NHS
West Hampshire
Clinical Commissioning Group

Medicines Optimisation news headlines

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Safety around non-availability of medicines

As the number of supply issues around medicines increases, the need to amend repeat prescriptions is becoming a more frequent occurrence. Alongside this there is an increase in the potential for confusion about the intended prescription: Patients could end up with more than one product in their cupboard where they previously had a single item and strengths and dosages could be mixed up. Everyone needs to be alert to this problem, but here are a few tips that could help to minimise the risks:

1. Don't add an amended item to the repeat record, unless it is intended to be a permanent change.
2. Where the change is permanent, ensure that the old prescription is moved to past records with an explanation of the reason for the change.
3. Move acute changes to past drugs so that they cannot be issued again unintentionally.
4. Check the prescribed strength and dosage instructions carefully to ensure that it is not inadvertently halved or doubled. For instance, if it has been necessary to replace one furosemide 40mg tablets with two furosemide 20mg tablets.
5. Consider adding extended directions when the prescription is written. For example; take two 20mg tablets each morning when you have run out of 40mg tablets. (Do not take 20mg and 40mg tablets at the same time)

If you have any other tips from your practice we would love to hear from you.

Buccal hydrocortisone for adrenal insufficiency in children

The latest MHRA Safety Update contains a warning against the use of buccal hydrocortisone for the treatment of adrenal insufficiency in children. Cortisol release has been found to be variable when hydrocortisone is administered via the buccal route raising concerns about possible aggravation of congenital adrenal hyperplasia and an increased risk of adrenal crisis.

The acute trusts and CCGs are working closely to identify the most suitable alternative preparation for these children and ensure a smooth transfer to their treatment. Please **do not alter the prescription** for any of your patients who are affected by this alert until a clear process has been identified. The Medicines Optimisation Team will liaise with practices to facilitate this process.

Gliptin choices

The Basingstoke, Southampton and Winchester District Prescribing Committee has reviewed the evidence for efficacy, safety and cost-effectiveness of the DPP-4 inhibitors (gliptins)

DPC June 2018:

- Alogliptin remains the first choice agent in this class
- Sitagliptin offers an alternative where alogliptin is unsuitable. A rebate is in place that improves the value of this agent.
- Linagliptin should be reserved for patients with unstable renal impairment
- Saxagliptin and vildagliptin are not supported for use locally.

Fluoroquinolones – safety update

This class of drugs, containing ciprofloxacin and levofloxacin) has been given a high profile recently due to greater knowledge of the potential adverse effects.

The European Medicines Agency has said that the use of fluoroquinolones should be restricted to confirmed infections where alternative antibiotics cannot be used, in order to minimise the risk of disabling and potentially permanent side effects to the muscles, tendons joints and nervous system. They should not be used in the following circumstances:

- To treat infections that might get better without treatment or are not severe (such as throat infections.
- To treat non-bacterial infections, e.g. non-bacterial (chronic) prostatitis.
- For preventing traveller's diarrhoea or recurring lower urinary tract infections (urine infections that do not extend beyond the bladder).
- To treat mild or moderate bacterial infections unless other antibacterial medicines commonly recommended for these infections cannot be used.

In addition the MHRA has now issued a safety warning concerning an association with aortic aneurysm and dissection. The warning includes the following statements:

- Fluoroquinolones should only be used after careful benefit-risk assessment and after consideration of other therapeutic options in patients at risk for aortic aneurysm and dissection.
- Conditions predisposing to aortic aneurysm and dissection include:
    i) A family history of aneurysm disease.
    ii) Diagnosis with pre-existing aortic aneurysm and/or aortic dissection.
    iii) Other risk factors, for example; Marfan syndrome, vascular Ehlers-Danlos syndrome, Takayasu arteritis, giant cell arteritis, Behcet's disease, hypertension, and known atherosclerosis.
- Advise patients, of the importance of seeking immediate medical attention in case of sudden-onset severe abdominal, chest or back pain.

Full details can be obtained by clicking on the links above.

Access to NEWT guidelines

The NEWT guidelines have been produced by Wrexham Maelor Hospital for a number of years and provide practical information on the administration of a wide variety of agents to patients via enteral feeding tubes or those who have swallowing difficulties. Administration in this way is usually outside the terms of the product license and should only be used as a last resort when all other alternatives have been explored. However there are situations when there may not be any reasonable alternative. The information provided by NEWT is mainly anecdotal and should only be used as a guide, but it can offer some useful direction in the absence of any conventional advice. Access to the guidelines is by subscription only and the CCG has now extended this subscription to GP practices. Please speak to your Medicines Optimisation Pharmacist or Technician if you would like to set up access to NEWT within your practice.

Otitis externa

Where a topical preparation is indicated to combat otitis externa, acetic acid 2% spray (EarCalm) and betamethasone plus neomycin ear drops are the products of choice.

Catherine McLean
Interface Pharmacist, Medicines Management
catherine.mclean2@nhs.net
023 8062 7466

Dr Emma Harris
Clinical Director, Medicines Management
emma.harris25@nhs.net