



## Topiramate : introduction of new safety measures, including a Pregnancy Prevention Programme—NHS Frimley guidance

Topiramate is now contraindicated in pregnancy and in women of childbearing potential unless the conditions of a Pregnancy Prevention Programme are fulfilled. This follows a review by the MHRA which concluded that the use of topiramate during pregnancy is associated with significant harm to the unborn child. Harms included a higher risk of congenital malformation, low birth weight and a potential increased risk of intellectual disability, autistic spectrum disorder and attention deficit hyperactivity disorder in children of mothers taking topiramate during pregnancy.

### NHS Frimley response

Please see a guidance document [here](#) which includes

- Collation of the national guidance and resources,
- A localised management flow chart
- Step by step guide for those patients who require review in primary care
- Definition of “ highly effective contraception”
- AccuRx suggested text, emis coding and searches to support this work.

## A joint message from the Medicines Optimisation Team and Diabetes Specialist Team King Edward VII

The diabetes team at King Edward are receiving an increasing number of non-clinical enquires. If clinical adjustments to patients' treatments are required they are able to advise, however many enquires relate to medicines supply issues. These may either be dealt with by;

- emailing Medicines Optimisation Team at [frimleyicb.prescribing@nhs.net](mailto:frimleyicb.prescribing@nhs.net) or
- checking the Frimley [formulary](#) or
- referring to the Frimley ICB website MO pages [endocrinology](#) or [supply problems](#).

**Please reserve advice and guidance or ESR for clinical support/ reasons.**

## Support with medicines supply problems



The Specialist Pharmacy Service (SPS) provides an online tool to provide up-to-date information about medicines supply issues. It is available [here](#). The tool provides suggested actions and alternatives. Accessing the tool requires registration with the SPS website (free with a nhs.net email address). It has been developed by the DHSC and NHSE/I in conjunction with the SPS.

Resources published by local organisations to address specific medicine supply issues can be found [here](#) on the Frimley ICB website. We have also published a [Patient Information Leaflet](#) to support patients encountering problems with supplies of medication, consider texting the PIL to patients or putting on your patient notice boards.

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## Formulary updates

**Libre 2 Plus and Dexcom 1 Plus** added to formulary as **AMBER NO SHARED CARE**. Libre 2+ is an upgrade to Libre 2 (which will be phased out). No new software is required, only an app upgrade.

**Rifaximin** for reducing the recurrence of episodes of overt hepatic encephalopathy changed from **AMBER SHARED CARE** to **AMBER NO SHARED CARE**. No specific monitoring requirements are asked of primary care so shared care agreement not felt necessary.

**Budesonide** orodispersible tablets (Jorveza <sup>®</sup>) for maintenance of eosinophilic oesophagitis changed from **RED** to **AMBER NO SHARED CARE**. This is due to an extension in the licensed indications for this product

**Hydroxycarbamide** for myeloproliferative disorders and sickle cell disease was changed from **RED** to **AMBER SHARED CARE** in 2023. Most of the monitoring was to remain with the specialist pending approval of funding for this to be done in primary care. Funding is now provided under the Locally Commissioned Service (LCS) (Medication Monitoring) and the shared care document has been updated to reflect this.

## Medicines Optimisation Clinical and Care Professional Lead (CCPL)

'I am excited to introduce myself as one of the Clinical Leads for the Medicines Optimisation team at Frimley ICB. My goal is to enhance prescribing practices within our organisation to provide the highest standards of cost-effective patient care. I work closely with clinical teams to implement evidence-based guidelines in a way that works for stakeholders and provide a voice for primary care at board level decisions.

My other role is that of an Advanced Practitioner Pharmacist working for Windsor PCN . You can find me based at Datchet Health Centre and Lee House Surgery. Please feel free to reach out to me via email at [abdullah.mahmood@nhs.net](mailto:abdullah.mahmood@nhs.net).'



## Medicines Optimisation Clinical and Care Professional Lead (CCPL)

Thank you for the opportunity to introduce myself, I am Nicky Townsend, the other clinical lead for Medicines Optimisation and have been in the role for many years in the south of the patch. I am also a GP partner at Hart Health Partnership in Fleet. I am passionate about Primary Care and providing the best, evidence based, effective medication to patients.

With the pressure on General Practice as strong as it is, please do use Pharmacy First for the 7 conditions (shingles, infected insect bites, otalgia in <18 years, sore throats, UTI in women 16-64 years, sinusitis & impetigo). Do use the "Asses to refer" referral on EMIS so they see the pharmacist and are not misdirected at the medicine counter in error. Locally our community pharmacies do the lion's share of oral contraception which is working out really well.

The other flag I would love to wave is the [NHS Frimley - Medicines Optimisation documents \(icb.nhs.uk\)](https://www.icb.nhs.uk). Save it to your favourites – loads of info, position statements covering topics such as diazepam – (for fear of flying), two adrenaline injectors at a time, salbutamol inhalers held at school etc

I can be contacted using [nickytownsend@nhs.net](mailto:nickytownsend@nhs.net)



## New and updated documents on the NHS Frimley [Medicines Optimisation Website](#)

**NEW** [Medicine shortages- information for patients](#)

**NEW** [Good Practice Guidance for Care Staff: Safe use of anticoagulants in care homes](#)

**NEW** [Good Practice Guidance: Management of wound care products in care homes](#)

**UPDATED** In response to the updated guidance sent by NHS England, an updated information sheet for primary care prescribers on **Prescribing puberty blockers in young people with gender dysphoria** can be accessed [here](#)



### Polypharmacy: getting the balance right

#### Polypharmacy Training

- Do you review or handle medication as part of your role?
- Do you want to learn more about how to support your patients with Polypharmacy?

Then register for this 1.5 hr webinar training session on all you need to know about polypharmacy and reducing risk of harms from medicines.

#### Who is it for:

Healthcare professionals or social care professionals involved in patient care.

**Dates and links to register:** (Time: 12:00-13:30)(Please note you only need to attend one session)

[Click to Register for Thursday, 12th September](#)

[Click to Register for Thursday, 10th October](#)

[Click to Register for Thursday, 7th November](#)

[Click to Register for Thursday, 26th September](#)



## Frimley Health and Care



## Get help from your local pharmacy

Your local pharmacist can help you with advice and guidance. You may be referred to a pharmacy for a range of minor illness, including the seven common conditions below:

- Shingles - 18 years and over
- Sore throat - 5 years and over
- Infected insect bites - 1 year and over
- Earaches in children 1 to 17 years
- Sinusitis - 12 years and over
- Impetigo - 1 year and over
- Uncomplicated urinary tract infection (UTI) in women 16 to 64 years

For these 7 conditions you can also walk-in to your local pharmacy for help.

To find your nearest pharmacy, search NHS pharmacy finder or scan below.



ROYAL PHARMACEUTICAL SOCIETY



Royal College of General Practitioners



## Improving patient safety and system efficiency: RPS/RCGP Repeat Prescribing Toolkit

Webinar 2<sup>nd</sup> October 12-1pm

Register here

<http://events.rpharms.com/ereg/newreg.php?eventid=200279624>



## Supply problems

### Isosorbide mononitrate 60mg modified release tablets and capsules

Some brands will be out of stock OR of limited supply until late December 2024.

No new patients should be initiated on Chemydur® 60XL, Monomax® XL, Monomil® XL 60mg modified-release tablets or Nyzamac® SR 60mg capsules until the supply issues have resolved.

Where existing patients have insufficient supply to last until the re-supply date(s), prescribers should:

- consider prescribing isosorbide mononitrate 60mg modified-release tablets generically, to enable any available brand to be dispensed, where appropriate; or
- consider prescribing an available alternative brand of isosorbide mononitrate 60mg modified-release tablet, and
- take into account patient history and previous hypersensitivity, or adverse reactions if prescribing an alternative brand.

For further information please click [here](#).

## Inadine dressings– contraindications updated

Following a Medical Device Regulation (MDR) review, the instructions for use of Inadine (and all povidone iodine-based products) have been updated.

These items are now contra-indicated *in patients with severe renal impairment and in women who are pregnant or breast-feeding; it should be used with caution in patients with thyroid disease and in children under 6 months.*

Please also refer to the [Wound Care Handbook](#)

It's important to ensure you're assessing your patients holistically and completing a full wound assessment before selecting the appropriate wound care product.

The wound management formulary will be updated to reflect the above changes. It's important that all clinicians are referring to the wound formulary to understand the indications and contraindications of any dressings being used.

Please contact the Tissue Viability Service if you have any further questions:

[tissueviability@berkshire.nhs.uk](mailto:tissueviability@berkshire.nhs.uk)

(East Berkshire)

[vcl.tissueviability@nhs.net](mailto:vcl.tissueviability@nhs.net)

(NEHF and SH)



## Pancreatic Enzyme replacement therapy (PERT)

Please make sure to regularly check the [Medicines Supply Tool](#) for the latest updates.

A public facing page, [Prescribing and ordering available pancreatic enzyme replacement therapies](#) and [mini-tool](#) have been developed on the SPS website.

Viatrix UK has initiated a free Creon® customer service line dedicated to patients and healthcare professional affected by Creon® supply constraint. The purpose of the service is to provide the most up to date information on the supply of Creon®. The service will aim to provide information on the nearest pharmacies which have recently received supply. The Creon® customer service line can be reached via 0800 8086410. The service will be active from Monday to Friday from 9:00 to 17:00.



## SCAN Guidelines

Primary care wide Antibiotic Guidelines

## SCAN guidelines access

The platform for accessing the SCAN (South Central Antimicrobial Network) Guidelines for Antibiotic Prescribing in primary care has moved. There is no change to the content and the Eolas interface is very similar to MicroGuide used previously.

Please find further details about accessing SCAN [here](#).

## Testosterone prescribing in women

Recently there has been an increase in media attention regarding prescribing of testosterone in women. In response The British Menopause Society (BMS) have issued a [statement](#).

Some of these articles have been written by lay people and it appears to support personal opinion. Testosterone is not an **“essential”** hormone for women. Women who have no testosterone production eg, women with no functioning adrenals or ovaries, do not require testosterone treatment to be well. Hence the frequently used descriptive term, **“deficiency state”** is incorrect and alarmist.

While some women may benefit from the addition of testosterone, this is not the case for all. Women should be advised under NICE/ BMS guidance, the purpose of these guidelines being to ensure safety, not to prevent women from accessing treatment.

The only evidence-based indication for the addition of testosterone to standard HRT, is for persistent low libido in postmenopausal women, after all other contributory factors have been addressed. There is no evidence to support claims that testosterone will help with other symptoms associated with menopause or prevent bone loss or dementia.

## Nutritional Nuggets

Did you know that our first line ready to drink oral nutritional supplement **Altraplen Energy** contains the same amount of energy and protein as Ensure Plus but is 30% cheaper? Potential annual saving per patient by switching from Ensure Plus to **Altraplen Energy**: £357.70

**The Ensure range of products should only be prescribed for those who are tube fed.**

For further information and support contact Prescribing support Dietitian, [catherine.macqueen@nhs.net](mailto:catherine.macqueen@nhs.net)



# How to record medicines prescribed elsewhere into the GP practice record

It is important to record all the medications that patients are prescribed no matter who is ultimately responsible for its issue. A significant number of patients receive treatments that are hospital only (**RED** drugs) and often the ongoing prescribing for these treatments remains with the hospital specialist. When practices receive a discharge or clinical letter information on any prescribed medications supplied by the hospital/ specialist/ other clinical provider this should be added to their GP practice record under "Hospital drugs".

This ensures that all clinical staff are aware of medication prescribed elsewhere when

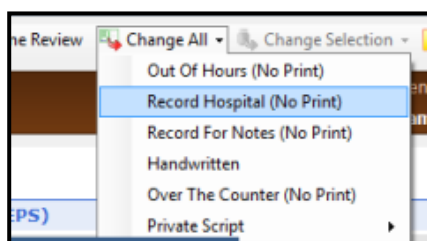
- making clinical decisions
- avoiding interacting medication being prescribed, or other risks when new medicines are prescribed
- providing a drug history to hospitals/units on admission & information available on the Summary Care record (SCR).

## Add 'Hospital' medication to medication screen (EMIS Web)

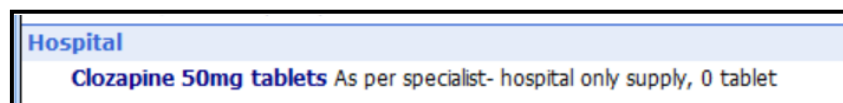
1. Add drug as usual and include 'hospital only supply' in the dosage instructions. To prevent accidental issue set the quantity to a nonsensical amount eg 0 or 0.1 and set the number of authorised issues as zero

The default is set to 'Acute'. **In order for the medicine to remain on the Summary Care Record, change to 'Repeat'**

2. Proceed to issue and select 'Change All' from the top selection. Select 'Record Hospital (No Print)'



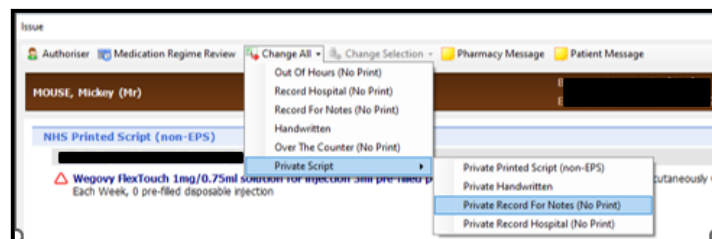
3. The medicine will appear in a different section of the medication screen.



## Where patients obtain a private supply add 'Privately prescribed' medication to medication screen (EMIS Web)

1. Add drug as usual and enter quantity as '0' or 0.1. Tick the 'private' prescription box.

2. Proceed to issue and select 'Change All' from the top selection. Select 'Private Record for notes (No Print)'



3. The privately prescribed medication will have '(Private)' after the drug name and appear in the 'Acute' section of the medication screen.



Unlike 'hospital only' medication, there isn't a separate section for private medication. In order to avoid any confusion, it is not advisable to add private or OTC medication to 'Repeats'.

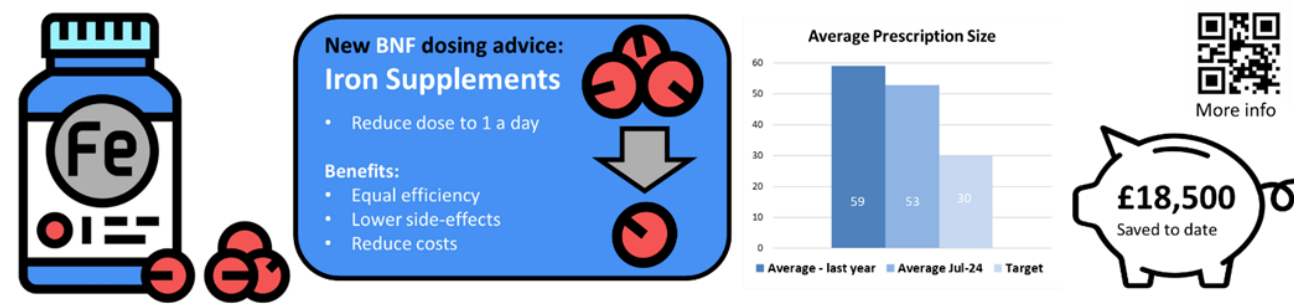
## Nexplanon update

From 1 January 2025, GP practices will be able to order sub dermal contraceptive implants (Nexplanon) directly from the supplier and claim back the cost. The Statement of Financial Entitlements (SFE) will be published on 1 October 2024 including this change. This will mean that patients do not have to go to the pharmacy to pick up the implant themselves and then make a further GP appointment to get it fitted.



## Iron supplement prescribing

Please continue prescribing **iron supplements** in accordance with the new BNF advice of **one a day**. Reducing the dose will reduce patient tablet burden, reduce side effects, and save the ICB up to £130,000 per annum. The data shows average dose quantities per prescription falling from about 60 down to about 53. Please keep this trend up!



## Medicines safety updates

### National Patient Safety Alerts

#### Shortage of Kay-Cee-L<sup>®</sup> (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup

Kay-Cee-L<sup>®</sup> (potassium chloride 5mmol/5ml) syrup will be out of stock from late September 2024. The resupply date is to be confirmed. The supply disruption is caused by an amendment to the manufacturing process, requiring re-formulation, and revalidation of the product. Sando-K<sup>®</sup> (potassium bicarbonate 400mg and potassium chloride 600mg) effervescent tablets remain available and can support a full increase in demand. One effervescent tablet contains 12mmol potassium. Unlicensed potassium chloride oral solutions manufactured within the UK are available via Specials manufacturers.

NOTE : Remaining supplies of Kay-Cee-L<sup>®</sup> syrup should be prioritised for patients requiring doses of less than 12mmol of potassium and where other preparations are not suitable. Care is needed to ensure selection of the most appropriate oral potassium supplement and delivery of the correct dosage.

#### MOT action

A list of practices who have prescribed Kay-Cee-L liquid in the last 6 months was circulated along with the original CAS alert email. See full alert: [NatPSA\\_2024\\_008\\_DHSC\(1\).pdf](#)

### MHRA Alerts

#### Under- recognised interaction- warfarin and tramadol

##### Key learning points

- Warfarin has a narrow therapeutic index and many medicines interact with it to increase the risk of bleeding.
- A coroner investigated the case of a patient who died from bleeding in the brain following the concomitant use of warfarin and tramadol.
- The Medicines and Healthcare products Regulatory Agency has highlighted an increased risk of major bleeding when warfarin and tramadol are used together.
- See full alert here- [Warfarin: be alert to the risk of drug interactions with tramadol - GOV.UK \(www.gov.uk\)](#)
- This interaction is now noted as 'severe' in the BNF, the manufacturers SPC and there is a warning pop up message if the two are co-prescribed in EMIS.

#### MOT action

The MOT have been in touch with practices who have patients on warfarin and tramadol (either acute or repeat) and requested review as below:

- Acute tramadol-** Review with view to stop tramadol, review to change to alternative analgesic if analgesia still required
  - Repeat tramadol-** Check most recent INR is in appropriate clinical range for indication. Request repeat INR if required.
- Check co-prescribing is clinically appropriate for the patient and record in notes.
  - Ideally, if patient does require long-term analgesia, consideration of alternative non-interacting opioids, such as codeine would be sensible, if other comorbidities such as renal function allows.
  - Discuss with the patient the potential risks and any alternatives therapies to treat their conditions for which warfarin and tramadol is treating, e.g., is a DOAC a suitable alternative to warfarin, or is there more suitable intervention than tramadol?

If the decision is made for patients to remain on tramadol, document this in the patient record. Frequent monitoring is recommended, as per any other drug with the potential to interact with warfarin. Check that the frequency of the INR tests is clinically suitable.

## MHRA Alerts

### Valproate use in men: as a precaution, men and their partners should use effective contraception

A retrospective observational study has indicated a possible association between valproate use by men around the time of conception and an increased risk of neurodevelopmental disorders in their children. Inform male patients who may father children of this possible increased risk and the recommendation to use effective contraception during valproate treatment and for at least 3 months after stopping valproate.

**No one should stop taking valproate without talking to their healthcare professional.**

#### Advice for health care professionals:

- inform male patients (of any age) who may father children of the possible risk at initiation of valproate or at their next regular treatment review – this counselling should be given irrespective of the indication for valproate and also after intravenous use of valproate
- as a precaution, recommend that male patients use effective contraception (condoms, plus contraception used by the female sexual partner) throughout the valproate treatment period and for 3 months after stopping valproate, to allow for one completed sperm cycle not exposed to valproate
- at the next regular treatment review, discuss with men on oral valproate treatment whether they are planning a family in the next year and if they are, refer to a specialist to discuss alternative treatment options
- if a female patient reports they are pregnant or planning a pregnancy with a man on valproate (including those undergoing IVF), refer for prenatal counselling
- advise men not to donate sperm during valproate treatment and for 3 months after stopping valproate
- report any suspected adverse drug reactions associated with valproate on a [Yellow Card](#)

#### Information for healthcare professionals to provide to patients:

- if you father a child while you are taking valproate or in the 3 months after stopping valproate, there is a potential small increased risk of the child being diagnosed with a mental or movement related developmental disorder (neurodevelopmental disorder)
- advice will be added to the valproate patient guide; in the meantime see MHRA's [Advice for male patients on valproate to use contraception](#) and [visual risk communication diagram to be used by a healthcare professional when counselling on the risks](#)

## SOLOstar and DOUBLEstar insulin devices

A reminder that Insulin Toujeo (insulin glargine 300units per ml) pre filled pens are available as two devices - the **SOLOstar** and **DOUBLEstar**. A recent error occurred where the incorrect device was selected, both of these versions appear close to each other in the EMIS web formulary and both are on Frimley Formulary.

The **SOLOstar** device delivers **ONE unit** of insulin per click and contains **450units /1.5ml**

The **DOUBLEstar** device delivers **TWO units** of insulin per click. and contains **900units/3ml**

*Toujeo® Doublestar is recommended for patients requiring a daily dose of > 20 units of Toujeo® SoloStar .*

DOUBLEstar therefore presents a risk that patients could receive double the dose if the wrong Toujeo product is dispensed or if DOUBLEstar® is used incorrectly by assuming one click is equivalent to one unit of insulin.



## What you need to know when converting lithium tablets to liquid

There has been a recent medication error caused by an incorrect conversion from lithium tablets (lithium carbonate) to lithium liquid (lithium citrate).

Lithium bioavailability varies between lithium salts meaning lithium is absorbed at a different rate and extent depending on the formulation administered. Extra care must be taken when converting lithium tablets to a liquid formulation, particularly as lithium in liquid form is available in different strengths (mg/ml) under the same brand name (Li-liquid®). Priadel® brand is available in both liquid and tablet formulations.

**Switches between tablet and liquid formulations require the calculation of milligram equivalence between lithium carbonate and lithium citrate.**

SPS has a section on [considerations when switching between solid doses and liquids](#)

For lithium SPS advice may be read [here](#).

NHS Frimley Medicines Optimisation team may be contacted on [frimleyicb.prescribing@nhs.net](mailto:frimleyicb.prescribing@nhs.net)

### National Medicines Advice Service

Healthcare professionals in primary care across England may contact this service on 0300 770 8564 or [asksp.nhs@sps.direct](mailto:asksp.nhs@sps.direct)