

Prescribing and Medicines Optimisation Guidance

Issue: 26

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1. Priadel (lithium carbonate) advice from local mental health providers

The manufacturer of Priadel will be discontinuing production of Priadel tablets and supplies will be exhausted in April 2021. Liquids are not affected by this and production of Priadel liquid will continue. Other brands of lithium tablets remain unaffected.

Plan – October

The medicines management teams at Southern Health FT, Solent NHST and the Isle of Wight NHST are currently drawing up guidance for clinicians to support switching of existing patients to the alternatives as safely as possible. This is likely to begin in October.

A patient information leaflet to support discussion with patients about the switch has been created by Southern Health. This will be shared with the switch guidance once it becomes available.

Immediate Action

Do not initiate new patients on Priadel tablets. Other available brands include:

1. **Lithium Carbonate Essential 250mg** (previously known as Camcolit 250mg) - preferred
2. **Camcolit®** (lithium carbonate) 400 mg M/R - preferred
3. Liskonum MR 450mg

Await further guidance from Southern Health, Solent and the Isle of Wight NHST regarding switching existing patients.

Additionally, joint guidance from the Royal College of Psychiatrists and Royal College of General Practitioners is expected to be published in the next few weeks on this topic.

2. Sayana® Press (Medroxyprogesterone acetate)

Sayana® Press is a progesterone-only long acting reversible contraceptive (LARC) injection. It has been designed to allow patients to self-administer the injection and is available on prescription for patients in primary care. This has been approved by the prescribing committees in Hampshire and Isle of Wight.

Patients who are assessed and able to self-administer can then be trained to self-administer at home. This would be in place of practice staff administering the equivalent agent at the practice and so reduces clinician workload and footfall into the practices.

A primary care guide is available on the link below:

<https://westhampshireccg.nhs.uk/wp-content/uploads/2020/01/Sayana-Press-Guide-February-2019.pdf?UNLID=49452398202099152213>

Online training is available for healthcare professionals:

<https://www.pfizerpro.co.uk/product/sayana-press/long-term-female-contraception/sayanar-press-self-administration>

There is also information for patients: <http://www.injectsayanapress.org>

Additional information is available on the Faculty of Sexual and Reproductive Health (FSRH) website. ([Link](#))

3. Enoxaparin Biosimilar (Inhixa)

From September 2020, Inhixa will become the preferred brand of enoxaparin in the Basingstoke, Southampton and Winchester area due to anticipated supply shortages and possible price increases of other brands. A factsheet is available on the link below with prescribing and administration advice.

https://westhampshireccg.nhs.uk/wp-content/uploads/2020/09/Factsheet-Enoxaparin-biosimilar_update-Sep-2020.pdf

4. MHRA Safety Update: Denosumab 60mg (Prolia): increased risk of multiple vertebral fractures after stopping or delaying ongoing treatment ([Link](#))

An increased risk of multiple vertebral fractures has been reported in patients within 18 months of stopping or delaying ongoing denosumab 60mg treatment for osteoporosis. Patients with a previous vertebral fracture may be at highest risk. It is advised that prescribers should evaluate a patient's individual factors for benefits and risks **before initiating treatment** with denosumab, particularly in

patients at increased risk of vertebral fractures. The optimal duration of denosumab treatment for osteoporosis has not been established. Re-evaluate the need for continued treatment periodically based on an individual patient basis, particularly after 5 or more years of use. Patients should not stop denosumab without specialist review.

5. MHRA Safety Update: Clozapine and other antipsychotics: monitoring blood concentrations for toxicity ([Link](#))

Monitoring blood concentrations of clozapine (Clozaril, Denzapine, Zaponex) for toxicity is now advised in certain clinical situations. Blood level monitoring of other antipsychotics for toxicity may also be helpful in certain circumstances, where testing and reference values are available.

Monitoring blood clozapine levels for toxicity is now advised when:

- a patient stops smoking or switches to an e-cigarette
- concomitant medicines may interact to increase blood clozapine levels
- a patient has pneumonia or other serious infection
- poor (reduced) clozapine metabolism is suspected
- toxicity is suspected

This monitoring should be **in addition** to the required blood tests to manage the risk of agranulocytosis.