

## Future service framework for community pharmacy

Over 200 community pharmacists attended the recent NICPLD regional programme which provided an overview of the key elements of the contract framework. If you were unable to attend and would like more information on the service framework a copy of the handout is available on the BSO website at: <http://www.hscbusiness.hscni.net/services/PharmBSES.htm>

The information below provides an overview of the key components of the new contract framework, highlighting the services to be provided by community pharmacies in N. Ireland in the short and medium term.



## What are your views on the Medicines Use Review service?

As part of the evaluation of the Medicines Use Review (MUR) service, the School of Pharmacy at the Ulster University, on behalf of the HSCB seeks your views on the service.

Please take a few minutes to contribute to this by completing the survey – this is important as it will help inform any future changes to the service.

<https://www.surveymonkey.co.uk/r/CPMUR>

Reference. 1. [www.sps.nhs.uk/wp-content/uploads/2019/08/UKMi\\_QA\\_Miconazole-and-statins\\_update\\_Aug-2019.pdf](http://www.sps.nhs.uk/wp-content/uploads/2019/08/UKMi_QA_Miconazole-and-statins_update_Aug-2019.pdf)

This newsletter has been produced for community pharmacists and pharmacy staff by the Regional Pharmacy and Medicines Management Team. If you have any queries or require further information on the contents of this newsletter, please contact one of the Pharmacy Advisors in your local HSCB office:  
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Past and current editions of the PRN can be found in the Newsletters section of the Northern Ireland Formulary website <http://niformulary.hscni.net/PrescribingNewsletters/Pages/default.aspx>.

Every effort has been made to ensure that the information included in this newsletter is correct at the time of publication. This newsletter is not to be used for commercial purposes.



## Pharmacy Regional Newsletter

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## Pharmacy First Service Winter 2019/20



The Pharmacy First Service for sore throats, colds & flu-like illness is available from participating community pharmacies until 31<sup>st</sup> March 2020.

### Key points to remember:

All contractors must sign a new contract for Winter 2019/20 and return to local HSCB office

- Supplies of the triplicate consultation forms are also available from local offices
- Display the new posters and flyers in the pharmacy and promote the service on your social media platforms using the service animation available at <https://vimeo.com/306371665>
- Ensure appropriate training of staff, pharmacists and locums using resources available on the BSO website
  - ⇒ Community pharmacy training presentation
  - ⇒ Service guidance for community pharmacists
- The service is **NOT** intended to displace normal retail activity or convert people from self-care to Pharmacy First.
- The service should not be provided to self, close family members or pharmacy staff
- Inform GP practices of service provision and establish secure arrangements for data transfer

## Clinical checks and their importance in the dispensing process

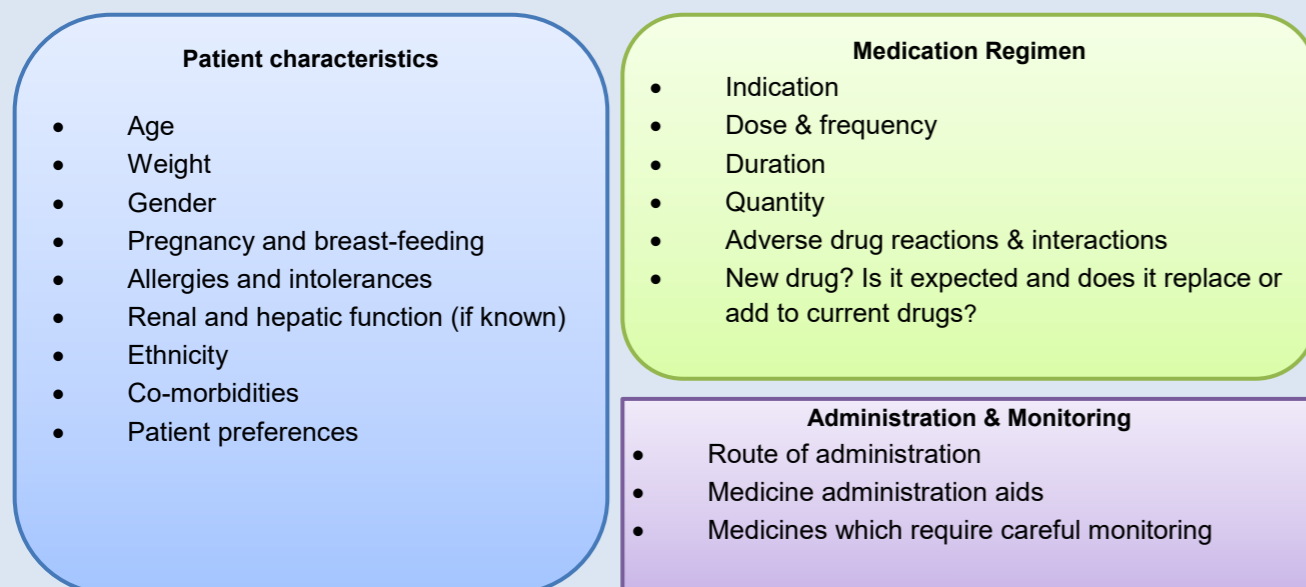
The Pharmaceutical Society of Northern Ireland's '[Professional Standards and Guidance for Sale and Supply of Medicines](#)' sets out the professional responsibilities for the supply of prescribed medicines, outlining that a clinical assessment of every prescription must be undertaken by a pharmacist.

A thorough clinical check may have prevented the following adverse incidents, which were recently reported to HSCB

- Patient continued to take folic acid for years after associated methotrexate was stopped
- A child was prescribed and received bisoprolol 5mg instead of intended bisacodyl 5mg for constipation
- Patient took double doses of tramadol, one dispensed weekly in a MDS and the other dispensed in full, as a one-off item
- Patient was simultaneously taking apixaban and aspirin
- A 6 month old baby received a liquid preparation containing a high alcohol content

By clinically assessing each prescription, the pharmacist is providing a vital safeguard in preventing patient harm, ensuring that the medicine supplied is both safe and effective for use by that particular patient. The Pharmacy Forum [Clinical Check Guidance](#) and the [NI medicines governance Clinical Check](#) article highlight the key areas to be considered when undertaking a clinical check.

### Clinical Check Guidance - key points



The actual resources that will be available to conduct a clinical check will depend on the pharmacy setting. However, it is expected that pharmacists will use the information that is available to them to ensure a comprehensive clinical assessment is performed. This may involve considering factors such as access to the Patient Medication Record (PMR) when conducting the clinical check, ensuring they are using the current prescription and are not relying on a Medicine Administration Record (MAR) sheet, or asking the patient, another prescriber or pharmacist for more information, if necessary.

It should be noted that it is the pharmacist's responsibility to find out all relevant clinical information and they should not dispense if they are unsure about the prescription. Once a clinical check is complete it is important to record any clinical interventions that were made, including details of all relevant communications and advice.

## Generic prescribing of Levetiracetam

The Northern Ireland generic prescribing rate of levetiracetam has risen in the past three years from 20% to 58% (July-September 2019 data), which has resulted in significant efficiencies being released for reinvestment into Health and Social Care services in Northern Ireland. Should the Northern Ireland prescribing rate rise to that of England (89%), this would release a further £1M to invest in patient care.



### Actions by Other Healthcare Professionals

- GP practices have been encouraged to continue to review patients where appropriate to discuss the option of switching from the brand Keppra® to the generic levetiracetam
- Trusts have agreed to:
  - ⇒ Initiate new patients on the generic form of the drug
  - ⇒ Stock generic levetiracetam
  - ⇒ Reinforce and support generic switches made by colleagues in primary care

Although generic levetiracetam is considered bioequivalent to the brand, it is recognised that patient anxiety over a change to their medication may have a detrimental effect on epilepsy control. Therefore a proposal to undertake a generic switch should only be undertaken by review on a case-by-case basis and by direct contact with the patient/carer.

### Actions for Community Pharmacists

- Maintain stock of generic levetiracetam if being prescribed locally
- Check that the patient is expecting the change, remind them that levetiracetam now replaces their previous prescription for Keppra® and ensure that they know not to take the two drugs together
- Remind the patient that the strength and dose of levetiracetam are the same as the previous prescription for Keppra® and query any change in these
- Reinforce the message that the generic works just like the branded product

A patient information leaflet is available which may be useful when counselling patients who are considering switching or who have been switched already <http://niformulary.hscni.net/PatientZone/Epilepsy>

## Miconazole (Daktarin) oral gel interactions

Miconazole is an azole antifungal which inhibits CYP450. It is absorbed systemically from the oral gel preparation and has the potential to raise plasma levels of drugs metabolised by CYP450 isoenzymes, increasing the risk of adverse effects. Prescribing data indicates that 16,500 items of Miconazole gel were prescribed over the last 12 months in NI. It is also currently available on the Minor Ailment scheme. The [Summary of Product Characteristics for miconazole oral gel](#) (Daktarin) contraindicates co-administration of miconazole with drugs that are metabolised by CYP450 isoenzymes, including fluvastatin, rosuvastatin, atorvastatin and simvastatin.

Statin	Interaction potential with Miconazole gel	Action to be taken (if any)
Pravastatin	Pravastatin is not metabolised by CYP450 isoenzymes	No action. Patients taking pravastatin can use miconazole oral gel.
Fluvastatin Rosuvastatin	Fluvastatin and Rosuvastatin undergo limited CYP450 metabolism therefore a clinically significant interaction is unlikely.	Miconazole oral gel could be used with caution provided patients are monitored for adverse effects. <sup>1</sup>
Atorvastatin	The concomitant use of atorvastatin and miconazole should be avoided if possible.	If miconazole oral gel must be used, it may be prudent to temporarily withhold atorvastatin to avoid possible adverse effects but the patient's GP must be involved in this decision. If concurrent use is unavoidable then a lower dose of atorvastatin should be considered and the patient monitored for toxicity.
Simvastatin	The SmPC for miconazole oral gel (Daktarin) contraindicates co-administration of miconazole oral gel and simvastatin due to the risk of myopathy and rhabdomyolysis.	Simvastatin must be temporarily stopped if miconazole is prescribed.

### Action for Community Pharmacists

- Be aware of possible interactions **with statins** when dispensing Miconazole (Daktarin) oral gel and when supplying Miconazole (Daktarin) oral gel under the Minor Ailment scheme.
- **Consider the actions outlined in the table, as appropriate.**