

Prescribing and Medicines Optimisation Guidance

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Safety guidance

MHRA: MedSafetyWeek November 2022: Every Yellow Card report helps to improve patient safety LINK

The annual MedSafetyWeek forms part of international efforts to raise awareness about the importance of reporting suspected adverse reactions to national medicines regulatory authorities, such as the MHRA. This year, regulators from 81 countries will take part.

This MedSafetyWeek, we ask that you report suspected adverse drug reactions to a medicine or vaccine directly to the Yellow Card scheme as soon as they arise. Report via the website Yellow Card scheme or via the Yellow Card app (download from the Apple App Store or Google Play Store) Do not wait or rely on someone else to report concerns. Only a suspicion is needed to submit a Yellow Card, so, if in doubt, please complete a report.

SPS: Managing constipation in people taking clozapine LINK

The Specialist Pharmacy Service (SPS) provides guidance on preventing and managing clozapine-induced constipation. There is a poor awareness of this condition, which has a fast onset of action, and continues to be associated with fatalities. The reported fatality rate for severe clozapine-induced constipation is around 20%.

For people on clozapine

- Consider providing a rescue pack of stimulant laxatives and an osmotic laxative or a stool softener.
- Some individuals may need long-term laxatives to prevent constipation. Laxatives
 are safe to use long-term in people on clozapine. This can be helpful in people who
 may not realise they are constipated.

Clozapine is a "hospital only" medication (i.e., not prescribed by Primary Care). Previous safety advice has highlighted the importance of getting such "hospital only" medications documented on repeat medication lists. Advice on how to record this medication on GP clinical systems can be found here LINK.

National guidance

NHS England Infographic: Increasing the use of direct oral anticoagulants (DOACs) to prevent strokes <u>LINK</u>

This one-page infographic has been developed in support of the national initiative to expand the use of DOACs in people with atrial fibrillation. (Edoxaban is the best value DOAC where clinically appropriate). It provides a summary of the opportunity to improve patient care and outcomes, and the funding in place to support best practice.

SPS: Temperature management for medicines storage LINK

The Specialist Pharmacy Service(SPS) has published a number of articles on temperature management for medicines, including monitoring the storage temperature, establishing alerts for temperature monitoring systems, and managing temperature excursions. It includes advice on a list of individual medications, when stored out of the fridge.

NICE guidance

NICE guidance NG226 : Osteoarthritis in over 16s: diagnosis and management LINK

This guidance updates and replaces NICE guideline CG177 from 2014. If pharmaceutical treatments are needed, (alongside non-pharmacological treatments) NICE recommends they are used at the lowest effective dose for the shortest possible time.

- Offer a topical non-steroidal anti-inflammatory drug (NSAID) to people with knee osteoarthritis.
- Consider a topical NSAID for people with osteoarthritis that affects other joints.
- If topical medicines are ineffective or unsuitable, consider an oral NSAID for people with osteoarthritis and take account of:
 - o potential gastrointestinal, renal, liver and cardiovascular toxicity
 - any risk factors the person may have, including age, pregnancy, current medication and comorbidities.
 - Oral NSAIDs should be prescribed alongside a gastro-protective treatment (such as proton pump inhibitor).

Do not offer:

- paracetamol or weak opioids routinely, (unless used infrequently for short-term pain relief or all other treatments are ineffective or unsuitable),
- glucosamine,
- strong opioids or
- intra-articular hyaluronan injections.
- Consider intra-articular corticosteroid injections when other pharmacological treatments are ineffective or unsuitable, or to support therapeutic exercise. Explain that these only provide short-term relief (2 to 10 weeks).

A visual one-page summary may be found here: LINK

Other

Hampshire and Isle of Wight (HIOW) Formulary LINK

We are pleased to announce that the new HIOW joint formulary is now live. The formulary currently covers mainland Hampshire.

The current Isle of Wight Formulary is still in place (http://www.iowformulary.nhs.uk) with a plan to align these formularies early next year.

Please can you update any links for your prescribing formulary to the new website: <u>NHS</u> Hampshire and Isle of Wight Formulary (hiowformulary.nhs.uk)

If you are concerned about any of the content, please contact your current formulary lead pharmacist so that these can be logged and any necessary changes can be considered and actioned.

Anita Bhardwaj for South West and North and Mid Hampshire—anitabhardwaj@nhs.net

Tin Orchel for Southampton – tin.orchel@nhs.net

Hiba Algas for Portsmouth and South East - h.algas@nhs.net

For the Isle of Wight - hiowicb-hsi.mot@nhs.net

NHSE: Community Pharmacy National Clinical Audit – Valproate LINK

The mandatory 2022/23 national clinical audit for community pharmacy will focus on valproate, with the aim of reducing the potential harm caused by taking valproate during pregnancy.

The audit must be completed by all community pharmacy contractors as this is part of their NHS contractual requirements. It builds on previous work undertaken in 2019/ 2020 and aims to complete the audit cycle. The standards include

Standard 1: 100% of patients are provided with a Patient Card by the pharmacy every time valproate is dispensed.

Standard 2: 100% of patients have received the Patient Guide.

Standard 3: 100% of patients who have not received a review from a specialist in the last 12 months are referred/signposted to their GP practice or specialist.

Standard 4: 100% of patients who are not on highly effective contraception in line with the pregnancy prevention programme are referred/signposted to their GP practice or specialist, where appropriate.

Prepared by Anita Bhardwaj, Sue Wakelin and Dr Emma Harris On behalf of Hampshire and Isle of Wight ICB Medicines Optimisation Teams

Previous bulletins can be found at: https://www.hantsiowhealthandcare.org.uk/your-health/medicines-optimisation-health-care-professionals/hiow-medicines-optimisation-bulletins