

Prescribing and Medicines Optimisation Guidance

Issue: 107

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Safety guidance

1. Reminder: Metoject® PEN device change [LINK](#)

The delivery device of Metoject® PEN (methotrexate injection) was changed to a button-free autoinjector pen back in March 2024, to allow those with arthritis to more easily administer. This included new packaging and administration instructions. However, recently there have been local reports of patients finding the new device to be more painful on administration, compared with the previous pen, with some having stopped their rheumatoid treatment because of this. This may be due to administration technique, as the new pen device requires only a straight and gentle push, once in contact with the skin. The previous pen had required the skin to be gripped to create a skin fold to inject into.

There are approximately 460 patients prescribed Metoject® currently across the ICB area. From a clinical and safety perspective, it would be prudent to ensure patients prescribed Metoject® pens are aware of the change in injection technique, with the new device. For example, by sending the patient training video link. The company's patient support materials can be found here: [LINK](#)

Please report any concerns via the MHRA's Yellow Card reporting [LINK](#)

2. Weight threshold for use of paediatric adrenaline autoinjectors (AAIs)

When prescribing EpiPen Jnr® for paediatric patients, ensure that the patient's weight is noted. The summary of product characteristics for EpiPen Jnr® states that it is only suitable for use in children weighing 7.5 – 25 kg (1st 2lb to 4st approximately). [LINK](#)

For children weighing more than 25kg, EpiPen® auto injector 0.3 mg (adult formulation) is recommended.

The paediatric version of Jext® also has a similar weight threshold – the 150mcg device is for patients weighing between 15kg and 30kg (2st 5lb to 4st 10lb approximately). [LINK](#)
Patients over 30kg should be prescribed the adult Jext® device (300mcg).

Additionally, last year the MHRA launched materials to support the safer use of AAIs, including reinforcement of the key message that patients should always carry **two** AAIs. [LINK](#)

3. Neonatal and Paediatric Pharmacist Group (NPPG)- Using standardised strengths of liquid medications [LINK](#)

Every year there is harm to young patients caused by accidental under and overdosing of medicines solely due to the fact that the concentration of their liquid medication changed and the person administering the medicine did not realise they needed to change the volume given.

NPPG and the Royal College of Paediatrics and Child Health (RCPCH) strongly recommend that when children require liquid medications, they should receive the RCPCH and NPPG recommended concentration, where one exists. [LINK](#)

The recommended concentrations can easily be found in the prescribing and dispensing section of the BNF for Children monographs for each of the drugs.

4. MHRA's #MedSafetyWeek - Making medicines and medical devices safer [LINK](#)

This year will be the ninth annual #MedSafetyWeek social media campaign and it will take place on 4 to 10 November 2024. The theme will be '**the importance of using medicines in the right way to prevent side effects, and to report side effects when they do occur**'.

In the UK, the campaign focuses on the importance of reporting suspected adverse reactions to medicines, vaccines, medical devices or other healthcare products to the Yellow Card scheme. We ask healthcare professionals to support the campaign and talk to their patients and colleagues about side effects and how they can report suspected problems to the MHRA Yellow Card scheme. [LINK](#)

Resources available to support this campaign, such as waiting room videos may be found here: [LINK](#)



National guidance

5. Neonatal & Paediatric Pharmacists Group: Safe use of transdermal clonidine patches in the management of childhood motor and movement disorders [LINK](#)

This position statement provides pragmatic guidance on the use of transdermal clonidine, in children with movement and motor disorders. It includes when it is appropriate to consider initiation of transdermal patches, monitoring, counselling and conversion back to enteral dosing.

NICE guidelines

6. Updated clinical guideline: acute kidney injury: prevention, detection and management (NG148) [LINK](#)

This clinical guideline has been updated to include new and updated recommendations on assessing risk factors for acute kidney injury in adults having iodine-based contrast media.

Other

7. RCGP RPS – Repeat Prescribing Toolkit [LINK](#)

A new practical toolkit is available to help improve the consistency, safety and efficiency of repeat prescribing systems in England. The Repeat Prescribing Toolkit, from the Royal Pharmaceutical Society and the Royal College of GPs, was commissioned by NHS England.

The toolkit provides a framework that enables GP Practices and Primary Care Networks, working in collaboration with community pharmacies and patients, to streamline workloads, improve patient safety and care, address potential over supply and reduce medicines waste.

8. NEWT Guidelines password change [LINK](#)

Our ICB subscription to the NEWT guidelines (for enteral feeds and swallowing difficulties advice) allows the guidelines to be accessed by any healthcare professional in primary care in our ICB area. Usernames and passwords may be passed on to staff working in HIOW GP practices and PCNs.

On 30 November, the password will change. Please contact your Medicines Optimisation team for the new details. [LINK](#)

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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](#)