

Prescribing and Medicines Optimisation Guidance

Issue: 89

Date: 11th October 2023

Safety guidance

1. National Patient Safety Alert : Shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets.

[LINK](#)

There are supply disruptions affecting various strengths of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets, which are licensed for the treatment of attention deficit hyperactivity disorder (ADHD).

The supply disruption of these products is caused by a combination of manufacturing issues and an increased global demand. Other ADHD products remain available but cannot meet excessive increases in demand. At present, the supply disruptions are expected to resolve at various dates between October and December 2023. This National Patient Safety Alert provides further background and clinical information and actions for providers. See link above.

The ICB website now hosts resources that provide guidance for the management of this shortage, in collaboration with our local providers [LINK](#)

2. MMR vaccination (live) and immunodeficiency

With the current rise in measles outbreaks in parts of the country, patients may require MMR vaccinations, to complete their immunisation against measles, where previously missed in routine vaccination schedules. Unfortunately, there has been a local case where an immunodeficient patient was administered MMR vaccination, without appropriate screening checks. This is a reminder that MMR is a live (attenuated) vaccine. Live vaccines can cause severe or fatal infections in some immunosuppressed individuals due to extensive replication of the vaccine strain. Where there is doubt, advice should be sought from an appropriate specialist. For further information on vaccines in immunosuppression see chapters 6 [LINK](#) and 7 [LINK](#) of the Green Book.

3. Antidepressant prescribing: Risk of suicidal behaviours

Following the inquest for a young person who died by suicide earlier this year, a Prevention of Future Death Report (Coroner's Regulation 28 Report) has highlighted learning applicable to primary care prescribers. In this case, the possibility of suicidal thoughts and behaviours was not discussed with the patient on initiation of sertraline nor when the dose was increased after two weeks. The young person died after three weeks of sertraline treatment.

Antidepressant treatment has been associated with an increased risk of suicidal thoughts and acts, particularly in adolescents and young people, and the risks are greater when antidepressants are started or stopped.

Some specific NICE guidance [LINK](#) applies when prescribing antidepressants to a person at risk of suicide, and should be followed for all those aged 25 and under. This includes to advise of the potential for increased agitation, anxiety and suicidal ideation in the initial stages of antidepressant treatment. Patients should be monitored for these symptoms and know how to seek help promptly. Treatment should be reviewed if a patient develops marked and/or prolonged agitation. It is recommended to review patients for suicidality one week after starting the antidepressant medication or increasing the dose. This should ideally be done in person.

The summary of product characteristics for sertraline states: Close supervision of patients and in particular those at high risk should accompany drug therapy especially in early treatment and following dose changes. Patients (and caregivers of patients) should be alerted about the need to monitor for any clinical worsening, suicidal behaviour or thoughts and unusual changes in behaviour and to seek medical advice immediately if these symptoms present. [LINK](#)

Risks should be discussed with patients on initiation or at dose changes of all antidepressants and documented in records.

Note that while the relative risk of suicidal behaviours is elevated above placebo rates for some patient groups, the absolute risk remains very small (listed as uncommon side effect for SSRIs in the BNF). The most effective way to prevent suicidal thoughts and acts is to treat depression and antidepressants are effective treatments.

Southern Health NHS Foundation Trust website hosts “Choice and Medication”, which provides information on many mental health conditions and medications, designed for patients, which can be accessed freely via their website : [LINK](#)

4. MHRA: Statins: very infrequent reports of myasthenia gravis [LINK](#)

Globally, there has been a very small number of reports of new-onset or aggravation of pre-existing myasthenia gravis with atorvastatin, pravastatin, lovastatin, fluvastatin, simvastatin, rosuvastatin and pitavastatin (single-ingredient and fixed-dose combination products). Advise patients taking statins to be alert to new symptoms for myasthenia gravis, or worsening symptoms of pre-existing myasthenia gravis, and to seek medical advice if these occur.

5. MHRA: Fluoroquinolone antibiotics: suicidal thoughts and behaviour [LINK](#)

Healthcare professionals prescribing fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) are reminded to be alert to the risk of psychiatric reactions, including depression and psychotic reactions, which may potentially lead to thoughts of suicide or suicide attempts. Healthcare professionals are also reminded to advise patients to be alert to these risks.

National guidance

6. NHSE Urgent update: national procurement for direct acting oral anticoagulants (DOACs)

NHSE has issued an urgent update. The commissioning recommendations for DOACs published in January 2022 currently remain unchanged, despite the fall in price of apixaban and uncertainties around the legal challenge to the apixaban patent . [LINK](#)

For patients commencing treatment for AF: clinicians should use edoxaban where this is clinically appropriate. If edoxaban is contraindicated or not clinically appropriate for the specific patient then, subject to the criteria specified in the relevant NICE technology appraisal guidance, clinicians should then consider rivaroxaban first, then apixaban.

As per the commissioning recommendations, it is for local systems to determine policy for existing patients, however it is recommended that, until there is further clarity about the patent process (expected in October), systems do not change a patient's treatment from one DOAC to another, unless there is a patient specific clinical or safety reason to do so.

The ICB will review its guidance once the outcome of the request to appeal to the Supreme Court is known.

7. National Falls Prevention Coordination Group: Medicines and Falls [Link](#)

This document is intended to provide information and guidance on medication review for people at risk of falls. A number of medicines can cause or contribute to falls and these are sometimes referred to as falls risk increasing drugs (FRIDs). This document highlights FRIDs and medicines that cause or contribute to fractures. It suggests a process and areas that anyone reviewing medicines for people at risk of falls might want to think about as part of this review.

8. NHSE: items which should not routinely be prescribed in primary care: policy guidance updated Aug 2023 [Link](#)

This policy guidance provides recommendations for items which should not be prescribed in primary care because they are unsafe, ineffective for some or all patients, or are not cost-effective. It is for integrated care boards, other organisations commissioning services, and prescribing healthcare professionals, and updates and replaces the guidance published in June 2019.

NICE guidelines

9. Cirrhosis in over 16s: assessment and management: Updated guidance (NG50) [Link](#)

Following a review, new/updated recommendations have been made on safe prescribing/use of carvedilol and propranolol in people with cirrhosis, detecting and preventing bleeding from varices, preventing spontaneous bacterial peritonitis, and primary prevention of decompensation.

10. Otitis media with effusion in under 12s - guidance (NG233) [Link](#)

This guidance (replaces CG60) covers treatment of children younger than 12 years who have otitis media with effusion ('glue ear'). It includes advice on use of antibiotics and corticosteroids for otitis media with effusion or the related hearing loss.

Other

11. HIOW ICB : Prescribing Savings Plan Resources [Link](#)

This section of the ICB website contains resources to support GPs, ICB and PCN pharmacy professionals and other health care professionals to implement the medicines optimisation savings plan. The Prescribing Saving Plan Intervention poster is also available as a summary document on this page. [Link](#)

12. AHSN Network: Resources to support patients having a structured medication review [Link](#)

The AHSN has developed a range of patient information materials in different community languages to support and prepare people who have been invited for a medication review with their GP, pharmacist or other healthcare professional.

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

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](#)