PostScriptCommunity Pharmacy

NHS Greater Glasgow and Clyde

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MHRA advice on use of Echinacea products in children

The MHRA have recently released advice to parents and carers not to use oral herbal products containing Echinacea for children under 12 years of age. This is due to a low risk of allergic reactions but which could become severe. The use of these products in adults and older children has not been affected as the body weight of adults and older children is heavier and this group is also likely to catch fewer colds.

There are two Echinacea -containing licensed products for use in age group 6- 12 years in the UK but an unknown number of unlicensed preparations. MHRA have requested that all of these products are re-labelled in line with the new advice.

Further detail can be found on the MHRA website - http://www.mhra.gov.uk/NewsCentre/Pressreleases/CON180627

Levothyroxine liquid products

There have been an increasing number of enquiries for approval for levothyroxine suspension specials. There are known supply problems with Evotrox Oral Solution, but alternative **licensed oral solutions** for all presentations remain available on the UK market. Costs of specials are variable and can be extremely high and licensed oral solutions should be dispensed wherever possible. Prescribers should be made aware that patients should be monitored for changes in symptoms and TSH status when switching from Evotrox to another product.

CMS Confirmation Forms

Practices participating in CMS have adopted a form to work flow the assessment of registered patients in terms of serial prescription suitability.

During training, the practice staff have been asked to forward these forms to the relevant Community Pharmacy. This is to ensure that you are aware that the patient has been assessed for suitability **for serial prescriptions** and the outcome of this assessment. It was felt that this information would be useful when speaking to CMS patients and where possible allow you to remind them of the service before receiving their first prescription.

Should you receive these forms, please ensure that all pharmacy staff are aware that this is **not** an indication of the overall suitability of the patient, but only whether the practice has deemed serial prescriptions appropriate.

Medicines Management LES

The above service, introduced in March of this year, requires community pharmacies to provide information regarding patients on MDS, on a quarterly basis.

Pro-formas should be completed for the period up to 1st October 2012 and must be returned to the fax or by e-mail to the CPDT office. All returns should have been submitted by Friday 12th October 2012. If you have not already sent this form in, please do so as soon as Possible, ensuring all four boxes are completed.

Copies of all forms relating to the service, along with the initial specification can be accessed via the Community Pharmacy Development Team's intranet site (only available to those pharmacies with an independent N3 connection).

In addition, CPs are obliged within the terms of the MM LES to provide GPs with a list of MDS patients to enable the practices to amend scripts to 28 days for these patients.

Tamiflu® Suspension Update

In relation to recent communication by Roche, please note the change in concentration for Tamiflu® suspension and the recommendation for prescriptions to state the dose in millilitres.
Community pharmacists are advised to check with the prescriber if there is any doubt about the intended dose.

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Good Practice Guidance – Expiry Dates

It has been brought to the attention of the NHS Greater Glasgow and Clyde Primary Care Palliative Care Team that there have been a number of cases recently where morphine sulphate (Oramorph®) 10mg/5ml oral solution has been decanted from a bulk bottle, but no expiry date has been stated on the dispensed product.

The shelf life of morphine sulphate 10mg/5ml oral solution is reduced to 90 days once opened. In this case there is no way of knowing if the bulk bottle that the morphine sulphate had been decanted from had been opened at the time of dispensing, or earlier, if the expiry date is not stated. This leads to patients potentially being unaware of the product having a limited shelf-life and continuing to use the product when it may not be safe or effective. It can also cause problems when patients are admitted to hospices and hospitals, as staff checking morphine sulphate 10mg/5ml oral solution brought in by a patient that has been dispensed with no expiry date will not be able to determine if the product is still suitable for use.

This issue does not just apply to morphine sulphate 10mg/5ml oral solution; there are several oral preparations that have a shorter shelf life once they have been opened. The following list is not exhaustive and is only intended to cover some of the most frequently used products. Please add your own products as they become known to you.

Product	Shelf life once opened
Asasantin Retard Capsules	6 weeks
Glyceryl Trinitrate tablets	8 weeks
Morphine Sulphate 10mg/5ml oral solution	90 days
Persantin Retard Capsules	6 weeks
Risperdal 1mg/ml oral solution	3 months

Good practice:

- Record the date opened and the calculated expiry date on bottles when they are first opened
- Highlight products that have a short expiry once opened as a reminder to staff
- If decanting from a bulk container, ensure that the dispensed product is labelled with an appropriate expiry date
- Any product whose appearance suggests it may be unfit for use should be discarded, irrespective of expiry date.

Trimethoprim PGD study

This collaborative study between NHS GGC Public Health Pharmacy and University of Strathclyde compared the pathway of patients with urinary tract infection (UTI) symptoms attending GP services with those receiving management, including the supply of trimethoprim under patient group direction (PGD), via community pharmacies.

All community pharmacies within NHS GGC were invited to participate in the study and data was collected in ten pharmacies from February to April 2012. Data was collected on 153 patients with symptoms suggestive of UTI (mean 15 patients/pharmacy, range 9 – 23). Most patients presented with a GP prescription for nitrofurantoin or trimethoprim, approximately half of which were for the recommended three days duration of treatment. One third of patients presented for pharmacy management and most of these received trimethoprim via PGD despite potential exclusion criteria being present.

There was demand and support, from patients and pharmacists, for improved antibiotic supply via PGD for UTIs. With appropriate controls and within PGD restrictions, antibiotics for UTIs could be provided via community pharmacy to improve patient access to effective treatment, maintain antibiotic stewardship and reduce GP workload.

Thanks to participating pharmacists, their staff and patients and to the Pharmaceutical Trust for Educational and Charitable Objects for funding the study. For further information, please contact Liz McGovern, Specialist in Pharmaceutical Public Health, on 0141-201-4777.

Typhim Vaccine – short supply

Sanofi Pasteur MSD have recently recalled 16 batches of Typhim vaccine due to insufficient antigen levels. As the recall will cause temporary shortage of the vaccine, patients cannot be re-vaccinated.

Sanfoi advise that they expect the stock shortage to continue until end of October but further detail can be obtained from their customer service department.

Cold Chain Reminder for Stock Order item

It is good practice when supplying items on stock order that require refrigerated storage to include a warning label “contains fridge items” on the exterior of the bag and
encourage GP practice staff to return items to fridge on receipt

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