

Prescribing and Medicines Optimisation Guidance

Issue: 104

Date: 7 August 2024

Safety guidance

1. Local resources to support topiramate's new MHRA safety measures [LINK](#)

Local resources (intervention brief) are available to help facilitate adherence to the regulatory changes for topiramate, including the pregnancy prevention programme. New regulations came into force on 20 June 2024, as highlighted in our previous bulletin. [LINK](#)

Key actions for prescribers of topiramate in females under 55 years include: Having "highly effective contraception" in place for women of childbearing potential, completion of risk awareness forms (annually) and distribution of new topiramate patient safety guides.

Patients prescribed topiramate for migraine prophylaxis are to be reviewed/ have risk awareness forms completed within primary care. Patients prescribed topiramate for epilepsy will require referral to neurology specialists for the reviews and risk awareness form completion. Please include full details of contraception in place when referring to specialists for topiramate-epilepsy reviews.

2. Propranolol use in anxiety: Under-recognised risk of harm

Propranolol has been the subject of a further Regulation 28 Coroner's report, sadly involving a young person who died as a result of suicide, following deliberate ingestion of propranolol. [LINK](#)

In recent years, prescriptions of beta-blockers for anxiety have increased substantively, particularly in young adults. However NICE guidance for anxiety does not recommend their use. Previously, in 2020, the Health Service Safety Investigations Body (HSSIB) undertook an extensive investigation, that highlighted the under-recognised toxicity of propranolol in overdose. [LINK](#)

More recently, the British Journal of General Practice has published a qualitative study exploring GPs' views on treatment of anxiety with beta-blockers (June 2024). The authors advise appropriate caution in the prescribing of propranolol and other beta-blockers for patients taking antidepressants or with a history of suicidal thoughts or attempts. [LINK](#)

EPACT2 prescribing data for Hampshire and Isle of Wight would suggest there are approximately 2,500 young people (under 25 years) prescribed propranolol. However, we are unable to distinguish between different indications (e.g. anxiety, migraine prophylaxis, cardiac) reliably from this data.

Alert messages have been added to OptimiseRX profiles to help raise awareness of risks: on initiation of propranolol, with a previous history of depression.

3. MHRA drug safety update: Epimax Ointment and Epimax Paraffin-Free Ointment: reports of ocular surface toxicity and ocular chemical injury [LINK](#)

Epimax Ointment and Epimax Paraffin-Free Ointment can harm the eyes if used on the face. Prescribers are advised not to prescribe these ointments for use on the face. Patients should be informed to wash their hands and avoid touching their eyes after using these products. Please see the link above for the full update.

4. National patient safety alert: shortage of Kay-Cee-L (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup [LINK](#)

Kay-Cee-L® (potassium chloride 5mmol/5ml) syrup will be out of stock from late September 2024. The resupply date is to be confirmed.

Sando-K® (potassium bicarbonate 400mg and potassium chloride 600mg) effervescent tablets remain available and can support a full increase in demand. One effervescent tablet contains 12mmol potassium. Unlicensed potassium chloride oral solutions manufactured within the UK are available via Specials manufacturers.

Remaining supplies of Kay-Cee-L® syrup should be prioritised for patients requiring doses of less than 12mmol of potassium and where other preparations are not suitable (see Notes). Please see link above for full details.

Local guidance

5. Southern Health Insomnia guidelines (including daridorexant) ([LINK](#))

Southern Health have published a new insomnia guideline, which includes daridorexant. Daridorexant has been added to the formulary for prescribing in primary and secondary care (**green status**) [LINK](#). Sleep hygiene, lifestyle measures and non-medication treatment options should first be utilised. Daridorexant should only be considered if cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked, is unsuitable or unavailable.

There is training available for prescribers (pharma sponsored): [Search results | RCGP Learning](#)

6. Wound care supply and delivery service plans

The ICB medicines optimisation team is working with tissue viability nurses from community providers to go to the market to tender an off-FP10 wound care supply and delivery service for community settings within the whole ICS. Currently Hampshire and Southampton use ONPOS and the Isle of Wight use CCOMS to provide wound care products to community nursing teams and GP practices. This newly commissioned service will reduce the number of wound care supplies providers from two to one and will also extend access to off-FP10 supply to Portsmouth, where currently all dressings and wound care products are prescribed on FP10. The anticipated benefits of having one service will be:

- Stopping the duplication of managing two formularies

- Ability to tightly control formulary, to ensure products that can be selected for patient care are both of appropriate quality and cost
- Opportunities for negotiating reduced prices
- More transparent data and audit information
- Convenience for nursing team – not reliant on prescribers to write FP10
- Less wastage associated with FP10 supply
- Reduction in time spent prescribing dressings on FP10 by practices

We are working to complete this tendering process by October 2024. If you have any questions, then please contact hiowicb-hsi.mot@nhs.net

National guidance

7. SPS Prescribing and ordering available pancreatic enzyme replacement therapies [LINK](#)

The availability of pancreatic enzyme replacement therapies varies currently. The SPS website signposts to guidance on switching between products, information for patients, and summarises current stock advice (Creon, Nutrizym, Pancrex products), and unlicensed importers.

8. UK HSA - Guidance on the investigation, diagnosis and management of viral illness (plus syphilis), or exposure to viral rash illness, in pregnancy [LINK](#)

This guidance aims to help decision making in the investigation, diagnosis and management of a pregnant woman who has, or is exposed to, rash illness. In this version, the 'neonates born to measles infected mothers' section has been updated.

9. UK HSA - National measles guidelines - updated July 2024 [LINK](#)

Updated with recommendation that post exposure prophylaxis with human normal immunoglobulin is recommended for neonates with recent in utero exposure; that is those born to mothers who develop a measles rash 6 days before to 6 days after delivery.

**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](#)