



# Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists  
NHS Nene CCG and NHS Corby CCG



Issue 96

September 2014

- **Practice nurse training from the Diabetes MDT**

The diabetes MDT continues to offer training sessions for practice nurses on insulin initiation, GLP-1 agonists, oral hypoglycaemic agents and lifestyle. The dates and venues for the remainder of 2014 are attached with this bulletin. Novo Nordisk appears to be heavily promoting their Merit course regarding GLP-1 agonists. Practice nurses are encouraged to attend the MDT sessions instead.

- **Sildenafil – changes to Regulations**

The Regulations have been amended to allow generic sildenafil to be prescribed outside of the “Selected List Scheme”. <http://www.legislation.gov.uk/ukxi/2014/1625/contents/made>. Prescribers are now free to prescribe it without restriction, for the treatment of erectile dysfunction. The ‘SLS’ indication with which a prescriber would have previously endorsed a prescription, is no longer necessary. Other in-patent and branded products will continue to be restricted via the SLS. The local commissioning decision to limit quantities to 4 tablets per month still applies.

- **Fucithalmic gel eye drops**

Fusidic acid 1% gel eye drops (Fucithalmic) have been discontinued with immediate effect by Amdipharm. The company have launched a replacement generic product (fusidic acid 1% gel eye drops). The Drug Tariff price will remain at £2.69 for now but it appears that this may increase over the next few months. Chloramphenicol eye drops remain the first-line choice topical antibiotic when treatment of bacterial conjunctivitis is required.

- **Flu Vaccination**

Public Health England have produce a series of materials to support this year's flu vaccination programme e.g. training materials for health care professionals, patient information leaflets, flow-chart to ensure the correct flu vaccine is administered for each patient group etc. <https://www.gov.uk/government/collections/annual-flu-programme>  
The PGDs for administration of the ‘flu vaccine are now available on Pathfinder.  
<http://nww.pathfinder-rf.northants.nhs.uk/nene/therapeutics/patient-group-directions/>

- **Children's flu vaccines update**

Live attenuated influenza vaccine (LAIV) is the vaccine of choice for those aged from 24 months to less than 18 years of age except those with contraindications. There is currently only one LAIV on the market, Fluenz Tetra® (quadrivalent LAIV intranasal influenza vaccine) which will be supplied via ImmForm. **However this vaccine is not expected to be available to order on ImmForm before late-September 2014.** The shelf-life of Fluenz Tetra is relatively short so it is likely that initial supplies will be from a batch which will expire in mid-December 2014. For those children contraindicated to Fluenz Tetra, the quadrivalent inactivated influenza vaccine Fluarix Tetra (GSK) and the trivalent inactivated influenza vaccine (split virion) BP (SPMSD) will also be available through ImmForm. Please note that Fluarix Tetra should not be offered to those under three years of age.

- **Updated HPA guidance on Primary Care Management of Infection**

The HPA guidance on Primary Care Management of Infection has been recently updated [http://www.hpa.org.uk/webc/HPAwebFile/HPAweb\\_C/1279888711402](http://www.hpa.org.uk/webc/HPAwebFile/HPAweb_C/1279888711402). Previously the HPA guidelines have been adapted for local use. However as there would be minimal local adaptation from the updated HPA guidelines it has been decided that there is limited value in producing local guidance at this point in time. The HPA guidance covers the majority of infections seen in primary care within 5 pages. Areas that differ from the 2010 and/or our local guidance are:

- Clarithromycin is preferred over erythromycin (it is now cheaper).
  - A specific recommendation not to treat asymptomatic bacteriuria in over 65s as it is common but not associated with increased morbidity.
  - Specific advice not to treat catheter associated bacteriuria unless systematically unwell.
  - Suggestion to consider standby or post coital antibiotics for women with recurrent UTI (trimethoprim 100mg stat or nitrofurantoin 50-100mg stat) before prophylactic antibiotics.
  - Changes in recommendations for treatment of PID, with metronidazole plus ofloxacin as first line
  - Inclusion of guidance for treating dental infections. This is only if GPs need to treat pending seeing a dentist.
  - Amorolfine is back as first line for treating superficial fungal nail infections
- Note - the local commissioning decision is based on the view that superficial nail infections are a “low priority, self-limiting condition” <http://www.prescqipp.info/-amorolfine-5-nail-lacquer/finish/184-amorolfine-5-nail-lacquer/892-bulletin-55-amorolfine-5-nail-lacquer-briefing>. The HPA guidance still recommends oral terbinafine or itraconazole if the infection is serious and deemed to need treating

This edition is also available on PathfinderRF via the following link <http://nww.pathfinder-rf.northants.nhs.uk/nene>  
and on the Nene CCG and Corby CCG websites

Disclaimer

Information in this newsletter is believed to be accurate and true. NHS Nene CCG and NHS Corby CCG and their employees accept no liability for loss of any nature, to persons, organisations or institutions that may arise as a result of any errors or omissions.