Prescribing Newsletter

Making the most of medicines

December 2024

NEW Enteral feed contract NEW

How will this impact you? From mid-January 2025 there will be a new enteral feed contract. This will be fulfilled by Nutricia across NHS Frimley.

Bracknell, Royal Borough of Windsor & Maidenhead, Slough– change from Abbott to Nutricia feeds.

All patients will be reviewed by their dietitian and switched from an Abbott to a Nutricia product. Feed prescriptions will be requested via FP10, which is then fulfilled via Nutricia Homeward. Plastics and ancillaries are managed by the community dietitians and fulfilled by Nutricia Homeward.

Surrey Heath and North East Hampshire & Farnham– no change .

Tube feeds and ancillaries for adult patients in these areas will continue to be ordered and managed by the Frimley Park Hospital Home Enteral Nutrition team and no FP10 prescription is needed.

Contents

Topiramate Pregnancy Prevention Programme (guide for primary care) UPDATED

This guide has been updated and is available on our website here. The document further clarifies which of the Highly Effective Contraception options are suitable in the context of the enzyme inducing effect of topiramate. Recommended options are

- copper IUD or
- levonorgestrel-releasing IUS or
- depot medroxyprogesterone acetate PLUS condoms

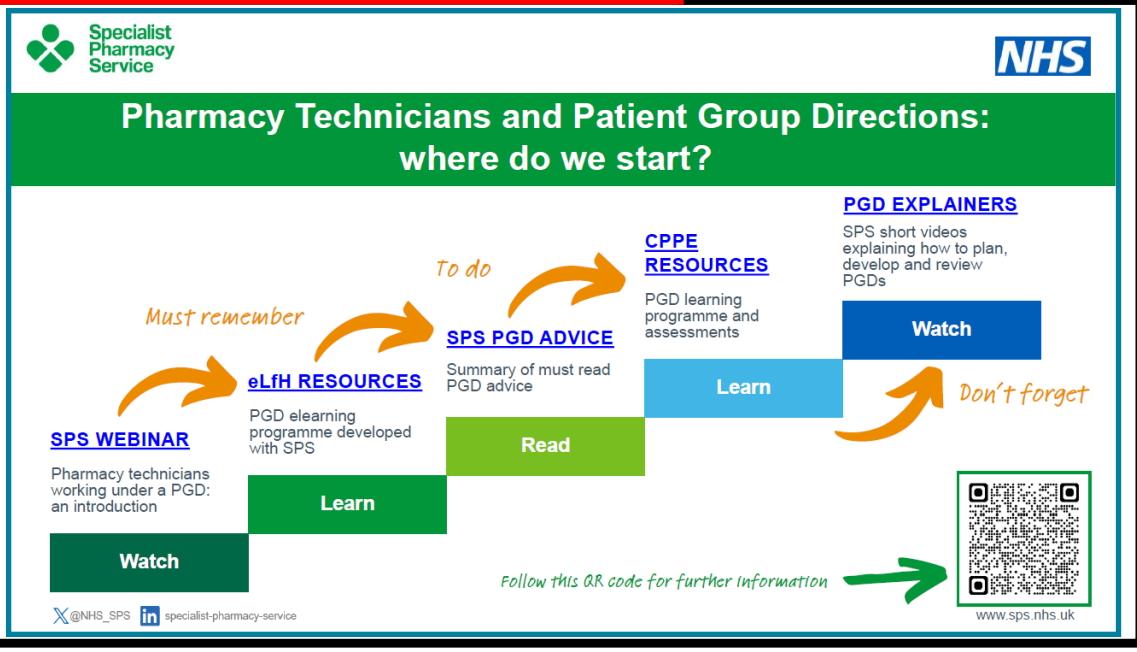
Use of combined hormonal contraception, progestogen-only pills and the etonogestrel implant is not recommended.

In addition, a new SNOMED code specific to the topiramate ARAF is also referenced.

WARNING FOR WOMEN WHO ARE ABLE TO BECOME PREGNANT

Pharmacy technicians working under Patient Group Directions

From 26th June 2024, registered pharmacy technicians in England are able to supply and administer medicines under Patient Group Directions (PGDs), following amendments made to the Human Medicines Regulations 2012. This does not extend to controlled drugs. This infographic illustrates resources available to support this change. The hyper links will not work on the image but all referenced resources may be found here.



Levemir supplies available until December 2026

All forms of Levemir are being discontinued. Supply is expected to be available until around **December 2026.** We are currently anticipating that for most patients the changes will be managed by the specialist diabetes team at their next review. Further information will be produced and published to support practices to switch in primary care in due course.

Interaction alert

Medikinet XL capsules (methylphenidate hydrochloride MR hard capsules) and proton pump inhibitors, H2 receptor blockers or antacids.

Medikinet XL capsules must not be taken together with H2 receptor blockers, proton pump inhibitors or antacids, as this could lead to a faster release of the total amount of active substance. This interaction only applies to this specific formulation of methylphenidate

Advice from the BHFT ADHD service:

- **Medikinet XL capsules and PPIs:** Medikinet XL should **NOT** be combined with a Proton Pump Inhibitor (e.g. omeprazole, lansoprazole, esomeprazole, pantoprazole and rabeprazole) **unless the ADHD clinic has already explicitly approved the combination, and no new concerns are present.** If PPI initiation is being considered, please seek advice regarding an alternative long acting methylphenidate medication.
- **Medikinet XL capsules and an H2 Blocker:** After taking Medikinet XL the patient must wait 2 hours before taking an H2 Blocker (e.g. ranitidine, cimetidine, nizatidine and famotidine), They must NOT take the H2 Blocker if they plan to take Medikinet XL within the next 12 hours.
- **Medikinet XL capsules and Antacids:** After taking Medikinet XL, the patient should be advised to wait 2 hours before taking an antacid (e.g. Gaviscon, Pepto-Bismol, Rennie, Tums, Alka-Seltzer etc). They must NOT take an antacid if they plan to take Medikinet XL within the next 4 hours.

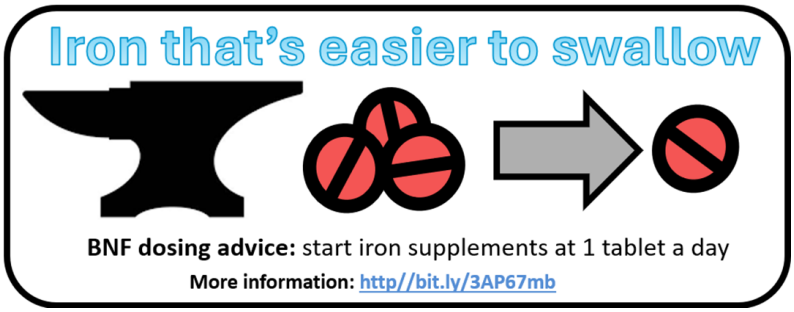
Thank you to BHFT , one of our mental health providers, who shared this article with us.

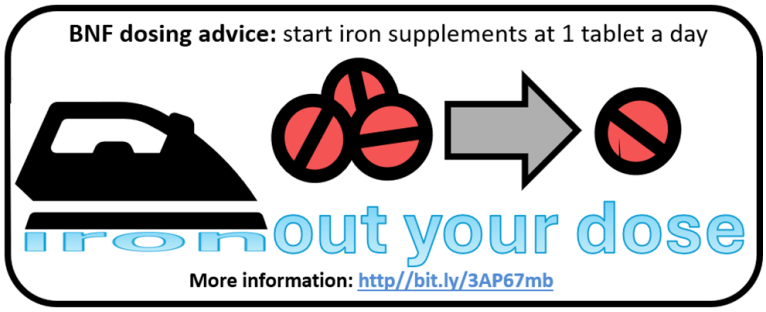
Improvements in oral iron tolerability

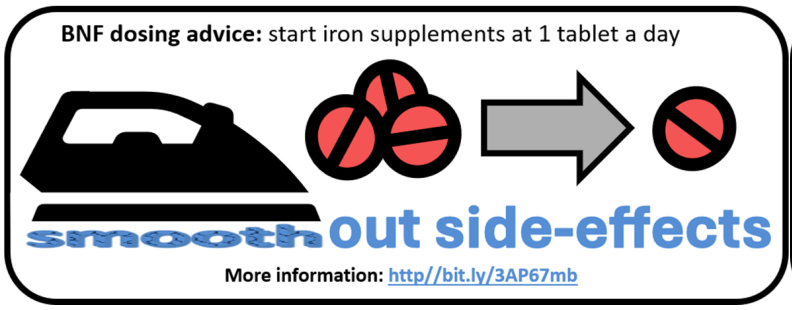
The dosing advice for iron supplements has been changed, reducing the recommended dose from 2 to 3 times daily to once a day, or every other day. The reasons for this are:

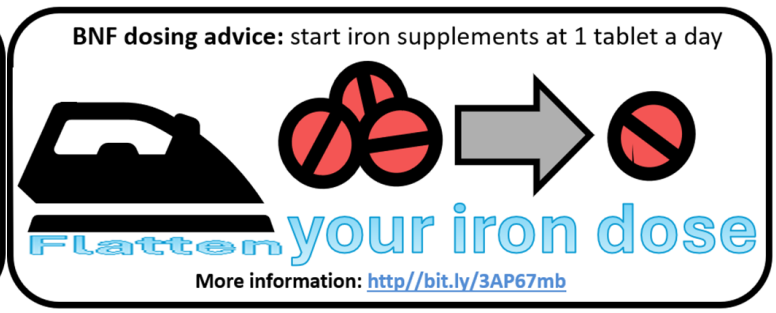
- Studies show administration of 200mg oral ferrous sulfate on alternative days result in almost twice the amount of iron absorption as that from taking 100mg on consecutive days.
- This means fewer pills, and perhaps less gastrointestinal side effects.

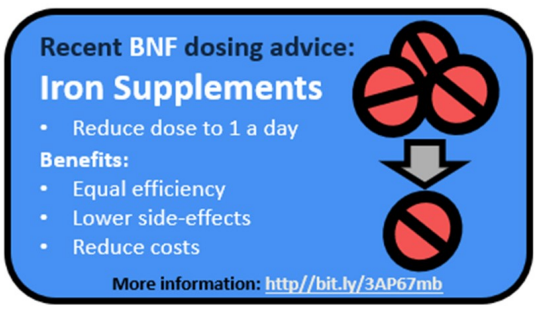
This offers benefits for patients and may also represent a cost efficiency saving. We have produced the below infographics to support this message for use as eg, email footers. An accessible version of the images can be found on our website here











Formulary Updates

GREEN Budenofalk GR capsules, **Budenofalk** GR granules and **Cortiment** prolonged release tablets

GREEN Solifenacin oral 1mg/ml suspension restricted for patients with swallowing difficulties

AMBER NO SHARED CARE Atogepant tablets recommended as an option for preventing migraine in adults who have at least 4 migraine days per month, only if at least 3 preventive medicines have failed. To be used in line with NICE TA973.

AMBER SHARED CARE to AMBER WITHOUT SHARED CARE– Sacubitril/Valsartan

New and updated documents on the NHS Frimley Medicines Optimisation Website

UPDATED MOG Position Statement on the use of benzodiazepines hypnotics

Frimley ICB Learning From Patient Safety Events (LFPSE) lessons and feedback

Escitalopram dosage

An incident reported to the LFPSE system by a local GP practice, highlighted the need to be vigilant regarding dosage of escitalopram. The patient was switched from citalopram 20mg daily to escitalopram 40mg daily, which is above the maximum recommended dose of escitalopram. A medication review identified the unlicensed dose and the dose subsequently reduced to 20mg. The risks associated with overdose include: QT prolongation, arrhythmias, electrolyte imbalance, convulsions, and other CNS effects.

The licensed doses for **escitalopram** are as follows:

Depressive illness, generalised anxiety disorder, obsessive-compulsive disorder

Adult: 10 mg once daily; increased if necessary up to 20 mg once daily.

Elderly: Initially 5 mg once daily; increased if necessary to 10 mg once daily.

Panic disorder

Adult: Initially 5 mg once daily for 7 days, then increased to 10 mg once daily; increased if necessary up to 20 mg once daily.

Elderly: Initially 5 mg once daily; increased if necessary to 10 mg once daily.

Social anxiety disorder

Adult: Initially 10 mg once daily for 2–4 weeks, dose to be adjusted after 2–4 weeks of treatment; usual maintenance 5–20 mg once daily.

CKS advice on how to switch an antidepressant may be found here.

Please be aware citalopram and escitalopram are NOT dose equivalent.

Antibiotic Prescribing in Children

A couple of LFPSE incidents have been reported where antibiotic doses for children have been incorrectly prescribed according to the child's weight. Under-dosing of antibiotics in children is a well-recognised problem when age-bands are used (BMJ 2015;351:h5447). Under-dosing carries the high risk of treatment failure and potential repeated consultations.

Please could all prescribers ensure they are using an accurate and up to date weight when calculating antibiotic doses for children and to use the SCAN guidelines to dose correctly: Eolas Medical

Pregabalin Potential for Misuse

We had an incident reported by a GP practice which illustrated elements of drug seeking behaviour by a patient prescribed pregabalin. **Please note that there has been a recent update to the SmPC for Lyrica (pregabalin) capsules which now states that patients treated with pregabalin should be monitored for signs and symptoms of pregabalin misuse, abuse or dependence, such as development of tolerance, dose escalation and drug seeking behaviour.** Lyrica 25 mg hard capsules - Summary of Product Characteristics (SmPC) - (emc).

Medicines safety updates

MHRA reminds healthcare professionals to advise patients of the side effects of GLP-1 agonists and to report misuse

The MHRA is reminding healthcare professionals to ensure patients are aware of the known side effects of glucagon-like peptide-1 (GLP-1) receptor agonists. When appropriately used in line with the product licence, the benefits of these medications outweigh the risks for patients. However, this benefit-risk balance is positive only for those patients within the approved indications for weight management or type 2 diabetes as described in the product information. If patients obtain a private prescription (from a non-NHS prescriber), they should ensure this is dispensed from an authorised source, such as a registered pharmacy, to avoid the risk of receiving a falsified pen. They should be aware that some falsified medicines have been found to contain insulin, which if used, could cause severe hypoglycaemia (low blood sugar) requiring urgent medical attention.

MHRA reminds healthcare professionals to advise patients of the side effects of GLP-1 agonists and to report misuse - GOV.UK

Bromocriptine: monitor blood pressure when prescribing bromocriptine for prevention or inhibition of post-partum physiological lactation

A safety review has been conducted by the MHRA following a Yellow Card report concerning a patient who was taking bromocriptine. The review concluded that blood pressure monitoring of patients prescribed with this drug is essential especially during the first days of treatment.

Advice for healthcare professionals:

- bromocriptine should only be prescribed to suppress post-partum physiological lactation, where it is medically indicated such as intrapartum loss, neonatal death, or in some cases of HIV infection of the mother
- bromocriptine should not be used for routine lactation suppression, or for relieving symptoms of postpartum breast pain and engorgement, which can be adequately treated with non-pharmacological interventions (such as firm breast support, ice application) and simple analgesics
- use is contraindicated for patients with uncontrolled hypertension, hypertensive disorders of pregnancy (including eclampsia, pre-eclampsia or pregnancy-induced hypertension), hypertension post-partum and in the puerperium, a history of coronary artery disease or other severe cardiovascular conditions
- particular caution is required in patients who are on concomitant therapy or recent treatment with drugs that can alter blood pressure
- when prescribing bromocriptine for any of its indications, carefully monitor for an increase in blood pressure, especially during the first days of therapy and with any subsequent dose increases
- if patients prescribed bromocriptine present with signs and symptoms of hypertension, treatment should be discontinued, and the patient evaluated promptly by healthcare professionals
- clinical guidance recommends cabergoline as the preferred drug for prevention or inhibition of post-partum physiological lactation, owing to the single dose regime and lower rates of rebound breast activity and adverse events. However, blood pressure monitoring is still necessary when taking cabergoline as both cabergoline and bromocriptine are dopamine agonists and should not be given to women with hypertension or pre-eclampsia
- read the Summary of Product Characteristics (SmPC) for special warnings and contraindications for the use of bromocriptine and cabergoline

Bromocriptine: monitor blood pressure when prescribing bromocriptine for prevention or inhibition of post-partum physiological lactation - GOV.UK

Investigation report Medication not given: administration of time critical medication in the emergency department (ED)

Time critical medicines refers to medicines which can potentially result in patient harm if the administration of a dose is delayed or missed. Timing of medicines is important for various reasons such as for effectiveness, treating infection, or managing critical conditions.

The Healthcare Services Safety Investigation Body (HSSIB) report presents findings from a patient safety event which involved a patient who required time critical medication for Parkinson's but did not receive, or received late, 10 of 18 doses during his time in the ED. The coroner reported Parkinson's as a factor leading to the patient's death.

Findings of the report relevant to primary care were staff received contradictory information from the patient's son and the GP summary care record about the dosage of medication the patient required. The GP summary care record was taken as the most accurate record, but the information it contained was incorrect. Some information about the patient's medication within the GP patient record was transferred to the GP summary care record, but other information was not.

Primary care action: At each medication review involve people and their families or carers to ensure that the most up to date information is documented in the patient record and on the label directions of time critical medicines.

National patient safety alert
UPDATE: Discontinuation of Kay-Cee-L ® (potassium chloride 375mg/5ml) (potassium chloride 5mmol/5ml) syrup

This NatPSA supersedes NatPSA/2024/008/DHSC

Kay-Cee-L ® (potassium chloride 5mmol/5ml) syrup has been discontinued due to manufacturing and commercial issues.

Sando-K ® (potassium bicarbonate 400mg and potassium chloride 600mg) effervescent tablets remain available. One effervescent tablet contains 12mmol potassium (K). Unlicensed potassium chloride oral solutions manufactured within the UK are available via Specials manufacturers. Care is needed to ensure selection of the most appropriate oral K supplement and delivery of the correct dosage.

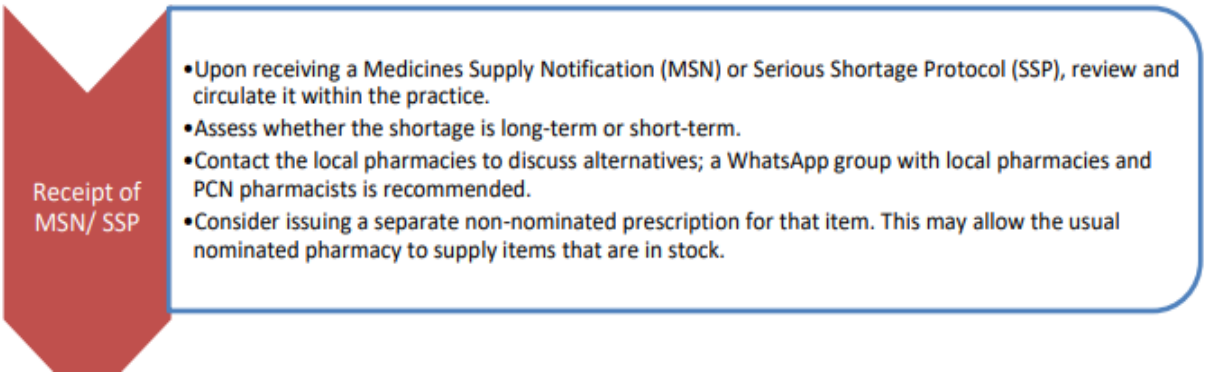
Primary and Secondary care providers MUST:

1. Not initiate new patients on Kay-Cee-L ® syrup.
2. Proactively review all patients currently prescribed Kay-Cee-L ® syrup to establish if potassium supplementation is still required, and switch to an alternative treatment, if considered necessary, ensuring no intolerance of excipients. (*Practices who have prescribed Kay-Cee-L liquid in the last 6 months have been contacted by the MOT, with a list of patients to review.)*
3. Patients requiring doses of less than 12mmol of potassium should be prescribed:
    a. A UK manufactured Special potassium chloride oral solution
    b. Part-dosing of Sando-K® effervescent tablets is not routinely recommended but can be done if unlicensed specials are not available.
4. Patients requiring doses of 12mmol potassium or more should be prescribed: Sando-K ® effervescent tablets, where the dose can be rounded to the nearest whole tablet, or UK manufactured Special potassium chloride oral solution, if Sando-K ® is not suitable.

See full article- CAS-ViewAlert

Supply problems and recommended alternatives

As we continue to deal with supply shortages we have produced guidance on how to manage the receipt of one (of the many) Medicine Supply Notifications (MSNs).



You can find local alternatives on the **Frimley Formulary** here

The **SPS** have an excellent tool accessible, here (registration required) that explains the duration of the problem and the availability of alternatives

Information about specific medications from **local providers** is available here

The BTS/NICE/SIGN joint guideline for the diagnosis, management and monitoring of chronic asthma (NG245) November 2024.

A key change in the guideline is a new pathway for the pharmacological treatment of chronic asthma recommending :

- Patients should be offered a low-dose combination of inhaled corticosteroids and formoterol to be taken as needed for everyone aged 12 and over with newly diagnosed asthma to reduce inflammation as well as relieve symptoms.
- not prescribing short-acting beta2 agonists (SABA) the most widely used blue "reliever" medication without inhaled corticosteroids to anyone diagnosed with asthma
- treatment pathways shown in clear algorithms for the pharmacological management of asthma in under 5's , 5-12 years and , 12 years and over are contained in the guidelines.

The guideline can be accessed here

Algorithm C : a summary of the pharmacological management of asthma in people aged 12 years and over can be accessed here .

NHS Frimley Medicines Optimisation team may be contacted on frimleyicb.prescribing@nhs.net

National Medicines Advice Service

Healthcare professionals in primary care across England may contact this service on 0300 770 8564 or asksps.nhs@sps.direct