covers how to make shared decision making part of everyday care in all healthcare settings. It promotes ways for healthcare professionals and people using services to work together to make decisions about treatment and care. It includes recommendations on training, communicating risks, benefits and consequences, using decision aids, and how to embed shared decision making in organisational culture and practices.

The **Patient experience in adult NHS services** [guideline](#) has been updated. It covers the components of a good patient experience. It aims to make sure that all adults using NHS services have the best possible

experience of care. The update replaces several recommendations on shared decision making and refers to the newly published guideline above.

The **Acne vulgaris: management [guideline](#)** has been updated.

The **Budesonide orodispersible tablet for inducing remission of eosinophilic oesophagitis [technology appraisal](#)**. This treatment is recommended as an option for inducing remission of eosinophilic oesophagitis in adults.

Action: Clinicians should be aware of this month's new guidance and implement any necessary changes to practice.

[BACK TO CONTENTS PAGE](#)



SAFETY UPDATE

MHRA Drug Safety Update July 2021

[Chloramphenicol eye drops](#): Following review of toxicological data & calculation of daily exposure to boron from typical dosing regimen, MHRA has concluded risk vs benefits of chloramphenicol eye drops containing borax/boric acid remains positive for children aged 0 to 2 years and can be safely administered.

[Herbal and homeopathic medicines](#): If an adverse drug reaction is suspected, ask patients if they are taking any herbal or homeopathic medicines and report any suspicions to the Yellow Card scheme. Remind patients to check that a herbal or homeopathic medicine is licensed and to follow the advice included in the patient information. In addition the MHRA has been made aware of a magazine article promoting the use of Butterbur (*Petasites hybridus*) for the treatment of hayfever, or to treat migraines, asthma, chronic coughs and gastric ulcers. These are unlicensed herbal medicines that can cause liver toxicity, organ failure and other dangerous side-effects. A [MHRA safety](#) alert advising people not to take unlicensed Butterbur herbal products, published January 2012, remains unchanged. Patients taking herbal products containing Butterbur should be advised to stop using them immediately and seek advice from their GP or pharmacist if they have any concerns.

Action: Please take note of the major changes and safety alerts. COVID-19 July Safety Alerts may be found in the COVID section (see pages 4 and 5)

[BACK TO CONTENTS PAGE](#)

Safety concerns when using betamethasone soluble tablets as a mouthwash

Betamethasone 500micrograms soluble tablets prepared as a mouthwash are used to treat recurrent aphthous ulceration (recurrent mouth ulcers), a recognised off-label treatment. The National Reporting and Learning System has received a number of incident reports related to betamethasone soluble tablets prescribed as a mouthwash but mistakenly taken orally. One report described hospital admission for adrenal crisis. The PIL included with betamethasone 500microgam soluble tablets does not mention use as a mouthwash. The manufacturer's patient information leaflet advises that soluble tablets are dissolved and taken as a drink. If no additional patient information is provided by the prescriber or pharmacist describing use as a mouthwash there is a risk the patient may swallow the solution.

Further information is available [here](#).

Action: Please be aware of the safety concern and if prescribing betamethasone 500mcg soluble tablets as a mouthwash provide the patient with the [PIL](#) from the British and Irish Society for Oral Medicine.

[BACK TO CONTENTS PAGE](#)

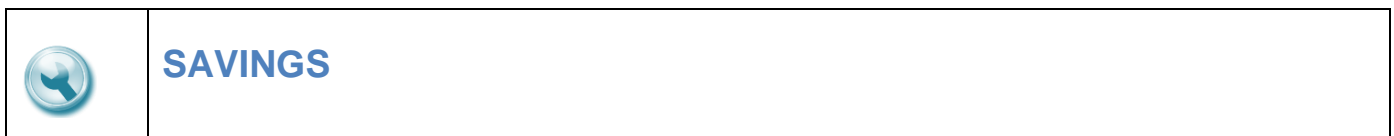
National Patient Safety Alert: Inappropriate anticoagulation of patients with a mechanical heart valve

All patients with prosthetic mechanical heart valves require life-long oral anticoagulation with a vitamin K antagonist (VKA), usually warfarin, as these valves predispose the patient to systemic embolism.

Following a number of incidents, since 1 March 2020, which included cases where patients' anticoagulation was switched from warfarin in primary and in secondary care, NHS England used EMIS and TPP software systems to identify around 750 patients who have a code for a mechanical heart valve and are being prescribed a DOAC. TPP and EMIS have recently contacted practices with identified patients, asking them to urgently review these specific patients.

For full details of safety alert: [NatPSA 2021_006 NHSPS \(1\).pdf](#)

Action: If you have received a 'task' from EMIS identifying specific patients who have a record of a mechanical heart valve and are receiving a DOAC, and you have not already actioned this request, urgently review these patients to ensure they are on the most appropriate anticoagulation therapy and monitoring. If your practice does not use EMIS or TPP software, urgently review all patients with a mechanical heart valve to ensure they are on the appropriate anticoagulant therapy and monitoring



Edoxaban-cost effective choice

The update to NICE Atrial Fibrillation guidelines (NG196) places DOACs as the 1st choice anticoagulant, with warfarin recommended if DOACs are contraindicated or not tolerated. DOACs remain the largest cost pressure for the primary care prescribing budget. For the last two years the Frimley CCG cost of prescribing DOACs has grown by £1.2 million each year. Prescribing of the highest cost DOAC increased by £583,000. If edoxaban was initiated instead for the same number of people in 2021/22 this would result in a saving of £47,000.

Edoxaban is the CCG preferred direct oral anticoagulant, and should be considered 1st line choice for stroke prevention in patients newly diagnosed with AF. The dosing regimen is straightforward. The recommended dose of edoxaban is 60mg once daily with or without food. Reducing the dose to 30mg once a daily in patients with one of the following characteristics: body weight ≤ 60kg OR moderate/ severe renal impairment (CrCl 15-49ml/min) OR concomitant treatment with ciclosporin, dronedarone, erythromycin or ketoconazole.

Action: Prescribe edoxaban 1st line for AF.

[BACK TO CONTENTS PAGE](#)



FORMULARY UPDATE

MOB Update

Medicines Safety	Update from Surrey Heartlands ICS Medicines Safety Lead – support from ICS MOB to progress similar role for Frimley ICS
Dermatology Chapter Review	Review of this section by ICS working group. Recommendations of the working group to be adopted and formulary to be updated in line with this- further details please see below.
Respiratory Chapter Review	Review of this section by ICS working group. Recommendations of the working group to be adopted and formulary to be updated in line with this-further details please see below.
Demeclocycline Guidance for General Practice	Final version of guidance for GPs shared and agree to adopt.
Use of Benzodiazepines and Hypnotics ICS Position statement	Final version of prescribing recommendations shared and agreed to adopt
Shared Care Sacubitril / Valsartan	Update to wording on this document to reflect that patients should be stabilised prior to transfer to GP rather than specific time period. Agreement with updated wording.
ICS Anticoagulant Guidance	ICS General summary document to give quick reference information relating to anticoagulants across different specialities. Agreed to adopt for ICS.

[BACK TO CONTENTS PAGE](#)

Respiratory Chapter Review

The Medicines Optimisation Board has approved updates to the Respiratory chapter of the formulary. The chapter update confers more prominence to lower carbon inhalers (dry powder inhalers (DPIs)) in preference to the higher carbon inhalers, (metered dose inhalers (MDIs)).

Going forward DPIs should be considered as a first line treatment option with MDIs reserved for patients who are clinically indicated or those who cannot use a DPI. Ventolin[®] MDI branded inhaler will become non formulary as it has a substantially higher carbon footprint than the generic salbutamol version and Salamol[®] MDI which is a small volume inhaler.

SABA and ICS

Salbutamol Easyhaler[®]DPI and Beclometasone Easyhaler[®] remain LABA and ICS of choice

As per [COPD NICE July 2019](#) (NG115) LAMA/LABA is now bronchodilator treatment of choice for patients with COPD who are breathless or having exacerbations following treatment with SABA.

According to the [Asthma BTS/SIGN Feb 2019](#) guideline, combination inhaled corticosteroid/long acting β_2 agonist inhalers in efficacy studies, where there is generally good adherence, there is no difference in efficacy in giving ICS and a LABA in combination or in separate inhalers.

In clinical practice it is generally considered that combination inhalers aid adherence and also have the advantage of guaranteeing that the LABA is not taken without the ICS.

Combination inhalers are recommended to: a) guarantee that the long-acting β_2 agonist is not taken

without inhaled corticosteroid b) improve inhaler adherence

LABA (single inhaler therapy)

Non-formulary for asthma and COPD

Action: Please be aware of the changes. The formulary can be found [here](#).

Dermatology formulary updates

The Medicines Optimisation Board has approved updates to the Dermatology chapter of the formulary. The changes are summarised below, all new and equivalent products are **GREEN** on the formulary:

Aqueous cream – Removed from formulary. Use ZeroAQS [®] or ExmAQS [®]
Aveeno[®] cream – use equivalent products such as Epimax Oatmeal [®] Cream, Zeroveen [®] Cream or Aproderm Colloidal Oat [®] Cream
Balneum Plus[®] cream – Removed from formulary
Bath and shower emollients – Removed from formulary. Shown to be ineffective, no longer prescribed on NHS
Calmurid[®] cream - use similar product Imuderm [®] Cream
Cetraben[®] cream – use equivalent products such as Epimax Excetra [®]
Cetraben[®] ointment - use equivalent products such as Epimax [®] Ointment
Dermax[®] shampoo – Removed from formulary. Shampoos for dry skin are no longer prescribed on NHS
Diprobase[®] cream - use equivalent products such as Epimax Original [®] Cream, Zerobase [®] Cream or Aproderm [®] Cream
Doublebase[®] gel - use equivalent products such as Epimax Isomol [®] Gel, Zerodouble [®] Gel or Aproderm [®] Gel
E45[®] cream - use equivalent product Zerocream [®]
Eczmol[®] cream – Removed from formulary
Epaderm[®] ointment - use equivalent products such as Epimax Ointment, Zeroderm Ointment, Hydromol Ointment and Aproderm Ointment
Epimax[®] paraffin free cream – Added to formulary as a paraffin free emollient option
Hydromol[®] ointment - use equivalent product Epimax [®] Ointment
Oilatum[®] cream - use equivalent product Epimax [®] Cream
Unguentum M cream - use equivalent product Zeroguent [®] Cream
Cavilon[®] barrier cream - use equivalent product Zerolon barrier cream
Camouflage creams – Added to formulary for use in line with ACBS criteria
Eflornithine (Vaniqa[®]) – Removed from formulary. Not to be prescribed on the NHS
Adapalene with benzoyl peroxide (Epiduo[®]) – 0.3% strength added to formulary in addition to 0.1%
Duac – 3% strength added in addition to 1%
Ivermectin 10mg/g cream – Added to formulary for use in line with SCAN for rosacea
Ketotifen tablets and liquid – made non-formulary
Levomenthol cream 1% and 2% - Added to formulary

Action: Please be aware of the changes. The formulary can be found [here](#).

[BACK TO CONTENTS PAGE](#)



SUPPLY ISSUES

Champix® (varenicline) 0.5mg and 1mg tablets – Out of Stock

All Champix® (varenicline) products are unavailable until further notice, following global regulatory investigations relating to the presence of nitrosamine impurities above Pfizer's acceptable level of daily intake in several lots. Very limited residual stock may be available in pharmacies.

Patients currently prescribed this treatment will require review and switching to nicotine replacement therapy (NRT) unless contraindicated.

Where supplies are unavailable:

- Advise on the possible re-emergence of symptoms of tobacco withdrawal (including an increase in irritability, urge to smoke, depression and/or insomnia) on discontinuation of Champix® (varenicline) tablets.
- Advise that the right dose and/or combination of nicotine replacement therapy should prevent symptoms of tobacco withdrawal following discontinuation of Champix® (varenicline) tablets. Patients should return to their prescriber/advisor if these symptoms continue.
- As varenicline is a non-nicotine treatment, after discontinuation of varenicline it may take a few days for the patient to readjust to the new levels of nicotine from NRT and clinicians should work with patients to titrate accordingly.
- Explain the difference in the mechanism of action of varenicline, NRT and bupropion.
- Patients currently on Champix® (varenicline) tablets are advised not switch to bupropion 150mg prolonged release tablets, as switching to a starter dose of bupropion for up to 2 weeks would be suboptimal and risk a relapse. Further information may be found [here](#).

Action: No new patients should be initiated on Champix® (varenicline) products. Prescribers initiating smoking cessation treatment for new patients should consider prescribing NRT or bupropion 150mg prolonged release tablets unless contraindicated.

[BACK TO CONTENTS PAGE](#)



Medicines Optimisation in Care Homes (MOCH) Corner

Heat Wave Information shared with Care Homes

A "summer special" of the Frimley Health and Care Medicines Matters newsletter has been sent out to all care homes within the ICS. This annual summer bulletin focuses on:

- why a heat wave can be a problem
- those most at risk
- tips for coping in hot weather
- signs and symptoms of dehydration

Other aspects addressed include advice to:

- check if medications are being stored at the appropriate temperature
- identify residents most at risk of dehydration

- check all fridges and freezers are in working condition. If not, do staff know how to report this?
- check care staff know how to monitor the temperature in the care home and in residents' rooms? If temperatures are high, how is this managed?
- identify any areas of shade available and accessible for residents to sit in
- check care staff know how to support a resident if they are hot at night
- involve care home kitchen staff to look at different food and drink options for hotter weather
- involve activity co-ordinators in ensuring residents are able to enjoy the sunny weather safely
- check FORM-U1 is being sent to the GP practice when suspecting a UTI in a resident

Action: Please be aware of the information being sent out to care homes from the MOCH team.

[BACK TO CONTENTS PAGE](#)

CONTACT DETAILS FOR THE MEDICINES OPTIMISATION TEAMS

East Berkshire MO Team		
King Edward VII Hospital, St Leonards Rd, Windsor SL4 3DP Main office phone number 01753 636845 Generic in box email: frimleyccg.prescribing@nhs.net		
	Mobile	E: mail
Catriona Khetyar Director of Medicines Optimisation	07500 606169	catriona.khetyar@nhs.net
Tim Langran Place Lead Medicines Optimisation Pharmacist Slough	07775 010727	tim.langran@nhs.net
Melody Chapman Place Lead Medicines Optimisation Pharmacist Bracknell	07826 533736	melody.chapman@nhs.net
Dawn Best Place Lead Medicines Optimisation Pharmacist Windsor, Ascot & Maidenhead	07825 691163	dawnbest@nhs.net
Caroline Pote Medicines Optimisation Pharmacist	07824 476439	caroline.pote@nhs.net
Caroline Hailstone Medicines Optimisation Pharmacist	07768 020809	caroline.hailstone@nhs.net
Cathy Macqueen Medicines Optimisation Dietitian (Part time)	07825 437041	catherine.macqueen@nhs.net
<u>Care Home Team (MOCH)</u>		
Sundus Jawad ICS Lead Medicines Optimisation Care Homes (MOCH) Pharmacist	07909 505658	sundus.jawad@nhs.net
Sally Clarke Medicines Optimisation Care Homes (MOCH) Pharmacist	07747 007934	sally.clarke6@nhs.net
Dhara Thacker Medicines Optimisation Care Homes (MOCH) Pharmacy Technician	07776244842	dhara.thacker2@nhs.net

North East Hants and Farnham MM Team		
Aldershot Centre for Health, Hospital Hill, Aldershot, Hants GU11 1AY Main office phone number 01252 335160 (not currently monitored during pandemic remote working) Generic in box email: NEHFCCG.medicinesmanagement@nhs.net		
	Mobile	E: mail
Jennie Fynn Associate Director of Medicines Optimisation	07795 857584	jennifer.fynn@nhs.net
Sarah Ellis-Martin Place Lead Medicines Optimisation Pharmacist NEHF (covers Aldershot and Fleet practices)	07717 779366	sarah.ellis-martin@nhs.net
Sarah Sneath Medicines Optimisation Pharmacist (covers Farnborough practices)	07833 094102	sarah.sneath@nhs.net
Clare Carter Medicines Optimisation Pharmacist (covers Farnham and Yateley practices)	07584 204875	clare.carter3@nhs.net

Simon Smith Medicines Optimisation Pharmacy Technician	07795 335076	simon.smith22@nhs.net
Laura Sexton Medicines Optimisation Dietician	07423 238239	laura.sexton@nhs.net
Alison Carr Medicines Optimisation Dietician	07342 067927	a.carr@nhs.net
<u>Care Home Team</u>		
Simi Mudhar Medicines Optimisation Care Homes Pharmacist	07425 634218	s.mudhar@nhs.net
Zoe Lewis Medicines Optimisation Care Homes Pharmacy Technician	07774 334737	zoe.lewis9@nhs.net

[BACK TO CONTENTS PAGE](#)

Surrey Heath MM Team		
Surrey Heath House, Knoll Road, Camberley, Surrey, GU15 3HD		
	Mobile	E: mail
Leena Nanavati Primary Care Pharmacist (including support to Care Homes)	07917 211006	leena.nanavati@nhs.net
Naeed Hussain Primary Care Pharmacist (on a career break from July 2021 until Sept 2022)	07595 087855	naeed.hussain@nhs.net
Noreen Devanney Primary Care Pharmacist	07894 599647	noreen.devanney@nhs.net
Dr Nicky Townsend Clinical Prescribing Lead	07894 209111	nickytownsend@nhs.net

OTHER USEFUL CONTACT DETAILS

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