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CMS leaflets – Glasgow Pharmacies

Community pharmacy staff working in the former Greater Glasgow HB area are reminded that stock of the above leaflet is not available from the Primary Care Distribution Centre but should be ordered direct from the national contractor for NHS stationary.

Any requests for CMS leaflets should be made to APS Stock management using the details below –
Telephone: 0131 629 9938
Fax : 0131 629 9967
Email: stockorders.DPPAS@apsgroup.co.uk

However, Glasgow pharmacies can order MAS leaflets from the Primary Care Distribution Centre.

Please note that pharmacies located within the Clyde area should order both of these forms direct from the Distribution Centre at Hillington in the normal manner.

Warticon supply problem

Podophyllotoxin 0.15% cream (Warticon[®]), which is used to treat external genital and perianal warts, is currently unavailable and supply problems may extend to March 2013.

Podophyllotoxin 0.5% solution (Condyline[®] solution, £11.50) is an alternative product and it is advised it should be prescribed in preference to Imiquimod[®] cream or Aldara[®] cream (£48.39) which, although is on the GGC formulary, is restricted to specialist initiation only (ie Sandyford Services). If community pharmacists are presented with a prescription in the meantime for Warticon[®], please contact the prescriber to inform them of the out of stock issue and to request a new prescription for the alternative products suggested above.

If the pharmacist is suggesting an alternative to the prescriber, then Condyline[®] solution would be the best choice. However, it is probably advisable that you should check availability from your wholesaler before speaking to the GP. The current availability is fine but it may vary over next few months depending on whether demand outstrips supply.

CD ERRORS: Care required with pack sizes

We have received a few reports recently of balances of oxycodone preparations being wrong in community pharmacies. The explanation that has been provided is that the parallel imported product has been used. This is packed in boxes of 28 tablets, each labelled as containing 28 tablets with two boxes banded together to give a pack of 56. The pharmacist in each case believes that the error has originated because the person dispensing or checking has presumed that the total package contains 28; ie is 2 boxes of 14 when in fact the total package contains 56 tablets; ie 2 boxes of 28. Please ensure that when you are switching between packs that you closely review the quantity contained in each pack. Particular care is required where that are banded together in this way.

ScriptSwitch

From the 1st of September, ScriptSwitch software is being piloted on GP clinical systems in Inverclyde and East Dunbartonshire CH(C)P's. ScriptSwitch is a prescribing support tool that provides automatic messages on the GP's clinical system at the point of prescribing. Recommendations are health board specific. The NHSGGC recommendations contain information on drug safety information and complement current NHSGGC approved cost efficiency initiatives. If the prescriber chooses to accept the recommendation, the prescription is automatically changed to the recommended alternative. Recommendation messages only appear to clinicians when they issue an, acute, new repeat or new serial script.

Seasonal Influenza Vaccination Programme

The seasonal influenza vaccination programme commences in October 2012. Groups to be immunised under the NHS, and targets for these, remain the same as last year at 75% uptake. There is an informal target of 50% uptake for healthcare workers. Detailed information about patient groups and targets may be accessed, in the CMO letter (SGHD/CMO(2011)8) at [www.sehd.scot.nhs.uk/cmo/CMO\(2012\)06.pdf](http://www.sehd.scot.nhs.uk/cmo/CMO(2012)06.pdf)

The letter urges that vaccination in the 2012-13 programme should be undertaken as soon as possible, ideally in October/November.

It also provides a reminder that it is the responsibility of all NHS contractors to consider vaccination of their employed staff. Apart from offering clinical benefits, seasonal influenza vaccination protects business continuity and many community pharmacy contractors already offer this to their staff.

Incidence of severe egg allergy is relatively rare but the management of patients reporting this should be considered carefully. Appendix 1 (see below) lists information on the ovalbumin, latex and aminoglycoside content of vaccines and there is an egg free vaccine available this season (Optaflu).

GPs should be reminded when they order this vaccine:

- They should order using a GP10A as with other flu vaccines but be aware that supply from wholesalers to community pharmacies may be limited this season.
- A separate needle is required for administration of Optaflu
- It is only licensed for adults
- A small supply will be held at PDC for exceptional cases.

Several companies have indicated that there may be a 2 week delay in supply of flu vaccine at the start of the season. It is important that community pharmacies liaise closely with GPs to ensure that clinics are not organised until supplies of vaccine have been assured.

Appendix 1. Seasonal Influenza Vaccine PGD 2012-2013

Supplier	Name of product	Vaccine Type	Age Indication	Ovalbumin content per 0.5ml dose	Latex Formaldehyde	Amino-glycosides
Abbott Healthcare (formerly Solvay Healthcare)	Influvac	Surface antigen, inactivated, sub-unit	From 6 months	No more than 0.1 µg	Latex free Risk of formaldehyde residue	Gentamicin
	Imuvac	Surface antigen, inactivated, sub-unit	From 6 months	No more than 0.1 µg	Latex free Risk of formaldehyde residue	Gentamicin
Janssen-Cilag	Viroflu	Surface antigen, inactivated, virosome	From 5 years	No more than 0.01 µg	Latex free Formaldehyde free	Polymixin B Neomycin
	Inflexal V	Surface antigen, inactivated, virosome	From 5 years	No more than 0.01 µg	Latex free Formaldehyde free	Polymixin B Neomycin
GlaxoSmith Kline	Fluarix	Split virion, inactivated	From 6 months	Awaiting information	Awaiting information	Awaiting information
MASTA	Imuvac	Surface antigen, inactivated, sub-unit	From 6 months	No more than 0.1 µg	Latex free Risk of formaldehyde residue	Gentamicin
	Inactivated Influenza Vaccine (Split Virion) BP	Split virion Inactivated virus	From 6 months	No more than 0.05 µg	Latex free Formaldehyde free	Neomycin Less or equal to 20pcg/dose
Novartis Vaccines	Agrippal	Surface antigen, inactivated	From 6 months	Awaiting information	Awaiting information	Awaiting information
	Fluvirin*	Surface antigen inactivated	From 4 years	Awaiting information	Awaiting information	Awaiting information
	Optaflu	Surface antigen, inactivated, prepared in cell cultures	From 18 years	Ovalbumin free	Awaiting information	Awaiting information
Pfizer Vaccines	Enzira	Split virion, inactivated	From 9 years	No more than 1 µg	Latex free Formaldehyde free	Polymixin Neomycin
	CSL Inactivated influenza Vaccine	Split virion Inactivated	From 9 years	No more than 1 µg	Latex free Formaldehyde free	Polymixin Neomycin
Sanofi Pasteur MSD	Inactivated influenza vaccine (Split Virion) BP	Split virion inactivated	From 6 months	No more than 0.05 µg	Latex free Risk of formaldehyde residue	Neomycin Less or equal to 20pcg/dose
	Intanza 9µg	Intradermal, split virion, inactivated,	From 18 years to 50 years	No more than 0.024 µg (0.1ml dose)	Latex free Risk of formaldehyde residue	Neomycin Less or equal to 20pcg/dose
	Intanza 15µg	Intradermal, split virion, inactivated,	From 60 years	No more than 0.024µg (0.1ml dose)	Latex free Risk of formaldehyde residue	Neomycin Less or equal to 20pcg/dose

None of the influenza vaccines for the 2012/13 season contain thiomersal as an added preservative.

*This vaccine states in its Summary of Product Characteristics (SPC) that it contains traces of thiomersal that are left over from the manufacturing process.

** Manufacturers state that these vaccines are formaldehyde free.

Aminoglycoside content values not available for all vaccines, all those stated would be present as trace compounds as they are used in the early stages of vaccine production. N.b. cross sensitivity to aminoglycosides is common, assume potential reaction for all, if allergic response to one has been demonstrated.

Ovalbumin, latex and aminoglycoside content for vaccines are correct as at 17/8/11, however, these may be subject to change in manufacturing practice at any time.

Guidance on the management of egg allergy is available

http://www.dh.gov.uk/prod_consum_dh/groups/dh.digitalassets/@dh/@en/documents/digitalasset/dh_128828.pdf

Awaiting information, Information not available until September 2012