

Issue 73, Sept 2012 Produced by NHS Greater Glasgow and Clyde Community Pharmacy Development Team

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Advice regarding prescribing and dispensing of Dermatology Preparations

It is now advised that the dilution of a topical steroid preparation is never clinically necessary - all required potencies can be met from the existing commercial preparations. There are concerns about stability and potency of mixtures as well as the unlicensed nature of the mixtures.

It is never appropriate to mix a coal tar, ichthammol or salicylic acid preparation with a steroid preparation (again due to stability issues and potential unknown effects on the potency of the steroid caused by the change in pH). If they are prescribed together they should be applied as two separate preparations.

Dilution of steroids will affect the pH of the preparation and may also affect the particle size of the active ingredient. This could lead to unintended effects on the potency e.g. a decrease in particle size could lead to increased absorption of the drug and increased potency. It is impossible to quantify this or predict the effect.

Most topical steroids are more stable at acidic pH's. Ichthammol and coal tar are alkaline and will decrease the stability of the steroid.

In addition, it is also advised that coal tar or salicylic acid preparations should be prescribed as standard concentrations (e.g. 1%, 2%, 5%, 10%, 15% and 20%). Yellow Soft Paraffin can be used as a base instead of White Soft Paraffin (there is no therapeutic difference and standardising on YSP will allow economies of scale). There is no clinical need for half strength Lassars paste, which has now been removed from the approved list.

The above guidance has been endorsed by NHS GGC Dermatology Formulary Review Group.

Prescribers and community pharmacists should be aware of this advice when they are prescribing or dispensing unlicensed or extemporaneously prepared dermatology products. This guidance has now been included in the NHS GG&C "Guidance on the Use of Specials in Primary Care"

References:

"Critical formulation aspects of local corticosteroids" - *European Journal of Hospital Pharmacy Practice* vol 17 2011 p60-61" Dr Colin Cable, Royal Pharmaceutical Society Pharmaceutical Sciences Information Advisor.

Managing Medication Resources for Patients

As part of work within the Board to involve patients and carers in promoting the safer use of medicines, two key areas of concerns have been identified. These are changes to peoples' medication and the dangers of sharing medicines.

As a result, the Board have produced leaflets giving information and practical guidance on both of these issues.

"What you need to know when medicines are changed" is in the form of an aide memoire of questions to ask when the medicines for a person you care for are changed, that can be carried in a wallet or purse.

"It's YOUR medicine: don't share it!" explains why medicines should not be shared, and provides advice to help people ensure they have appropriate medicines of their own to hand.

Printing costs for these have been met through the Carers' Information Strategy in the first instance, and translated versions (including Braille and BSL) are available.

If you are interested in finding out more about the leaflets, please contact Margaret Black by email at Margaret.Black@ggc.scot.nhs.uk

EMIS dosage instruction problems

As previously communicated to community pharmacies, there are issues with mis-matching of directions in the GP clinical system, EMIS. This is resulting in the wrong dose being printed on prescriptions.

Whilst work is ongoing to identify and correct the drugs and directions affected, community pharmacists are reminded of the need to be extra vigilant during this time and double check doses to ensure that they are clinical appropriate for the medication.

PHS – submission of Annex E and CPUS forms

All pharmacies are reminded of the need for prompt and accurate claiming for the two Public Health Service (PHS) in relation to smoking cessation and Emergency Hormonal Contraception (EHC).

Both services require the pharmacy to submit CPUS forms NRT products or levonorgestrel 1500 mcg (Levonelle 1500®). This reimburses the drug costs in addition, each patient receiving treatment must also be claimed on the Annex E form. A copy of this form is sent to every contractor by Community Pharmacy Scotland for submission to Moira Hanley by the 7th of the month. It can also be downloaded from the CPDT intranet site or CPS website. This form must be either submitted electronically (with the relevant signature) or by post. Faxes are no longer acceptable.

Moira Hanley
NHS National Services Scotland
Practitioner Services
Gyle Square
1 South Gyle Crescent
Edinburgh
EH12 9EB

Or by e-mail: NSS.psd-cp-claims@nhs.net

If you send in by email, you are advised to request for an acknowledgement of receipt by PSD to confirm that they have accessed the email and therefore, the claim. Do not email Moira direct in the event she is on leave, the claim will not be processed until her return.

Please also ensure that you add your contractor code to the form so that PSD know who to pay. This is more of a problem with multiple pharmacies who use their internal company identifier which could lead to non-payment as the number is not recognised by PSD and we don't know who you are!

Pharmacy staff are reminded that patients who have a consultation for EHC but do not receive any treatment should not be claimed on the Annex E form. Equally, smoking cessation patients who receive a GP10 or only receive week 0 consultations should also not be claimed on the Annex E.

Electronic Endorsement and claiming

AMS Claims

PSD have asked the Board to remind all pharmacy dispensary staff that the **only** reason in which a barcode should be scored out on an AMS prescription is when an item has not been collected and the electronic claim for the item has already been submitted and is outwith the 14 day period for electronically amending the claim.

In all other cases the pharmacy staff should not score out

the barcode, as it inhibits PSD from retrieving the electronic prescribe message as well as the claim message. If you are unsure about what electronic endorsement to use, or whether you need to cross out the barcode, please refer to either the Electronic Endorsement Guide or contact the ePharmacy Help Desk.

CMS Claims

New information has now been posted on the Community Pharmacy website about how to amend any CMS claim errors that are noticed after the 14 day window has closed. Contactors should complete an amendment form and forward to Moira Hanley for action. Please refer to the website for further information and copy of the form. www.communitypharmacy.scot.nhs.uk

Smoking Cessation Training Tuesday 4th September, 2012

In order for a Community Pharmacy to become an accredited Smokefree Pharmacy, it is mandatory for a one day training programme to be completed by pharmacists, locums and support staff.

We presently have some places available for the event on the 4th September 2012 and will be held at Kirkintilloch Health & Care Centre, 10 Saramago Street, Kirkintilloch G66 3BF

The training will include key elements from the NES Smoking Cessation training pack, together with brief intervention techniques and NRT products. It is open to all pharmacists and support staff. Regular locums are particularly encouraged to attend, therefore please pass this message on where appropriate. Fees will be paid to the pharmacy contractor to cover the costs of staff attending.

Please contact Annette Robb by phone on 0141 201 4945 **ASAP** if you wish to attend. Places will be allocated on a first-come basis and will be confirmed in writing.

Varenicline ..Your Questions Answered

Community Pharmacy staff and pharmacists, who have been previously Smokefree trained, are invited to attend to attend an update evening on Tuesday 11th September 6pm for 6.30 pm start, Campanile Hotel, beside the SECC.

Please contact Annette Robb by phone on 0141 201 4945 **ASAP** if you wish to attend. Places will be allocated on a first-come basis and will be confirmed in writing.

Midazolam ("Epistatus")

As advised in the recent drug alert (<http://www.mhra.gov.uk/Publications/Safetywarnings/DrugAlerts/CON180680>), future batches of the unlicensed buccal midazolam product, Epistatus, will include a syringe without a luer tip and a compatible bottle adaptor. Patients should be advised to use the syringe graduations and not rely on the plunger stop.