

Medicines Optimisation news headlines

DECEMBER 2013

1. Primary Care Medicines Formulary Launched

The medicines management team has developed a primary care focused medicines formulary to support practices in West Hampshire.

The formulary is based on national guidance such as NICE, the local recommendations of the Basingstoke, Southampton and Winchester District Prescribing Committee (which the CCG hosts) and includes advice and warnings from the MHRA. In addition the formulary highlights whether a medicine has been classified as 'Red, Amber or Green' or not supported locally and includes links to the shared care guidelines.

We are currently developing plans to enable practices to import the formulary into their clinical systems. Please let us know what you think and whether more, or less, information is required. The formulary is available on the CCG public website (no password required) at:

http://www.westhampshireccg.nhs.uk/documents/cat_view/84-medicines/90-formularies

Information on individual agents can be found by entering the drug name into the search facility.

2. Shared Care Guidelines made Shorter!

Feedback from GPs has led the DPC to commission shorter GP summary versions of the local shared care guidelines. Patients should be given a copy of these guidelines by the specialist to bring to their GP.

The DPC has six regular GP attendees (the West Hampshire representatives are Dr Emma Harris, Dr Madelyn Dakeyne and Dr Mike Zardis) and Dr Laura Edwards (LMC Medical Director) is also a member. The local shared care guidelines are available at:

http://www.westhampshireccg.nhs.uk/documents/cat_view/84-medicines/87-shared-care-guidelines

3. **MHRA updated advice on the treatment of epilepsy**

Different antiepileptic drugs (AEDs) vary considerably in their characteristics and the importance of changes in bioavailability between different manufacturer's products. The MHRA has classified AEDs into three categories to help healthcare professionals decide whether it is necessary to maintain continuity of supply of a specific manufacturer's product: [Link](#)

There are implications for prescribers in implementing this advice, particularly in terms of clinical systems' drug dictionaries. We are developing a plan to support practices and community pharmacists to implement this advice.

4. **Vitamin D and Calcium & Vitamin D preparations**

In response to a number of questions regarding available preparations the following may be helpful.

Where a combined product is required for the management of osteoporosis one tablet twice a day of the following products provides the recommended quantities of calcium and vitamin D (1g and 800units) at the lowest acquisition costs:

- Accrete D3 – these tablets are film coated and should be swallowed whole
- Calceos – lemon flavoured chewable tablets

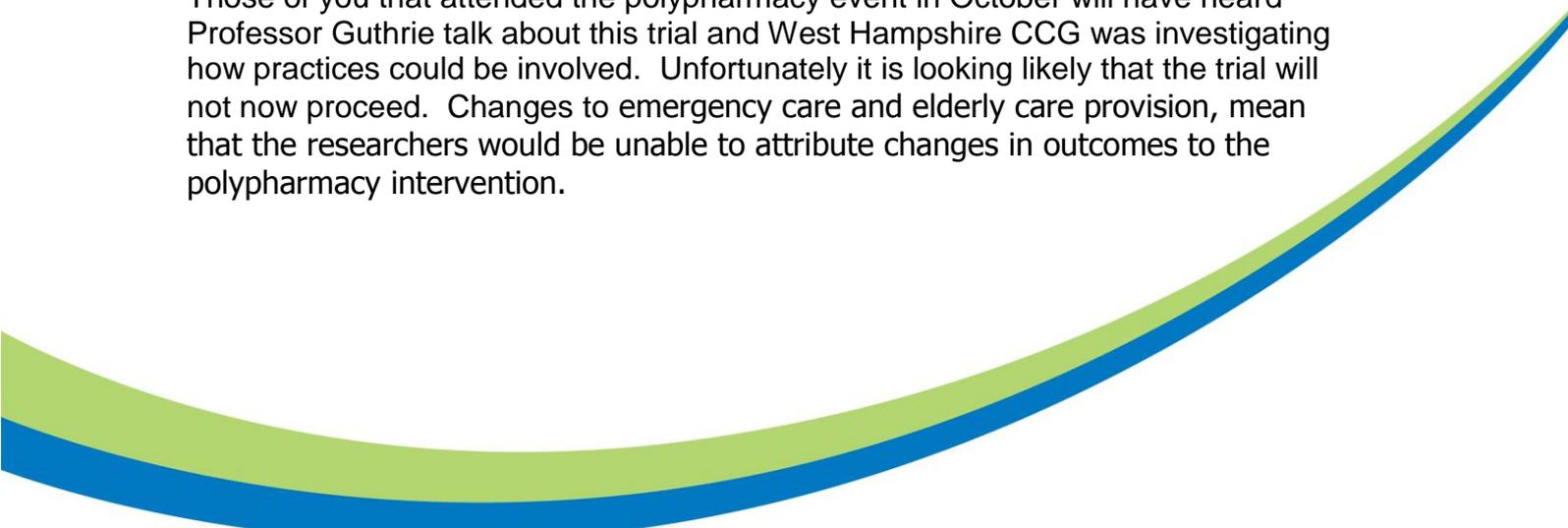
Fultium-D3 800unit capsules are appropriate where vitamin D alone is required, either for Vitamin D deficiency or for the management of osteoporosis when dietary calcium intake is already adequate.

For patients who have specific dietary requirements Pro D3 or Aciferol D3 provide low cost alternatives. They are suitable for vegetarian and Halal diets and free from gelatin, gluten, peanut and soya.

- Pro D3 - available as 400unit to 30,000unit capsules plus a liquid preparation. Additionally free from lactose, salt and yeast
- Aciferol D3 - available as 400unit to 50,000unit tablets/capsules plus a liquid preparation. Additionally free from alcohol

5. **News from Professor Guthrie about the GP-POLY trial**

Those of you that attended the polypharmacy event in October will have heard Professor Guthrie talk about this trial and West Hampshire CCG was investigating how practices could be involved. Unfortunately it is looking likely that the trial will not now proceed. Changes to emergency care and elderly care provision, mean that the researchers would be unable to attribute changes in outcomes to the polypharmacy intervention.



6. Mefloquine: strengthened warnings on neuropsychiatric side-effects

New guidance has been issued regarding the safety of mefloquine which may induce potentially serious neuropsychiatric disorders. Adverse reactions may occur and persist up to several months after discontinuation of the drug.

MHRA Drug Safety Update November 2013 [Link](#)

7. Message from Dr James Read

As I enter the last couple of weeks in my role as clinical director for medicines management at the CCG, I would like to say a big thank you to all practices and the medicines management team for all their hard work over the two years that I have been in post. Greg Warner, a GP from Romsey, will be taking over the role of clinical director for medicines management in the New Year. He comes with a wealth of experience in general practice and medicines management, having been involved with mental health prescribing and chairing the locality medicines management meetings.

Wishing you all a Merry Christmas and a Happy New Year! - James Read

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