



# CURRENT THINKING ON... 2015 PRACTICE CHANGES

Welcome to our CPD module series for community pharmacy technicians. Written in conjunction with the **Pharmacy Magazine** CPD series, it will mirror the magazine's programme throughout the year. The series has been designed for you to use as part of your continuing professional development. Reflection exercises have been included to help start you off in the CPD learning cycle.

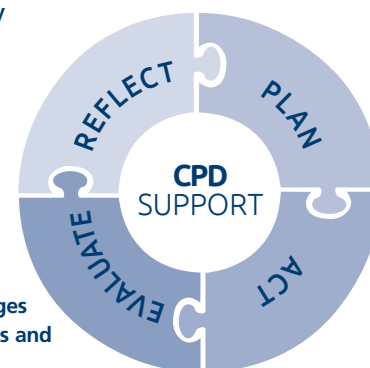
**Contributing author:** Asha Fowells MRPharmS, community pharmacist and freelance pharmacy writer.

## MODULE NUMBER: 63

**AIM:** To give an overview of some of 2015's most significant developments that pharmacy technicians need to know about for their day-to-day practice.

**OBJECTIVES:** After reading this module, pharmacy technicians will:

- Know some of the drugs that were launched and withdrawn from the UK market during 2015
- Be aware of some of the changes in the law, services and practice guidance
- Appreciate some of the safety issues that gained prominence.



### Changes in the law

Drug driving regulations were introduced in England and Wales which make it an offence to be behind the wheel while under the influence of any amount of the most commonly used illegal drugs, or an amount that is considered unsafe of amphetamine, clonazepam, diazepam, flunitrazepam, lorazepam, methadone, morphine, oxazepam or temazepam. Patients on any of these drugs should be advised to avoid driving unless they are convinced their ability is unaffected, in which case it is sensible for them to carry evidence of their prescribed medication in case they are stopped by the police.

Temazepam has been brought into line with other Schedule 3 Controlled Drugs (CDs), which means that prescriptions must now include dose, form and strength information, and state the total quantity of the preparation in both words and figures.

In England, computer-generated paper prescriptions



**Things move fast in healthcare**, as 2015 proved. Drugs were launched, others were withdrawn. Laws changed, as did clinical guidelines. Papers were published, and safety issues raised. This module aims to summarise some of the key developments that took place over the last year that pharmacy technicians need to be aware of in order to deliver the most up to date care, advice and services to their patients.

### OTC medicines

OTC diclofenac was withdrawn amid concerns that the non-steroidal anti-inflammatory drug (NSAID) could cause serious cardiac side effects in some patients. Although this

link is stronger in individuals who take diclofenac at high doses and for long-term treatment, the Medicines and Healthcare products Regulatory Agency (MHRA), the UK drug regulator, stated that the drug should only be used by individuals who had undergone a medical assessment. It is worth noting that while ibuprofen hit the headlines for the same reason later in the year, OTC doses (i.e. no higher than 1,200mg per day) are not associated with increased cardiovascular risk.

Two pharmacy-only (P) medicines switched to general sales list (GSL) during 2015: Nexium Control (esomeprazole) and Soleve Sunburn (ibuprofen

one per cent and isopropyl myristate 10 per cent).

Products containing ephedrine and pseudoephedrine are set to stay on pharmacy shelves following the publication of an assessment report that lauded pharmacy for its efforts in preventing misuse of the ingredients since sales restrictions were introduced in 2007-08.

A warning was issued about the use of codeine in cough and cold products because of concerns about the unpredictable way in which children's bodies convert the opioid to morphine. Having high morphine levels in the blood can cause toxicity, which can manifest in a number of

ways, including breathing difficulties. Such products should therefore not be used by breastfeeding mothers, children under 12 years, and children aged between 12 and 18 years who have breathing problems.

Looking ahead to 2016, a new OTC product is likely to be launched for cold-related nasal runniness and congestion. Otrivine Extra Dual Relief (xylometazoline hydrochloride 70mcg and ipratropium bromide 84mcg per spray) is currently being considered by the MHRA, following the submission of an application by manufacturer Novartis Consumer Health (now owned by GlaxoSmithKline).

for Schedule 2 and 3 CDs are now allowed, in order to enable these items to be prescribed and dispensed using the electronic prescribing service (EPS). Pharmacists and their teams should be aware that any CD Schedule 2 or 3 prescriptions received in this way still need to state the dose, form, strength (where appropriate) and total quantity in both words and figures, and be mindful of the 28 day validity from the date of signing – the only element that cannot be computer generated. Repeat dispensing is not allowed, but instalment prescriptions are.

Other legislative changes affecting CDs include the introduction of a mandatory requisition form for Schedule 2 and 3 CDs, a requirement for vets to include their registration number on CD scripts, and regularising emergency supplies of phenobarbital in the absence of a prescription. Ketamine and 4-hydroxy-n-butyric acid (more commonly known as GHB) and related compounds (which include sodium oxybate) were moved from Schedule 4 to Schedule 2 of the CD regulations.

## Vaccinations and antibiotics

Several changes were made to vaccination programmes this year, including:

- An injection protecting against Meningitis B, which accounts for around 90 per cent of meningococcal infections in the UK, is now given at two, four and 12-13 months of age
- Meningococcal ACWY has replaced the meningitis C vaccine offered at around age 14 and to new university entrants up to the age of 25
- Under a new national service, pharmacies across England can now offer seasonal flu jabs to all over 65s, pregnant women,

care home residents, carers, patients aged over 18 years in at-risk groups and household contacts of individuals who are immunocompromised (e.g. because of medication taken to prevent transplanted organ rejection)

- All schoolchildren in years one and two in England and Wales are now included in national flu immunisation initiatives.

Pharmacy staff have an important role to play in communicating and providing advice on the changes.


Also in this therapeutic area, Public Health England launched its 'Antibiotic Guardian' campaign to try to improve antibacterial prescribing and use. Pharmacies were highlighted as being well placed to provide advice on self care and OTC medicines in order to reduce the spread of antibiotic-resistant bugs.

Stricter blood glucose control was also recommended in NICE guidance for children and young people with diabetes, with the aim of reducing the impact diabetes can have on future health.

Type 1 diabetes did not escape NICE's scrutiny, with sufferers advised to get a handle on their glycaemic control via more frequent self-testing as a way of minimising the risk of problems with their circulation.

On a related note, the organisation's updated guidelines on diabetic foot problems made it clear that pharmacists and their teams have a valuable part to play in explaining basic foot care to all diabetes patients, regardless of their age.

The European Medicines Agency emphasised the need for care when prescribing and dispensing certain insulin



# reflection exercise

This module briefly covers the changes that were made to the UK-wide childhood immunisation programme, and pharmacies have a role to play in advising parents about vaccinations. Find out more by visiting: [www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx](http://www.nhs.uk/conditions/vaccinations/pages/vaccination-schedule-age-checklist.aspx).

A poster that could be displayed in the pharmacy can be downloaded at: [www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/465866/9406\\_PHE\\_2015\\_Co\\_mplete\\_Immunisation\\_Schedule\\_A4\\_20.pdf](http://www.gov.uk/government/uploads/system/uploads/attachment_data/file/465866/9406_PHE_2015_Co_mplete_Immunisation_Schedule_A4_20.pdf).

developmental disorders such as autism.

Mirabegron should not be taken by patients with severe uncontrolled hypertension, and all patients prescribed the drug, which is used in managing overactive bladder syndrome, should have their blood pressure monitored regularly. These constraints were announced in response to the reporting of several cases in which severe hypertension had been linked to the drug – in some cases causing problems such as stroke and transient ischaemic attack.

The Yellow Card scheme for adverse effect reporting is well established and understood but was expanded in 2015 to include devices and suspected counterfeit and defective medicines. A mobile app was also launched, as was the case for the *British National Formulary* and the children's version, both of which were restricted to make them quicker and easier to use.

Pharmacy technicians were mentioned in guidance on medicines optimisation brought out by NICE, which listed them alongside other professionals such as pharmacists, doctors and nurses as “trained and competent” to carry out medicines reconciliation. Pharmacy is also ideally located to help people put into action the interventions suggested by the organisation as potentially delaying or preventing the onset of dementia, disability and frailty in later life: stopping smoking, being more active, reducing alcohol intake and improving diet.

“Pharmacy staff have an important role to play in communicating and providing advice on vaccination changes”

## Safety issues and publications

Many more women are being diagnosed with diabetes in pregnancy since the National Institute for Health and Care Excellence (NICE) lowered the threshold as part of its updated guidance on the clinical topic. Women who are told they have the condition should be provided with advice about diet and exercise, and women who have diabetes and are planning a pregnancy should be informed that not achieving good control of their blood sugar levels increases the risk of congenital malformations.

products. The high strength (100 units per ml or higher) formulations Tresiba, Humalog and Toujeo, the fixed insulin degludec and liraglutide combination Xultophy, and Abasaglar, a biosimilar of insulin glargine, were singled out as potential sources of confusion. Pharmacy support staff can reduce the risk to patients by making sure they are supplied with the correct products plus an insulin passport or safety card, and by checking they know how to use their medication.

Strengthened warnings were issued about restricting the use of sodium valproate and related medicines during pregnancy or in women of childbearing age to cases in which no other treatments are effective or tolerated. This is because babies exposed to the drugs in utero are at high risk of congenital malformations and

## USEFUL WEBSITES:

- The Medicines and Healthcare products Regulatory Agency website is where consultations on proposed OTC medicines can be found, alongside safety information: [www.mhra.gov.uk](http://www.mhra.gov.uk)
  - The Yellow Card Scheme can be found at: [yellowcard.mhra.gov.uk](http://yellowcard.mhra.gov.uk)
  - The NICE website gives details of recently published guidance as well as what is currently in development: [www.nice.org.uk/Guidance](http://www.nice.org.uk/Guidance)
  - The Antibiotic Guardian initiative has its home at: [www.antibioticguardian.com](http://www.antibioticguardian.com).
- 

Go to [www.tmmagazine.co.uk](http://www.tmmagazine.co.uk) to answer the CPD questions.  
When you pass, you'll be able to download a certificate to showcase your learning.  
You can also add this to your online, personalised learning log.

**Next month:** We turn to the subject of anticoagulation therapy.