NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

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Antimotility agents and clostridium difficile infection

A reminder that anti-motility agents should not be prescribed for people with suspected *Clostridium difficile* infection, due to the risk of toxic megacolon. *C.difficile* should be considered as a differential diagnosis in patients who have had exposure to **any** antibiotic treatment within the last 3 months, have been taking proton pump inhibitors or have had a hospital admission, as they are at high risk for development of *C.difficile*. Added risk factors include older age, (generally over 65 years), and an underlying morbidity (e.g. inflammatory bowel disease or chronic renal disease). Face to face review with abdominal examination should be considered for such patients and a stool sample should be sent to microbiology to enable exclusion of *C.difficile* infection prior to commencing an anti-motility agent.

Members of the West Hampshire CCG Primary Care Quality Team can provide further guidance on this topic. Their contact details are:

Matthew Richardson: email: Matthew.Richardson2@nhs.net, Tel: 023 8062 2741
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Ranolazine update

An application for ranolozine was considered at the last meeting of the Basingstoke, Southampton and Winchester District Prescribing Committee, when the recommendation was made for it to become available as a third line option for stable angina where other anti-anginal agents are contraindicated or not tolerated due to hypotensive and/or bradycardic effects and revascularisation options are not available. It will be classed as an amber drug (specialist recommendation only).

A recent review by the regulatory authorities concluded that ranolazine should no longer be subject to a risk management plan and the need for patients to receive and carry an alert card when prescribed this agent has been removed.

Riboflavin for prophylaxis of migraine

In the Clinical Guideline 150, Headaches in over 12s: diagnosis and management, NICE has suggested that people with migraine should be advised "that riboflavin (400mg once a day) may be effective in reducing migraine frequency and intensity for some people".

This is based on the results of a study involving 54 patients, that compared riboflavin 400mg a day to placebo. Patients were eligible if they had a history of migraine with or without aura for at least one year, had between two and eight attacks per month and had no more than 5 days of interval headaches per month. The primary end-point was the frequency of migraine attacks that showed a significant reduction compared to placebo by month 4 and was calculated as a 37% therapeutic gain over placebo.

A licensed preparation is not available and if people wish to try riboflavin supplements, they should be advised to purchase them.

Gabapentin and pregabalin become controlled drugs from April
Following a government consultation that ran from November 2017 to January 2018 a decision has been made to reclassify both pregabalin and gabapentin as controlled drugs. They are due to come under class C schedule 3 regulations from the 1st April 2019 and will be subject to the following prescription requirements:

- Writing must be indelible.
- Must be signed by the prescriber and the signature must be handwritten. Advanced electronic signatures can be accepted where the Electronic Prescribing Service (EPS) is used.
- Include the date on which it was signed,
- Specify the prescriber's address (must be in the UK)

All prescriptions for Controlled Drugs that are subject to the prescription requirements must also state:

- The name and address of the patient
- The dosage form, e.g. tablets, even if there is only one form available
- Where a prescription is for multiple strengths of a medicine, each strength should be prescribed separately to avoid ambiguity
- The total quantity in both words and figures (total number of millilitres for liquids, total number of tablets for tablets etc. rather than the total number of milligrams)
- The dose, which must be clearly defined

There is a strong recommendation from the Department of Health that the quantity prescribed should be for a **maximum** of 30 days treatment.
The full consultation document can be found here

Open prescribing
Traditionally we have looked to epact data to provide us with information on prescribing spend but extracting the information can involve some very detailed and time-consuming searches. The Medicines Optimisation Team will continue to provide prescribing data to the localities on a monthly basis to enable review of budgets and any local interventions that are being undertaken. However, Open Prescribing provides a much quicker and easier way to access prescribing data at both practice and CCG level for work that is being carried out on a national scale. It is funded by The Health Foundation and the West of England Academic and Health Science Network and is supported by the NHS National Institute for Health Research. It is free to access and does not require you to sign up. Many of you may already be aware of this site, but if this is new to you it is well worth a look.

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