

Prescribing and Medicines Optimisation Guidance

Issue: 105

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Safety guidance

1. Coroner's report on opioid prescribing: Dangers of long term prescribing and co-prescribing with benzodiazepines [LINK](#)

A Coroner's Regulation 28: Prevention of future deaths report, recently published, acts as a timely reminder of two of the MHRA's previously highlighted safety concerns regarding opioids. These include the risks of dependence and addiction in long-term (greater than three months) prescribing of opioids in non-malignant pain [LINK](#) and secondly, the potentially fatal risks of co-prescribing CNS-depressing medications with opioids [LINK](#).

In this very unfortunate death by accidental overdose, the following medications were co-prescribed: codeine, diazepam, zopiclone, quetiapine, alongside Oramorph liquid, which had been initiated eight months previously during a hospital stay for acute, non-malignant pain.

The coroner's key concerns included:

- There was no agreement with the patient before starting opioids, regarding a treatment strategy and plan for end of treatment as recommended by NICE [LINK](#). There was no practice policy requiring such an agreement.
- There was no policy in place at the GP practice regarding long term (longer than 3 months) prescription of opioids.
- There were no warning flags in place at the practice at the 3-month stage of morphine prescription, to reflect the MHRA/CHM advice referred to in NICE guidance, regarding the increased risk of addiction beyond this period.
- There was no policy in place at the GP practice regarding co-prescription of opioids and benzodiazepines, to reflect the MHRA/CHM advice referred to in NICE guidance regarding the increased risk of respiratory depression and death.

Resources to support safer opioid management and prescribing have been developed by the Wessex Opioid Group, including checklists, podcasts and patient information leaflets. They may be found on the ICB website here: [LINK](#)

Optimising medicines associated with dependence is a priority for the ICB this year, with Medicines Optimisation Incentive Scheme (MOIS) tools to facilitate this important safety work. Please contact your Medicines Optimisation team [LINK](#) for further documents to support the MOIS opioid work.

Local guidance

2. Advice regarding pancreatic enzyme replacement therapy (PERT) shortage – for adult patients that DO NOT have cystic fibrosis [LINK](#)

Local specialist advice has been written to help with ongoing national PERT shortages. PERT is indicated for the treatment of pancreatic exocrine insufficiency such as in cystic fibrosis, pancreatic cancer, and pancreatitis. This advice is specifically for adult patients with pancreatic exocrine insufficiency but not a cystic fibrosis indication. It includes conversion charts, considerations in diabetes and key national references.

National guidance

3. NHSE Digital: Recording medicines “prescribed elsewhere” in the GP practice record [LINK](#)

It is important to record all medicines prescribed by hospitals or alternative providers (for which the provider retains prescribing responsibility) in the GP clinical system individual patient record. E.g. Clozapine, biologics. Potential risks of not recording such medicines include:

- inadvertent co-prescribing of interacting medicines
- the potential to miss side effects or not attribute them to drug therapy
- hospital prescribed medicines will not be recorded on the Summary Care Record
- potential for doses to be missed if a person is admitted to a different hospital provider.

NHSE Digital provide simple advice on how to add such medicines to clinical systems via link above.

4. NPPG position statement: shortage of pancreatic enzyme replacement therapy (PERT) in neonates and children [LINK](#)

Position statement written by Neonatal & Paediatric Pharmacists Group (NPPG) aims to provide support on the key considerations when managing this shortage in neonates and children, including using alternative products, dosing equivalences, and prescribing guidance.

5. NHSE: Flu and COVID-19 seasonal vaccination programme: autumn/winter 2024/25 [LINK](#)

Letter reiterates government has accepted final advice from JCVI regarding a COVID-19 autumn/winter 2024/25 vaccination programme, and the cohorts eligible for flu programme are same as those set out in National Flu Immunisation Programme 2024 to 2025 letter.

6. Shingles vaccination: guidance for healthcare practitioners - update [LINK](#)

Information updated with clarifications made in the two sections about severely immunosuppressed individuals who received Zostavax prior to becoming immunosuppressed.

7. UKHSA: Tuberculosis: diagnosis, screening, management and data – updated guidance [LINK](#)

Information on the diagnosis, screening, epidemiology and public health strategy for tuberculosis and other mycobacterial diseases updated to include newer reports and removal of out-of-date documents such as 'tuberculosis in the workplace'.

8. British Menopause Society: Testosterone warning [LINK](#)

The BMS released a warning statement about recent media articles urging more women to be prescribed testosterone, which contain 'misinformation'. The BMS stresses that testosterone is not an 'essential' hormone as women who have effectively no testosterone production do not require testosterone to be "well". Whilst some women do benefit from the addition of testosterone, this is not the case for all women and in the interest of patient safety, it is important that women are advised within readily available clinical guidelines from the National Institute for Health and Care Excellence (NICE), British Menopause Society (BMS) and the International Menopause Society (IMS).

9. NHSE: Government restrictions on use of puberty suppressing hormones (puberty blockers): Information for Primary Care

The UK government has extended emergency regulations to restrict new prescribing of puberty suppressing hormones for the treatment of gender incongruence or gender dysphoria in children and young people who are under 18 years of age in England, Wales, Scotland and Northern Ireland. A letter was sent to all GPs and PCNs on 22nd August from NHSE.

The General Medical Council (GMC) website has further information on the latest legal restrictions. [LINK](#)

NICE guidelines

10. Adrenal insufficiency: identification and management - guidance (NG243) [LINK](#)

In this clinical guideline, NICE provide recommendations on initial identification and referral, pharmacological management, management during physiological or psychological stress, emergency management of adrenal crises, ongoing care and managing glucocorticoid withdrawal.

Other

11. New SSP issued for Cefalexin 500mg tablets [LINK](#)

A serious shortage protocol has been issued to enable pharmacists to dispense cefalexin 500mg **capsules** instead of cefalexin 500mg **tablets** to help mitigate the effects of this product shortage. The SSP will remain valid until 27/9/24.

12. New SSP issued for Ramipril 2.5mg tablets [LINK](#)

A serious shortage protocol has been issued to enable pharmacists to dispense ramipril 2.5mg **capsules** instead of ramipril 2.5mg **tablets** to help mitigate the effects of this product shortage. The SSP will remain valid until 15/11/24.

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Local medicines optimisation teams can be contacted via their generic team mailbox: See [LINK](#)

Previous bulletins can be found hosted on the ICS website here: [LINK](#)