



- **Primary care guide to Controlled Drugs**

The third edition of '[A guide to good practice in the management of controlled drugs in primary care \(England\)](#)' has been published by the National Prescribing Centre. The Controlled Drugs Guide (CDG) takes into account the significant legislative changes, introduced by the Government to strengthen the governance arrangements for controlled drugs (CDs) since publication of the first edition in December 2005. This CDG is primarily aimed at developing good practice for the management of CDs in primary care in England, but also encompasses issues raised at the interfaces between primary, secondary and social care. This CDG aims to identify robust systems for obtaining, storing, supplying, recording, monitoring and disposing safely of CDs, while at the same time helping to ensure appropriate and convenient access for those patients that require CDs.

- **Mixing of medicines and prescribing unlicensed medicines - legislation changes**

Just over one year ago the MHRA advised that mixing two (or more) medicinal products together in one syringe produces an unlicensed medicine. This advice had a significant effect on practice for many Non-Medical Prescribers (NMPs) as they were not allowed to prescribe unlicensed medicines as independent prescribers. The MHRA realised the implications of their advice on NMPs and sought out the best way the situation could be resolved. As a result of this work, from 21st December 2009 legislation has been changed to allow pharmacist independent prescribers and nurse independent prescribers to prescribe unlicensed medicines in all clinical areas, for use by his/her individual patient on his/her personal responsibility.

- **Alternatives to Adcortyl in Orabase**

Adcortyl in Orabase (triamcinolone in carmellose gelatin paste) has been discontinued for commercial reasons. Prescribers may need to consider what alternatives are available for the local management of mouth ulceration. If mechanical protection is required:

- *Orabase* (carmellose gelatin paste) remains available, and can be used to provide a topical barrier although it can be difficult to apply effectively. It contains no active ingredient and is suitable for use in children.

If a steroid is required:

- Hydrocortisone 2.5mg oromucosal tablets can be allowed to dissolve in the mouth, close to the ulcer. Use in children under 12 years should be on medical advice.
- Betamethasone 500mcg soluble tablets can be dissolved in 20ml water and used as a mouthwash four times daily. This use is off-label and not recommended for children under 12 years.
- Beclometasone dipropionate 50mcg metered dose inhaler can be used topically. The recommended dose is 50-100mcg sprayed to the affected area twice daily. This use of the inhaler is off-label.

All the above options are included in the Dental Practitioners Formulary (DPF) and may be prescribed by dentists on FP10D prescriptions. The DPF specifies the *Clenil Modulite* 50mcg beclometasone inhaler.

- **Anaphylaxis Campaign advises check of expiry date of adrenaline Epipens**

The Anaphylaxis Campaign is urging the 210,000 British people who carry adrenaline Epipens to check the expiry date if they have not already done so, as many are due to expire in January 2010. Most pens in the UK are US-made Epipens and tend to arrive in one large batch with the same expiry date. Many pens, which have a shelf-life of 18 months, were prescribed in the summer of 2008 and all came from the same batch with the January 2010 expiry date. Prescribers may experience an increase in requests for new prescriptions.

- **Price variation of different formulations flucloxacillin 250mg/5ml - correction**

In the December issue we advised prescribers that flucloxacillin suspension was considerably cheaper than the oral solution, but have since been advised that the suspension has now been discontinued.

- **And finally some good news for the New Year – the Daily Mail prints an accurate healthcare article!**

<http://www.dailymail.co.uk/health/article-1237670/Are-women-conned-benefits-breast-cancer-screening.html>

The above article in The Daily Mail demonstrates that they “get” the difference between Absolute and Relative Risk Reductions! Do you? Would you be able to explain them to your patients in terms they could understand? If you're interested in improving your skills in this area have a look at the Information Mastery section of the NPCi website

http://www.npci.org.uk/reception_static.php#info

This edition is also available on HNN (Health Network Northants)

<http://www.northants.nhs.uk/Display/Dynamic.jsp?topid=14070&lhsid=514&oid=2854¤tid=2854>

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