

Prescribing and Medicines Optimisation Guidance

Issue: 27

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1. MHRA Drug Safety Update: Opioids: risk of dependence and addiction. 23 September 2020 ([Link](#))

New recommendations have been made following review of risks of dependence and addiction associated with prolonged use of opioids for non-cancer pain.

Advice for healthcare professionals:

- opioid medicines (opioids) provide relief from serious short-term pain; however long-term use in non-cancer pain (longer than 3 months) carries an increased risk of dependence and addiction
- discuss with patients that prolonged use of opioids may lead to drug dependence and addiction, even at therapeutic doses – warnings have been added to the labels (packaging) of UK opioid medicines to support patient awareness
- before starting treatment with opioids, agree with the patient a treatment strategy and plan for end of treatment
- explain the risks of tolerance and potentially fatal unintentional overdose, and counsel patients and caregivers on signs and symptoms of opioid overdose to be aware of (see opioids safety information leaflet [link](#) plus PDF leaflet [link to pdf](#))
- provide regular monitoring and support especially to individuals at increased risk, such as those with current or past history of substance use disorder (including alcohol misuse) or mental health disorder
- at the end of treatment, taper dosage slowly to reduce the risk of withdrawal effects associated with sudden cessation of opioids; tapering from a high dose may take weeks or months
- consider the possibility of hyperalgesia if a patient on long-term opioid therapy presents with increased sensitivity to pain
- consult the latest advice and warnings for opioids during pregnancy in the product information and in clinical resources
- report suspected dependence or addiction to any medicine, including to an opioid, via the Yellow Card scheme

Additional opioid resources may be found on the Faculty of Pain Medicine website including their own Opioid Aware patient leaflet which includes wider risk issues, in addition to addiction: <https://fpm.ac.uk/opioids-aware-information-patients/taking-opioids-pain>

2. MHRA Drug Safety Update: Transdermal fentanyl patches for non-cancer pain: do not use in opioid-naive patients. 23 September 2020 ([Link](#))

Following a review of the risks associated with use of opioid medicines for non-cancer pain, the Commission on Human Medicines has recommended that fentanyl transdermal patches are contraindicated in opioid-naive patients in the UK. This is because fentanyl is a potent opioid. A 12 microgram per hour fentanyl patch = 30mg morphine per day.

3. NICE guidelines: Low back pain and sciatica in over 16s: assessment and management – updated guidance (NG59). Updated September 2020 ([Link](#))

NICE has reviewed the evidence and made new recommendations on the pharmacological management for people with sciatica, including not offering gabapentinoids, other antiepileptics, oral corticosteroids or benzodiazepines; it also recommends against opioids for chronic sciatica.

4. MHRA Drug Safety Update: Insulins (all types): risk of cutaneous amyloidosis at injection site ([Link](#))

Cutaneous amyloidosis at the injection site has been reported in patients using insulin and this may affect glycaemic control. Patients should be reminded to rotate injection sites within the same body region.

5. MHRA Drug Safety Update: Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing. 23 September 2020 ([Link](#))

MHRA continues to receive reports of inadvertent overdose due to more frequent dosing (including daily administration). New measures have been implemented to prompt healthcare professionals to record day of week for intake and to remind patients of dosing and risks of overdose.

6. Specialist Pharmacy Services (SPS) advice: Should patients drink alcohol whilst taking long-term low-dose methotrexate? 22 September 2020 ([Link](#))

This Medicines Q&A reviews the evidence that alcohol increases risk of methotrexate-induced liver toxicity, and advises on safe levels of alcohol intake by patients taking low-dose weekly methotrexate. Patients should be advised that both alcohol and methotrexate can potentially damage the liver, so they should not drink more alcohol than recommended by national guidelines (currently 14 units a week).

7. Specialist Pharmacy Services (SPS) advice: What factors should be considered when using LMWH to treat venous thromboembolism in patients with high body weight? 14 September 2020 ([Link](#))

Treatment of venous thromboembolism (VTE) in patients with high body weight constitutes a challenge in clinical practice. Adjustments in the dose calculation may be necessary in certain circumstances and may justify the off-label use of low molecular weight heparins (LMWHs). This decision should however be made following careful consideration of both the clinical and practical risks introduced by changing standard practice in the prescribing of LMWHs. Monitoring anti-factor Xa levels is key to the safe

use of these medicines in patients who receive an altered dosage regimen. This Q&A offers guidance on what factors should be considered when calculating a LMWH treatment dose following a VTE in non-pregnant adult patients with a high body weight, defined as more than 120 kg.

8. NHS England Guidance: Structured medication reviews and medicines optimisation: guidance. 17 September 2020. ([Link](#))

This document sets out guidance for primary care networks implementing the structured medication review (SMR) and medicines optimisation service. It includes the principles of undertaking a SMR and should be read alongside DES Specification and the Network Contract DES guidance.

The guidance includes details such as:

- a definition of SMR
- how to conduct an SMR
- how to identify/ prioritise suitable patients
- the importance of creating SMR caseloads and follow-up appointments
- who should carry out the SMR (current PCN competence and capacity as well as plans to increase this in the future)
- other areas of Medicines Optimisation for cooperation between PCNs and CCG teams

9. Community pharmacy New Medicines Service reminder

Patients may be referred to community pharmacies for the New Medicines Service. Four conditions/therapy areas are included in the initial rollout of the New Medicine Service (NMS). These are:

- asthma and COPD
- type 2 diabetes
- antiplatelet/anticoagulant therapy
- hypertension

The NHS Business Services Authority (NHSBSA) has published a list of medicines that are suitable for NMS. <https://www.nhsbsa.nhs.uk/pharmacies-gp-practices-and-appliance-contractors/dispensing-contractors-information/medicines-0>

If the patient has been newly prescribed one of these medicines then they will be eligible to receive the service, subject to the pharmacist being able to determine that the medicine is being used to treat one of the above conditions in circumstances where a medicine can be used to treat multiple conditions.

10. Extension of fluoxetine 40mg capsules Serious Shortage Protocol

The Serious Shortage Protocol (SSP) for fluoxetine 40mg capsules has been extended to Friday 2nd October by NHS Business Services Authority. The SSP will enable community pharmacists presented with a prescription for fluoxetine 40mg capsules to supply patients with 2 x fluoxetine 20mg capsules, saving considerable time for all involved.

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