

A new Formulary website and mobile app

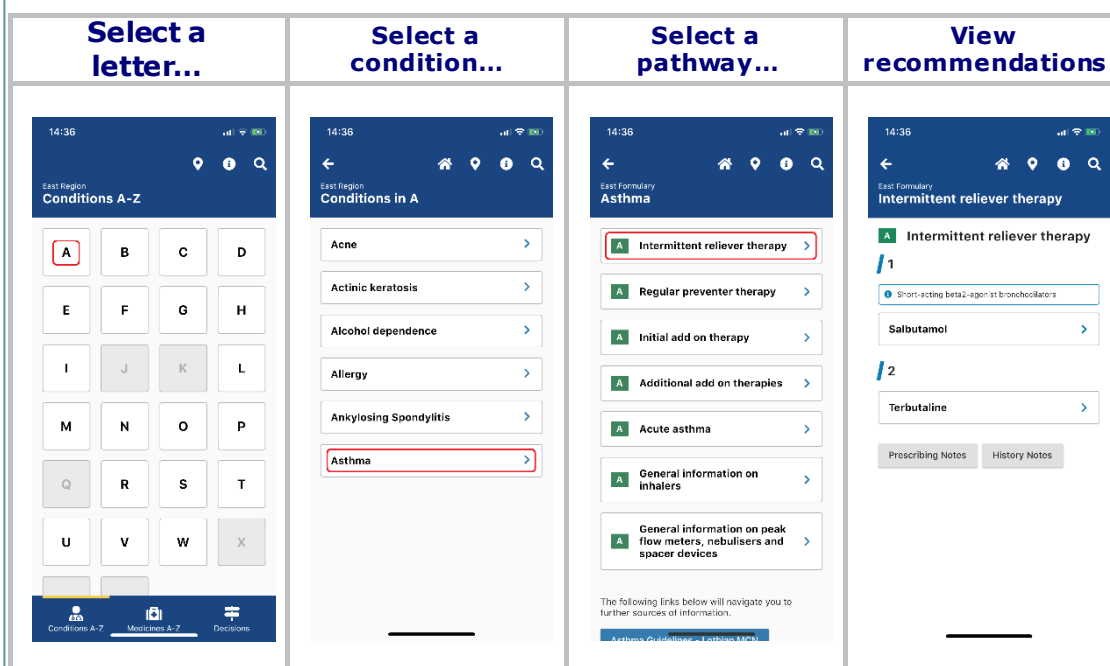
Work started in February 2020 to migrate the existing Lothian Joint Formulary content onto a new digital platform, consisting of a website and mobile app. NHS Lothian are the first Health Board to utilise the new platform, and the migration of the LJF will be the first step in establishing a new regional formulary for the East of Scotland. A new team is in place to lead on this exciting project.

What's changing with the new platform?

The new website and mobile app expand the traditional formulary structure, based around BNF chapters, by presenting condition-based medicine recommendations. These place each formulary recommendation in context to illustrate how the medicine is used in the treatment of patients with common conditions.

How easy will it be to find formulary recommendations?

The website and mobile app offer a variety of methods for accessing the formulary recommendations. The quickest are the A-Z screens, which allow you to locate a specific condition or medicine. Here is an example of using the Conditions A-Z screen on the mobile app:



Each condition page contains pathways covering all formulary recommendations for that condition. This means that the adult formulary, the child formulary and the new Pharmacy First recommendations are all in one place.

In each pathway you will find prescribing notes, formulations, dose instructions and direct links specific to the medicine. These include BNF, Electronic Medicines Compendium (for Summary of Product Characteristics and Patient Information Leaflets), Stockleys (for interactions) and SMC advice.

Editorial Team

Helen Christie-Thom
(MMT Administrator)

Anne Gilchrist
(Lead Pharmacist,
MMT) (Chair)

Nikki Gilluley
(Lead Pharmacist,
Medical Education)

Dr Sara Hornbrook
(General Practitioner)

Dr Alison MacRae
(General Practitioner)

Stewart McNair
(Integrated Care
Pharmacist)

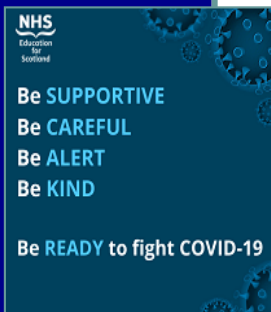
Sheila Noble
(Principal Pharmacist,
Medicines Information)

Moir Ross
(MMT Information
Officer)

Drug interactions and COVID-19

The Liverpool Drug Interaction Group COVID-19 Drug Interaction Checker can be accessed via www.covid19-druginteractions.org/checker.

- ◇ This freely accessible interactive tool allows you to check interactions between one or more medicines, including the majority of medicines currently being used in the treatment and management of patients with COVID-19.
- ◇ This is for use by healthcare professionals and should be interpreted with caution. No single information resource is totally comprehensive or completely up-to-date. All databases have the potential to have search function anomalies; use professional judgement to decide when you need to verify facts in another resource.
- ◇ If you need any clarification or further information in relation to a potential interaction, please contact your pharmacist in the first instance or, if they are unable to help, contact medicines.information@nhslothian.scot.nhs.uk.



Launch of COVID-19 Yellow Card reporting site

The MHRA have introduced a [dedicated Yellow Card Reporting site](#) for medicines and medical devices used during COVID-19 treatment. Use the site to report:

- ◇ all suspected side effects associated with **any** medicine used in patients with confirmed or suspected COVID-19, (this includes medicines to manage long-term or

pre-existing conditions, and unlicensed medicines or medicines used off-label).

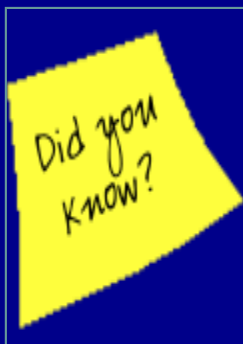
- ◇ medical devices incidents related to COVID-19.

Reporting of incidents in clinical trials should follow the trial protocol.

In future, this dedicated site will enable reporting of suspected side effects

associated with new medicines or vaccines authorised to treat and prevent COVID-19.

Access the report form at: coronavirus-yellowcard.mhra.gov.uk/



Good news on vaccine cold chain incidents and wastage

We have made great progress this year in reducing the cost of vaccines wasted due to cold chain breaks by around 50%, and also considerably reduced the amount of stock being held at any one time. However, there has been an increase in the number of preventable incidents.

Please remind all staff to put fridge orders away promptly upon receipt and to ensure fridge doors are properly closed and locked so that next year's figures are even better.

Keep up the good work and please remind all staff!

But can we do even better?

The Minor Ailments Service (MAS) was replaced by the new NHS Pharmacy First Scotland service on 29 July 2020, as detailed in the Scottish Government Circular, available [here](#). This new service seeks to encourage people to go to their local community pharmacy for support with minor and acute health conditions. The patient eligibility has been extended in comparison to the current MAS to include all individuals who are registered with a GP practice in Scotland, or who live in Scotland, subject to certain exceptions for visitors to Scotland.

The service is consultation based. Pharmacy teams will undertake an NHS Pharmacy First Scotland consultation and provide one of three options - Advice, Treatment or Referral to another healthcare professional, if appropriate. In addition to minor conditions, it will also continue to provide advice and treatment for specific common clinical conditions, starting with uncomplicated UTIs in women and impetigo. Further common clinical conditions will be identified and added in due course.

There is an Approved List of products available to be supplied to patients under the service and this is available as Annex E of the Circular. Community pharmacies and GP practices have received supplies of patient leaflets and posters explaining the new service. In addition, GP practices have received signposting guidance from Scottish Government, available [here](#).

Thanks to Dawn Owen,
Lead Pharmacist PLGs & Community
Pharmacy Development

Ondansetron

Early this year, the MHRA published a warning about a small increased risk of oral clefts, following use of ondansetron during the first trimester of pregnancy. This was based upon results from two epidemiological studies published late in 2018 and 2019. These had been reviewed by the European Medicines Agency (EMA). The summaries of product characteristics (SPCs) for ondansetron now advise that oral or intravenous (IV) ondansetron should not be used during the first trimester of pregnancy.

The MHRA advice states that if physicians consider a licensed treatment is not suitable to control severe nausea and vomiting in pregnancy, they should use their professional judgement, considering available evidence and the risks for mother and baby of malnutrition in early pregnancy.

If a special clinical need for ondansetron is identified, then this decision should be made in consultation with the patient, after they have been fully informed of the potential benefits and risks of the different treatment options.¹

The NHS Lothian hyperemesis gravidarum inpatient guidelines are in the process of being reviewed. They currently recommend using cyclizine 1st line, prochlorperazine 2nd line, with ondansetron as a 3rd line option.²

¹ [Drug Safety Update vol 13, issue 6: January 2020](#)

² [Hyperemesis Gravidarum Maternity Services Lothian Guidelines 2015](#)

Paracetamol

An issue with paracetamol administration has been highlighted to the primary care pharmacy team. One of the most frequently asked questions by carers in primary care is the acceptable dosing interval between paracetamol doses. Due to the time constraints of carers' visits, there have been occasions where the minimum four hour dosing interval cannot be honoured and, on occasion, the dose has been given before this time. On each occasion, carers have obtained assurance from a Health Care Professional before administering the medication. This advice is outwith product licence. The pharmacy team cannot support advice other than the product licence recommendation of a **minimum interval of four hours** between doses of paracetamol.

Please note that giving advice outwith a product licence leaves indemnity of the decision with the professional giving the advice.

Thanks to Karen Reid,
Lead Integrated Care Pharmacist

LJF Update... LJF Update... LJF Update...

Pain in adults

A thorough review has led to the reconfiguration of the analgesics to follow a less prescriptive approach to non-cancer pain. Prescribing notes have been updated to reflect current practice around the use of strong opioids in pain management. See section 4.7 for more detail.

Peri-operative analgesics have also been reviewed. **Morphine** is the preferred opioid for intravenous analgesia with **fentanyl** or **oxycodone** second line.

Post-operative patients may be discharged on short term potent opioids, but these should not be routinely continued beyond this period. If opioids are continued post discharge then a clear plan for reduction should be given to the patient and GP. The maximum daily dose of intravenous paracetamol in adults has been updated to reflect at-risk patient groups.



Eye recommendations for adults

The eye chapter has been comprehensively reviewed. **Fusidic acid** eye drops have been added as a third choice for the treatment of bacterial conjunctivitis, to be used only if swab for culture and sensitivities identifies that isolate is susceptible and **chloramphenicol** is contraindicated. **Ganciclovir** eye gel has replaced **aciclovir** eye ointment (discontinued) for herpes simplex corneal infection and ophthalmic zoster. **Otrivine Antistin®** eye drops have been removed as an option for the treatment of allergic conjunctivitis. **Olopatadine** 0.1% eye drops have been added as first choice for the treatment of seasonal allergic conjunctivitis.



Infections

5.0 (c) Urinary tract – Recurrent UTI

Additional steps have been added to the first choice which remains advising simple measures which include methenamine tablets 1g twice daily.

5.0 (d) Genital system

- Bacterial epididymo-orchitis
The first choice is now **ofloxacin** or **doxycycline** or **trimethoprim**. **Ofloxacin** replaces **ciprofloxacin** in line with updated Genito-urinary medicine specialist guidelines.
- Acute prostatitis
Ciprofloxacin (previously second choice) has replaced **trimethoprim** as first choice in line with updated Genito-urinary medicine specialist guidelines. **Trimethoprim** is now second choice.

5.0 (e) Wound and skin - Mastitis

The recommendations for the treatment of mastitis now specify for mastitis/breast abscess associated with lactation [1st choice **flucloxacillin**, and **erythromycin** for penicillin allergy] and mastitis/breast abscess not associated with lactation [1st choice **co-amoxiclav**; **flucloxacillin** + **metronidazole** for frail elderly, and **clarithromycin** + **metronidazole** for penicillin allergy].



Respiratory System – adults

The first choice of beclometasone metered dose inhaler (MDI) has changed from Clenil Modulite® to Soprobe®[®], see section 3.2 (a). Both inhalers are available in all four strengths. They are licensed for the same conditions and equivalent in potency, allowing for a direct switch to be made. ASTHMA UK inhaler technique resources are available at www.asthma.org.uk/inhalervideos to support patients.



Hypnotics - child

Information on melatonin has been updated, including the addition of melatonin 3mg tablets. See section 4.1.1.



Note the Prescribing Indicators for 2020/21 are available [here](#) (NHS intranet only).