Produced by the NHS Rotherham CCG Medicines Management Team Tel (01709) 302639 if further information is required.

Bite Size Prescribing News November 2017

NHS Rotherham Clinical Commissioning Group

Welcome to Two New Members of the Medicines Management Team

We are delighted to welcome two new prescribing advisors to our team.

Lidia Borak has joined us from Nottingham West CCG where she worked in a split role as a clinical pharmacist in a GP practice and as a CCG prescribing advisor.

Tara Ramakhrishnan has previously worked at Doncaster and Sheffield hospitals as a clinical pharmacist.

We are sure both will enjoy working with all of our colleagues in Rotherham.

The Medicines and Healthcare Products Regulatory Agency (MHRA) Warnings

Miconazole (Daktarin): Patients taking warfarin should not use over-the-counter miconazole oral gel (Daktarin). Bleeding events, some with fatal outcome have been reported with use of miconazole oral gel by patients on warfarin. Since June 2016, the MHRA has received 25 Yellow Card reports, bringing the total possible drug interactions with miconazole and warfarin to 175. The most common events reported have been increased INR (135 reports), contusion (23 reports), and haematuria (19 reports). A fatal outcome was reported in 3 cases.

Clozapine: Clozapine has been associated with varying degrees of impairment of intestinal peristalsis; this effect can range from constipation, which is very common, to very rare intestinal obstruction, faecal impaction, and paralytic ileus. Clinicians are asked to exercise particular care in patients receiving other drugs known to cause constipation (especially those with anticholinergic properties), patients with a history of colonic disease or lower abdominal surgery, patients over 60 years of age and to actively treat any constipation that occurs according to the Rotherham CCG laxative guidelines (here).

NICE Guidance/Updates of Note

CG71 - Familial hypercholesterolaemia: identification and management. This update reviewed the evidence for case finding and diagnosis, identification using cascade testing, and management using statins.

NG81 - Glaucoma: diagnosis and management: This includes recommendations on testing and referral (case-finding) for chronic open angle glaucoma and ocular hypertension, and on effective diagnosis treatment and reassessment to stop these conditions progressing.

CG185 - Bipolar disorder: assessment and management. This guideline covers recognising, assessing and treating bipolar disorder in children, young people and adults.

Felodipine Out of Stock

Felodipine (all strengths) is still out of stock with no information as to when the situation will be rectified.

Fist line alternative is amlodipine which can be substituted on a 1mg:1mg basis up to its maximum daily dose of 10mg.

Second line alternative would be to use lacidipine initiated at 2mg and titrated upwards as there is no direct conversion.

November Branded Generic choice: Delmosart XL (Methylphenidate XL)

This month the Medicines Management Team will be ensuring that all prescriptions for Methylphenidate XL are prescribed by the brand name Delmosart XL

Updated Rheumatology DMARD Shared Care Protocols

The three yearly reviews of these long-standing Shared Care Protocols (SCP) have been undertaken with minimal changes. The only clinical change is an extra blood test at 6 weeks following initiation or a dose change. The Rheumatology department has already commenced this when the national rheumatology guidelines were updated earlier this year.

The SCPs have been uploaded onto the CCG internet, along with the updated monitoring summary. It is expected that clinicians always refer to the most recent document on the website, and paper copies should no longer be printed or sent by post. (Clinical letters and updates will always reference the website).

As with all SCP's, TRFT will assume acceptance of shared care unless they are otherwise notified by the practice. The acceptance letter has therefore been removed from the SCP, as it is no longer required. Due to the Shared Care LES, it is expected that all patients will have a transfer of care at 3 months, unless there are exceptional circumstances (such as unstable results). Also, the first paragraph has been updated to show the practicalities of the specialist nurse based appointments and monitoring at RFT.

The consultant will have detailed the expected treatment regimen in the clinic letter. The first 3 months of prescribing and monitoring will be undertaken by the Rheumatology department. Updates of dosages and results will be completed by the specialist nurses and documented in the patient hand held record as well as sent to the GP practice for information.

The contact details of the specialist nurses and consultants are on the SCP and good communication with these over any problems with the transfer of care is encouraged.

It is ESSENTIAL that all blood results are recorded in the patients hand held record. Please ensure that your practice has a robust system in place to see the patients hand held record and input the results. For Methotrexate this is part of the NPSA guidelines. This ensures that the results are visible for community pharmacies before dispensing, and for any out-of-hours or hospital departments to access in an emergency.

A reminder of other important information:

- **Trimethoprim / Co-trimoxazole should NEVER be co-prescribed with methotrexate** (risk of bone marrow suppression)
- Avoid exposure to chickenpox and shingles. If infection develops it should be treated aggressively with antiviral medication and Rheumatology dept can be contacted for advice (this includes the live shingles vaccine)

There have recently been issues locally & nationally in regards to vaccines for patients on either DMARDs or biologicals for all specialities:

- **Live vaccines should not be given for** patients currently receiving biologicals or DMARDs**. Please note that the shingles vaccine is a live vaccine. ***
- Lives vaccines should also be avoided for 12 months post biological therapy and 3 months post DMARD therapy
- **However, it is essential that the in-activated annual flu jab is given by GP practice each year, as well as the pneumococcal vaccine at the recommended time.**

*Certain live vaccines can be given in certain circumstances for patients on LOW dose DMARDS when the overall immunosuppression risk is low. Guidance is currently being developed to offer further clarity in this area.

If you are unsure about a patient's biological or DMARD status or whether a vaccine can be given, please call the Rheumatology department at RFT.