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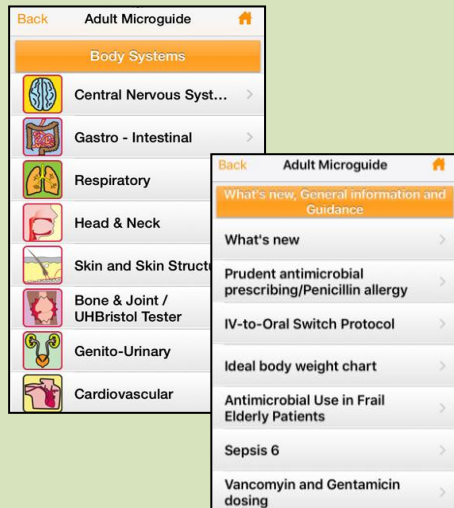


## Your antimicrobial guidelines need YOU!

The NHS Lothian Antimicrobial Guidelines<sup>1</sup> are a key source of information for all prescribers and support the recommendations set out in the Lothian Joint Formulary. These guidelines were revised early in 2015 as a response to high rates of *Clostridium difficile* infection (CDI). The aim is to reduce CDI by avoiding antibiotics associated with CDI and placing greater emphasis on the use of gentamicin in secondary care.

### Microguide<sup>®</sup> app now available

The NHS Lothian adult antimicrobial guidelines<sup>1</sup> are available as a free Microguide<sup>®</sup> app. To download it, go to the [Apple Store/Google Play](#) on your smart device and look for Microguide<sup>®</sup>. After a quick installation, you will be offered registration, which is optional. Once you have opened the app, scroll down the list of hospitals to NHS Lothian and you will be ready to download the guidelines. The app will automatically upgrade as long as you have a data connection.



### PPIs and the risk of *C. difficile*

Research shows that:

Proton pump inhibitors (PPIs) are associated with near doubling of the likelihood of CDI.<sup>2</sup> Co-administration of PPI and antibiotic increases the risk of CDI beyond that conferred by either treatment alone.<sup>3</sup> CDI risk is increased after even short duration of PPI use.<sup>4</sup>

The antimicrobial guidelines<sup>1</sup> include clear recommendations on:

- **Patients at risk of developing CDI;** their ongoing need for any PPI should be reviewed with a view to stepping down and stopping treatment whenever possible.
- **Patients receiving antibiotics;** it is advisable to withhold PPIs unless there are clear gastrointestinal indications for acid suppression.
- **Patients presenting with CDI;** as PPIs may increase the risk of recurrence they should be stopped.

#### References

1. NHS Lothian intranet  
<http://intranet.lothian.scot.nhs.uk/NHSLothian/Healthcare/A-Z/amt/Pages/default.aspx>
2. Deshpande A *et al.* Clin Gastroenterol Hepatol 2012; 10(3):225-33.
3. Kwok CS *et al.* Am J Gastroenterol 2012; 107(7):1011-9.
4. Barletta JF *et al.* Mayo Clinic Proceedings 2013;88(10):1085-109.

## Lipid guidelines

Cardiovascular disease remains one of the largest contributors to death and disability in Scotland, with reduction of cardiovascular risk being a focus of more than 10% of consultations in primary care. The NICE guidelines for lipid modification, published last year, propose a major step change in UK clinical practice. In response to this, the Lothian Lipid Guidelines have been updated with key changes in statin choice, non-fasting blood testing, the role of ezetimibe and investigation of adverse effects.

The new guidelines, now abbreviated to a two-page document, will be launched on 4 November at the Edinburgh High Blood Pressure Symposium (a free, CPD accredited, evening symposium). For further information about the symposium, visit <http://events.rcpe.ac.uk/events/415/edinburgh-high-blood-pressure-symposium> or contact the symposium administrator Irene Craig, available at [irene.craig@ed.ac.uk](mailto:irene.craig@ed.ac.uk) or ☎ 0131 242 6311.

Thanks to Dr Emma Morrison, Clinical Pharmacology Trainee, Royal Infirmary of Edinburgh, for contributing this article.

# Specialist medicines directly to patients' homes

**M**edicines Homecare Services (MHS) are commissioned by the NHS to allow the independent sector (homecare providers) to deliver ongoing medicine supplies and, where necessary, associated care (e.g. patient education and nurse administration), direct to a patient's home with their consent. These medicines are prescribed by hospital specialists and are usually complex or specialised medicines for chronic long term conditions, where specialist input is required but the patients are stable and best managed at home. Benefits include improved convenience and choice for patients, increased capacity for clinical services (releasing hospital beds and outpatient clinic time), redesign of patient care pathways, supporting more patients at home, and reducing pharmacy stock-holding and dispensing activity.

The NHS is accountable for the homecare services provided to NHS patients. To support the implementation of national homecare strategies and professional standards<sup>1-3</sup> and the introduction of new and expanded MHS, NHS Lothian has recently invested in a pharmacy homecare team and established a multidisciplinary Medicines Homecare Governance Group (MHGG). There is an agreed plan to introduce new MHS to contribute to recurrent efficiency targets against prescribing costs.

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## What's happening in Lothian?

- There are currently around 1600 patients in NHS Lothian receiving MHS at a total estimated annual cost of £14 million.
- There are **30 different MHS being provided across eight clinical services** including **rheumatology, HIV, neurology** and for **parenteral nutrition**.
- Other specific examples are Homecare Pegligrig<sup>®</sup> (peginterferon-beta-1a) injection for the treatment of **multiple sclerosis** and Homecare Kalydeco<sup>®</sup> (ivacaftor) tablets for the treatment of **cystic fibrosis**.
- Clinical services considering setting up a new MHS must contact Elaine Rankine, Medicines Homecare Pharmacist (contact details below) to discuss.
- Clinical services must not set up MHS with a homecare provider independently.

## Key messages

- 🔑 **Medicines Homecare Services are commissioned by the NHS to allow the independent sector (homecare providers) to deliver ongoing medicine supplies and, where necessary, associated care, direct to a patient's home with their consent.**
- 🔑 **The NHS is accountable for the homecare services provided to NHS patients.**
- 🔑 **An NHS Lothian medicines homecare services strategy and governance framework is being developed by a multidisciplinary group.**

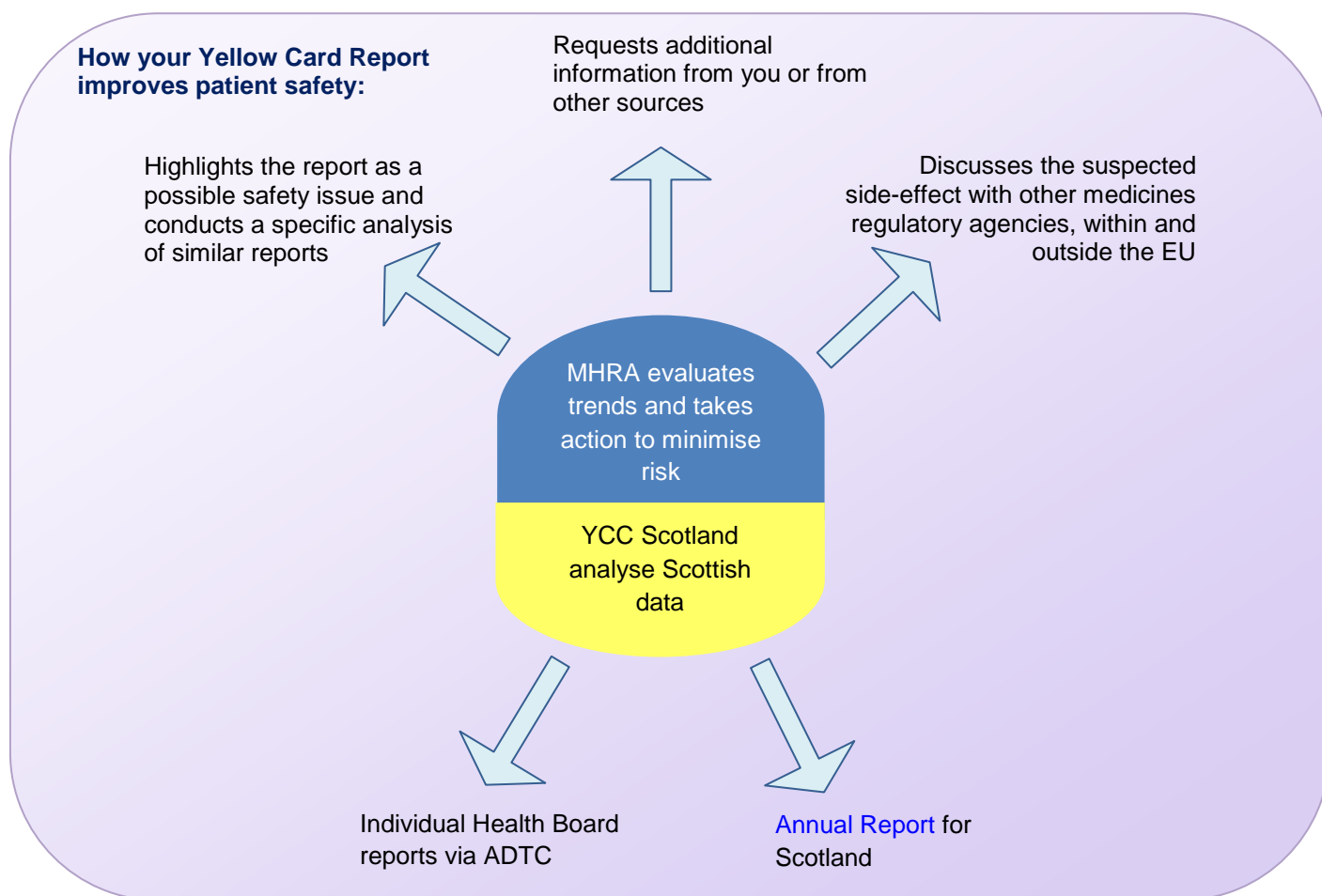
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2. Professional Standards for Homecare Services. Royal Pharmaceutical Society. September 2013.  
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3. Handbook for Homecare Services in England. Royal Pharmaceutical Society. May 2014.  
[www.rpharms.com/support-pdfs/homecare-services-handbook.pdf](http://www.rpharms.com/support-pdfs/homecare-services-handbook.pdf)

*Thanks to the NHS Lothian Medicines Homecare Governance Group, for contributing this article.*

# Yellow Card Centre Scotland – improving patient safety

As a follow-up to the article in September's issue of the LPB, here is a summary of the reporting process and information on the use of medicines that require additional monitoring by the European Medicines Agency, as identified in the BNF by the black triangle symbol ▼.



Thanks to Donna Watson, Sheila Noble and Melinda Cuthbert, YCC Scotland, for contributing this article.

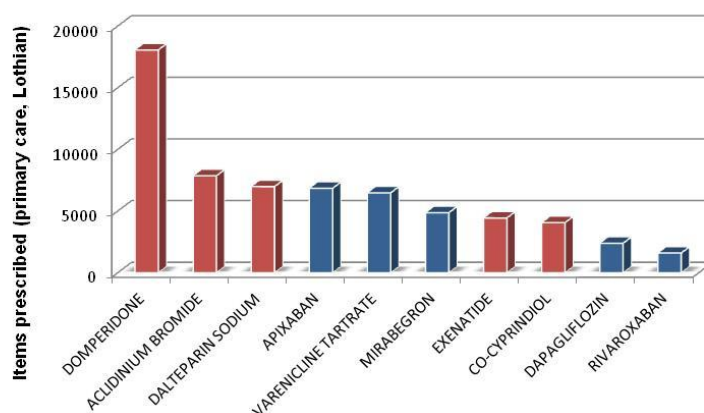
## Black Triangle ▼ medicines

These are medicines that require additional monitoring by the European Medicines Agency. When a medicine is first licensed for use in clinical practice, the number of patients that have been exposed is generally relatively small, compared to the number that will eventually receive it. Relatively uncommon reactions may therefore not have been detected. Special reporting advice also applies to these medicines and they are generally described as being intensively monitored products by the MHRA. All reactions (minor or serious) to any medicines with the black triangle symbol (▼) against them in the BNF, MIMS and SPCs should be reported.<sup>1</sup>

### Reference

1. Reporting: Black Triangle Drugs (Medicines Under Intensive Monitoring). Yellow Card Centre Scotland. NHS Scotland. [www.yccscotland.scot.nhs.uk/reporting/Pages/BlackTriangleDrugs.aspx](http://www.yccscotland.scot.nhs.uk/reporting/Pages/BlackTriangleDrugs.aspx)

**Top 10 black triangle ▼ medicines prescribed 2014/15**



**The graph shows the ten most commonly prescribed black triangle medicines in primary care in NHS Lothian.** Medicines in blue are also in the top 10 medicines reported via Yellow Cards (see the [annual report](#)).



## LJF update – antiepileptic drugs

### Adults

The LJF section for management of epilepsy has been reviewed and amended. Many of the changes reflect SIGN 143 Epilepsy in Adults (May 2015).

The introduction and choices box now detail the change in classification of different epilepsies, into either focal or generalised syndromes. First and second choices now include annotations that indicate if they are suitable for women of childbearing potential.

The prescribing notes have been extensively amended.

- The MHRA issued strengthened drug safety advice regarding sodium valproate use in women of childbearing potential. The MHRA advice should be referred to for full information.
- Information is included on switching patients from carbamazepine tablets to liquid and vice versa. Great care must be taken to ensure appropriate dose changes when switching from tablets to liquid.



The choice box for treatment of prolonged seizures and status epilepticus has been amended to reflect the stepwise approach as detailed in SIGN 143.

### Children

LJF section 4.8.1 Control of epilepsy

- A prescribing note has been added providing local paediatric opinion on the strengthened MHRA safety advice regarding sodium valproate and use in females of childbearing age.

## New insulins – new risks

There are now several new insulin products on the market. Care should be taken when prescribing and dispensing to ensure that the patient receives the product that was intended.

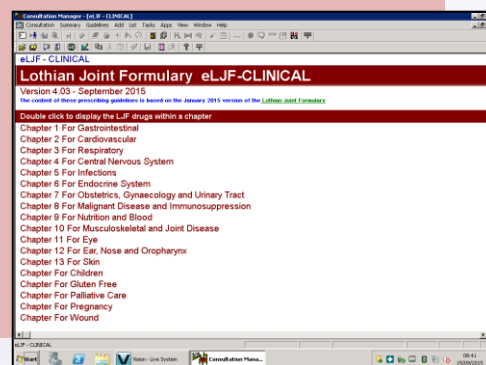
- There are some high strength insulin products with concentrations greater than 100unit/mL (Humalog<sup>®</sup> now available as 100unit/mL and 200unit/mL)
- There are biosimilar insulins based on insulin glargine (Lantus<sup>®</sup>). One biosimilar (Abasaglar<sup>®</sup>) is equivalent to Lantus, whereas the other (Toujeo<sup>®</sup>) requires dose adjustment.
- There is a fixed dose insulin and liraglutide combination treatment (Xultophy<sup>®</sup>)

Please refer to the MHRA advice for further safety advice, until local guidance is given on their place in therapy within Lothian.

## eLJF-CLINICAL v4.03

The latest version of eLJF-CLINICAL was installed on Vision practice systems throughout October 2015. The guideline aligns with the LJF of July 2015 and includes the following significant updates:

- The management of **inflammatory bowel disease** is based around the part of the bowel affected
- The **adult respiratory section** includes the new treatments for **COPD**
- The children's chapter has been expanded and includes a prescription for **Men B vaccination antipyretic (paracetamol)**
- **Adrenaline** for self-administration has changed to **Emerade<sup>®</sup>**
- **Activheal<sup>®</sup> foam dressing** adhesive is the first-line foam adhesive dressing for primary care. (**Biatain<sup>®</sup> adhesive** is first-line in secondary care)



### Supplement: Recent SMC and Lothian Formulary Committee Recommendations

The supplements and previous issues can be accessed via the LJF website [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk) in 'Prescribing Bulletins'.

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View the Lothian Joint Formulary at [www.ljf.scot.nhs.uk](http://www.ljf.scot.nhs.uk)