

Isotretinoin (Roaccutane ▼): new safety measures to be introduced in the coming months

The Commission on Human Medicines (CHM) has recommended new measures to strengthen the safety of isotretinoin treatment, including:

- addition of new warnings for the risk of sexual dysfunction;
- recommendations also include the development of consistent monitoring requirements for potential psychiatric and sexual side effects in all patients throughout treatment;
- the initiation of treatment in patients younger than 18 years will require 2 prescribers to agree a patient's acne is severe and that there is no other effective treatment before initiation of isotretinoin therapy.

No new action is needed from healthcare professionals for now – local guidance and the Dorset formulary will be updated in due course.

Nitrofurantoin: reminder of the risks of pulmonary and hepatic adverse drug reactions

Healthcare professionals should advise patients to be vigilant for new or worsening respiratory symptoms and symptoms/signs of liver dysfunction while taking nitrofurantoin and promptly investigate any symptoms that may indicate an adverse reaction.

Pulmonary reactions may occur with short or long term use of nitrofurantoin, and increased vigilance for acute pulmonary reactions is required in the first week of treatment. Patients receiving long-term therapy, for example for recurrent urinary tract infections, should be closely monitored for new or worsening respiratory symptoms, especially if elderly.

Be vigilant for symptoms and signs of **liver dysfunction** in patients taking nitrofurantoin for any duration, but particularly with long-term use, and monitor patients periodically for signs of hepatitis and for changes in biochemical tests that would indicate hepatitis or liver injury.

Use caution when prescribing nitrofurantoin in patients with existing pulmonary disease or hepatic dysfunction, which may mask the signs and symptoms of adverse reactions.

Recall of Emerade® adrenaline autoinjectors

All unexpired batches of Emerade® adrenaline autoinjectors (pens) are being recalled due to an issue identified where some auto-injectors failed to deliver the product or activated prematurely. The MHRA, in conjunction with the DHSC, has established that there are sufficient supplies of alternative auto-injectors to allow for a recall at patient level.

The manufacturer of Emerade® confirmed that future production is on hold. Therefore, no further supplies of Emerade® will be available, and patients will need to be switched to an appropriate alternative.

Healthcare professionals should inform patients, or carers of patients, who carry Emerade® to obtain a prescription for and be supplied with an alternative brand. They should then be informed to return their Emerade® pens to their local pharmacy.

Further information (including links to EpiPen® and Jext® training materials) is available via the following links:

- [CAS alert](#) (includes a letter for patients)
- [MHRA Class 1 medicines recall](#)
- [MHRA press release](#)

Antimicrobial stewardship

- A recent study asked [Are insect bites responsible for the rise in summer flucloxacillin prescribing in United Kingdom general practices?](#) The study is a timely and useful reminder to promote appropriate management of insect bites as summer approaches. NICE has a helpful [one page visual summary](#) of management of bites and stings, with a reminder that most bites and stings do not need antibiotics.

Medicines Sustainability: an introduction

Join a webinar for all those with an interest in reducing the environmental impact of healthcare and simultaneously improving patient health!

In 30 minutes, learn about the 4 principles of sustainable healthcare, be inspired by what's already happening in Dorset and work out how you can get involved, regardless of role or experience. Please contact tracy.lyons@nhsdorset.nhs.uk for an invite to any of the following 2023 dates of your choice:

Tuesday 30th May, 12noon	Friday 23 rd June, 1pm	Monday 17th July, 12noon
Wednesday 16 th August, 1pm	Thursday 28 th September, 1pm	Monday 16 th October, 12noon
Tuesday 14 th November, 1pm	Friday 15th December, 12noon	

EPS/eRD troubleshooting

If a prescription is not able to be sent via EPS, please check the following:

- is the patient's record synchronised to the Personal Demographics Service (PDS)?
- is an item marked 'personally administered' (PA)? To send the item via EPS, remove the tick from the PA check box
- are the prescribed items matched to the dm+d? The NHS Dictionary of Medicines and Devices (dm+d) provides a standardised reference for medicines and medical devices for use by different clinical systems - use the [dm+d factsheet](#) to assist with mapping common items
- does the patient have [an exception code](#) in their record which is no longer relevant?
- is the user logged in with appropriate smartcard rights, and is your system configured correctly to enable users to generate and sign EPS prescriptions according to their roles?

More information is available via [NHS Digital](#).

Patient safety incidents / GP intelligence

- From 1st June 2023, the ICB Patient Safety Team will no longer be using the serious.incidents@nhsdorset.nhs.uk or adverse.incidents@nhsdorset.nhs.uk email addresses. Please contact the team using the new Patient Safety Team email – patientsafety@nhsdorset.nhs.uk.
- GP intelligence reporting – NHS Dorset have created a new quick and easy [Microsoft form for reporting acute trust contract or pathway breaches](#) (for example non-receipt of discharge summaries, non-supply of discharge medication, non-issue of fit notes, and inappropriate requests of primary care). The link can be saved on your desktop for easy access, and no login is required.
- Have a look at CQC's 'GP Mythbuster' about [LFPSE and patient safety](#). The CQC have confirmed to us that during their inspections, practices who use the LFPSE system to report patient safety incidents will be seen as 'outward looking' in supporting the collection of learning from across the country, this will also go towards the overall rating that the practice receives.

Influenza season 2022/23: ending the prescribing and supply of antiviral medicines

The most recent surveillance data from UKHSA indicates that circulation of influenza in the community has returned to baseline levels, and we are therefore 'out of season'.

Healthcare professionals in primary care should no longer prescribe antiviral medicines (oseltamivir or zanamivir) for the prophylaxis and treatment of influenza on an FP10 prescription form. Community pharmacists should no longer supply antiviral medicines in primary care on presentation of an FP10 prescription form.

This advice stands until a notification is issued from the Chief Medical Officer (CMO) to re-commence prescribing and supply of antiviral medicines in primary care. For more information, see the [CMO alert](#). For local flu outbreaks whilst we are 'out of season', please refer to the FluOOS protocol, as per the [Dorset formulary](#).

Quick bites

- The Dorset Formulary is available at: www.dorsetformulary.nhs.uk.
- **Kidzmed Pill School!** Teaching children (5 years +) how to swallow tablets & capsules instead of liquid medicines. (Better for children, parents & the environment). Children & parents/carers can be referred to an outpatient Pill School 'class' at Poole Hospital lead by paediatric specialists, and paediatric team also offer training to primary care staff who would like to deliver the KidzMed Pill School in their own setting. Please contact paediatricpharmacists@uhd.nhs.uk for further details.
- [UKHSA Vaccine update: issue 337, April 2023](#): featuring information on World Immunisation Week and European Immunisation Week resources, the London 2022 Polio booster campaign phase 1 evaluation, maternal whooping cough uptake, Covid-19 spring booster resources, fundamentals of immunisation course and vaccine supply.
- The names of both the 4mm (32 gauge) and 5mm (31 gauge) BD Micro-Fine pen needles has been updated. The word 'ultra' has been added to the name, as follows:
Old: BD Micro-Fine + hypodermic insulin needles for pre-filled / reusable pen injectors screw on [Xmm]
*New: BD Micro-Fine **Ultra** hypodermic insulin needles for pre-filled / reusable pen injectors screw on [Xmm]*
The old name is no longer DM&D mapped and so for electronic prescribing, repeat templates will need to be updated to the new name of the product.
- [Revised SPC: Naseptin Nasal Cream](#) has now been reformulated with medium chain triglycerides replacing the arachis oil (peanut oil) excipient. Contra-indications for use in patients with peanut and/or soya have therefore been removed.
- [Risk management materials for Nebido®](#) (testosterone undecanoate) provide information on how to administer Nebido®, the possible adverse events of pulmonary oil microembolism and suspected anaphylactic reactions, and the recommended treatment schedule.
- [Adrenaline Auto-Injectors \(AAIs\) safety campaign](#) – information for patients, healthcare professionals and wider public to help better understand the importance of AAIs as a potential life-saving medicine. The campaign information provides infographics and videos on the correct use of AAIs during anaphylaxis.

REGIONAL MEDICINES INFORMATION SERVICE

If you work in primary care (including community pharmacy), specialist medicines advice can be obtained from SPS via **0300 7708564** or email asksp.nhs@sps.direct. (Staff in Dorset NHS Trusts should seek advice from their pharmacy teams).