Hampshire and Isle of Wight

Prescribing and Medicines Optimisation Guidance

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Safety guidance

1. **Edoxaban - Caution when initiating prescribing for deep vein thrombosis (DVT) or pulmonary embolism (PE)**

There has been significant focus on edoxaban since the NHS England's direct-acting oral anticoagulant (DOAC) commissioning recommendations were launched in January 2022. This national procurement recommendation advocates edoxaban as first line DOAC for stroke prevention in non-valvular atrial fibrillation, (unless clinical contraindications) based on cost to the NHS. For more detail, see Medicines Optimisation Intervention Brief Nov 2022. LINK
This formulary choice was incentivised in the PCN DES IIF CVD-06 LINK.

However, when prescribing edoxaban for the treatment or prevention of deep vein thrombosis (DVT) or pulmonary embolism (PE), it is important to note that at least five days of parenteral anticoagulant should be given before edoxaban is initiated for these indications (Dabigatran has the same requirements also) See Electronic Medicines Compendium (EMC) for edoxaban. LINK

In the local HIOW formulary, all four DOACs (apixaban, dabigatran, edoxaban and rivaroxaban) are listed as suitable for primary and secondary care prescribing, (as per NICE TAs) for the treatment and prevention of DVT and PE. However, prescribers should be mindful of the significantly different anticoagulant dosage schedules and regimens when initiating DOACs across the various licensed indications.

DOAC dosing in acute VTE treatment *

	Apixaban	Dabigatran	Edoxaban	Rivaroxaban
Standard dose for acute treatment of DVT/PE **(without renal impairment)**	10mg twice daily for 7 days then 5mg twice daily	**Initial use of parenteral anticoagulant for at least 5 days** then 110mg- 150mg twice daily (dependent on age, risk factors, renal impairment, concomitant verapamil-See BNF)	**Initial use of parenteral anticoagulant for at least 5 days** then 30mg once daily (body weight up to 61kg) or 60mg once daily (body weight 61kg and over)	15mg twice daily for 21 days then 20mg once daily

*Taken from bnf.nice.org.uk

2. **MHRA: Metolazone 5mg tablets (Xaqua): exercise caution when switching patients between preparations LINK**

In recent years metolazone has only been available in the UK as an unlicensed (imported) product. However, in February 2021 a licensed formulation (Xaqua) LINK became available. Since then, the MHRA have been alerted to concerns with respect to switching patients between metolazone preparations as bioavailability and dosing instructions vary between Xaqua and unlicensed imported metolazone preparations. See LINK to BNF. The MHRA advises:

- Prescribers and dispensers should use caution if switching patients between different metolazone preparations as the rate and extent of absorption of metolazone are formulation dependent. This can impact the bioavailability of the product.
- Follow good practice in prescribing medicines by considering the licensed formulation (Xaqua) in preference to unlicensed imported metolazone preparations in new patients.
- Assess individual patient factors before switching patients from unlicensed imported metolazone products to Xaqua
- Consider dose adjustment, due to potential differences in bioavailability, at the time of switching from unlicensed imported metolazone products to Xaqua
- Monitor patients to assess the clinical impact of the switch – monitoring should be done on an individual basis after an assessment of the patient's risk, and could include assessment of blood pressure, electrolytes and degrees of oedema and breathlessness
- The Specialist Pharmacy Services (SPS) recently published guidance to healthcare professionals on the differences between metolazone preparations and safety considerations. LINK

3. **MHRA:Topical testosterone (Testogel): risk of harm to children following accidental exposure LINK**

Premature puberty and genital enlargement have been reported in children who were in close physical contact with an adult using topical testosterone and who were repeatedly accidentally exposed to this medicine. To reduce these risks, advise patients to wash their hands after application of topical testosterone, cover the application site with clothing once the product has dried, and wash the application site before physical contact with another adult or child.

4. **Adding drug allergy status to clinical systems**

The Hampshire Medicines Safety Group have highlighted concerns regarding incorrect allergy status recording. Penicillamine and penicillin have both been associated with incorrect recording of medication allergies. All staff entering drug allergy status onto clinical systems should be mindful of such similar sounding names and to ensure the correct medication is chosen from any drop-down menus.

Local guidance

5. Medicines Optimisation pages on Hampshire and Isle of Wight ICS website LINK

The ICS website includes a medicines optimisation page which is primarily intended for patients, carers and the public and includes advice on ordering repeat prescriptions, antibiotic prescribing, over the counter medicines and medicines safety. It also includes links to the HIOW medicines formulary: LINK

You will note that there is a box labelled 'Information for healthcare professionals' which takes you to a new page: LINK

Here you will find copies of the previous bulletins, shared care guidelines and lots of other resources. The page is still 'work in progress' as resources from the previous CCG websites are migrated across. Comments and suggestions are welcomed.

6. HIOW Formulary reminder: Enteric coated (EC) aspirin link

Aspirin EC tablets are not currently on the local formulary. It is less preferable than dispersible formulations due to its possible reduced efficacy and lack of recorded safety benefits. (Rates of GI ulceration are not reduced by use of EC or gastro-resistant aspirin formulations). If Aspirin EC is prescribed for individual patients, then gastroprotection should also be considered.

7. HIOW Formulary updates

Dienogest LINK tablets have been added to the HIOW formulary as "amber". For initiation by specialists only for patients intolerant of or unsuitable for treatment with other progestogens (oral and long-acting). Specialists to assess and counsel patients and GPs on risks (e.g. reduction of bone mineral density, contraception). Suitable for continuation in primary care.

Actimorph LINK (morphine oro-dispersible tablets) have been added to the HIOW formulary as "green" (suitable for prescribing in primary and secondary care).

National guidance

8. Group A Streptococcus - reinstatement of NICE guidance LINK

The NICE sore throat (acute) NG84 guideline for all age groups has been reinstated following the retirement of Group A Streptococcus interim clinical guidance.
Clinicians should revert to NICE guidance for the management of sore throat but should continue to be alert to the severe complications of Group A Streptococcus (GAS) and maintain a high degree of clinical suspicion when assessing patients, particularly those with preceding viral infection (including chickenpox) or close contacts of scarlet fever/ Group A Streptococcus infections (iGAS).

NICE guidelines

9. **Cardiovascular disease: risk assessment and reduction, including lipid modification** LINK

This guideline covers the assessment and care of adults who are at risk of or who have cardiovascular disease (CVD), such as heart disease and stroke. It aims to help healthcare professionals identify people who are at risk of cardiovascular problems including people with type 1 or type 2 diabetes, or chronic kidney disease. It describes the lifestyle changes people can make and how statins can be used to reduce their risk.

Other

10. **SPS: Vitamin D- Monitoring of patients on treatment doses** LINK

Healthcare professionals who prescribe vitamin D should be aware of the risks of toxicity and safe practice principles. All patients receiving pharmacological doses of vitamin D should have their plasma-calcium concentration checked at appropriate intervals relative to the indication and dosage, or where clinical symptoms indicate. Prescribers should be aware of acceptable plasma calcium levels for their patient and recommended actions to take following identification of elevated calcium levels. See SPS advice.

11. **Hay fever season and the promotion of self-care LINK**

The NHS England 2018 guidance on 'conditions for which over the counter (OTC) medicines should not routinely be prescribed in primary care' includes mild to moderate hay fever. (See page 27 of above link) Many preparations for the treatment of hay fever can be purchased by patients from pharmacies without a prescription, including fexofenadine 120mg tablets (when over 12 years of age).These medications are often cheaper than the NHS prescription charge. Prescribers are encouraged to promote self-care of hay fever symptoms as the new season shortly begins.

12. **GP Evidence** LINK

This newly launched website, GP Evidence, was developed by an Oxford GP to make the scientific evidence underpinning guideline-recommended treatments easier to access and understand for practising prescribers. It includes summaries of the evidence on the benefits and harms of treatments for 13 long term conditions, with clear pictorial data to use in shared decision making.

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Previous bulletins can be found at: link