



Produced by the
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Bite Size Prescribing News

March 2018



Rotherham
Clinical Commissioning Group

Prescribing of Probiotics

There have recently been a number of requests to GP's for prescriptions for probiotics. Please be aware that all probiotics are classified as RED on the Rotherham traffic light system for all indications. All prescribing should remain with secondary care.

Follow up from coroner Regulation 28 report to prevent future deaths: Benzodiazepines and suicide

Following on from a regulation 28 report on benzodiazepines and suicide, Professor Tim Kendall (National Clinical Director for Mental Health NHS England & NHS Improvement) and Peter Pratt (Head of Medicines Strategy in Mental Health NHS England & NHS Improvement) have asked in a letter to healthcare professionals, for increased awareness of the potential risks of suicide associated with benzodiazepine prescribing and withdrawal. The letter highlights the best practice management from the clinical knowledge summaries (CKS) <https://cks.nice.org.uk/benzodiazepine-and-z-drug-withdrawal/#scenario> and The British Association for Psychopharmacology (BAP) comment paper, Benzodiazepines: Risks and benefits. A reconsideration <https://www.bap.org.uk/docdetails.php?docID=77>.

The letter stresses the importance of the following:

1. The need for regular and close monitoring of patients who are withdrawing from benzodiazepines;
2. The need to consider the particular risks associated with shorter acting benzodiazepines;
3. The existence and continued relevance of guidance from NICE and BAP on prescribing/withdrawal of benzodiazepines.

Further information can be found here: <https://www.england.nhs.uk/south/wp-content/uploads/sites/6/2018/02/benzodiazepine-coroner-letter.pdf>

April Branded Generic choice: Kemadrin 5mg tablets (procyclidine)

This month the Medicines Management Team will be ensuring that all prescriptions for procyclidine 5mg tabs are prescribed by the brand name Kemadrin. This is a straightforward change that has been agreed with secondary care and requires no dose change.

Trimovate Cream now an unlicensed medicine

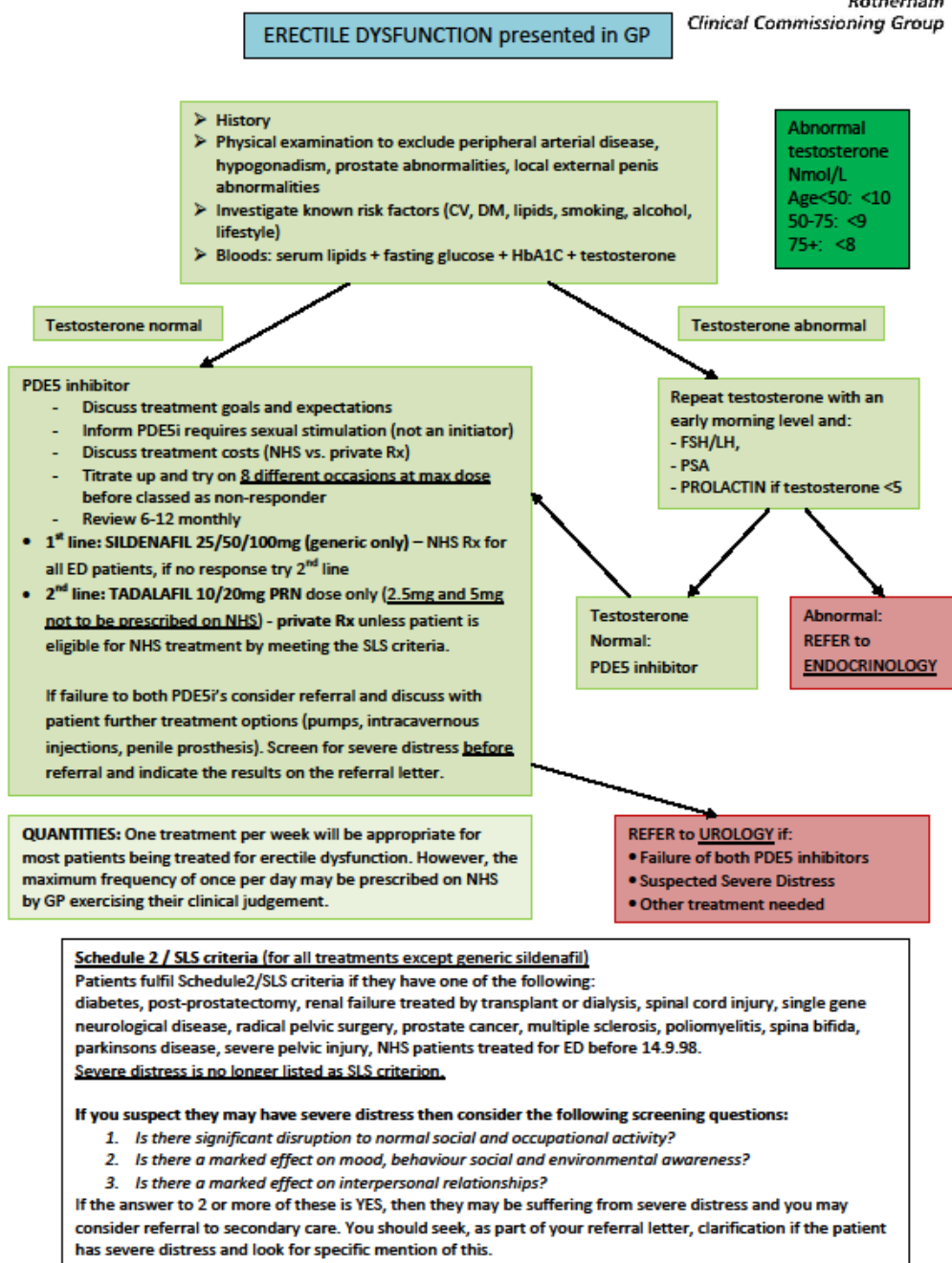
Ennogen Healthcare Ltd has now taken on the responsibility for the marketing, sale and supply of Trimovate cream and will be launching Trimovate Cream as an unlicensed medicine.

This means that although prescribable on the NHS, Trimovate cream will be classed as an unlicensed special, and may be subject to additional costs.

Whilst there is no exact licensed equivalent to Trimovate, other steroid creams containing an antibacterial and antifungal component do exist. These include Timodine, which contains a mild steroid (Hydrocortisone 0.5%, Benzalkonium Chloride 0.2%, nystatin 100,000 units/g, Dimeticone 10%), and Synalar C, which contains a potent steroid (Fluocinolone acetonide 0.025%, Clioquinol 3% - clioquinol has both antibacterial and antifungal activity). Other preparations are also available.

New Rotherham CCG pathway for the treatment of Erectile Dysfunction

We have developed new local prescribing guidelines in conjunction with secondary care for the management of erectile dysfunction. The aim is to reduce referral rates of treatment naive patients to secondary care and to encourage initiation and evaluation of the clinical effectiveness of PDE-5 inhibitors within primary care. Tadalafil at daily dose of 2.5mg or 5mg is no longer recommended on the NHS and no new patients should be initiated on it. The 1st line generic Sildenafil may be prescribed to all men on an NHS prescription whereas, the 2nd line Tadalafil (as “when required dose”) may only be prescribed on NHS to those meeting the SLS criteria or prescribed as private treatment. Please note “severe distress” is no longer listed as SLS criterion however, suspected patients should still be referred for evaluation to secondary care if they are prepared to pay private prescribing fees.



QUANTITIES: One treatment per week will be appropriate for most patients being treated for erectile dysfunction. However, the maximum frequency of once per day may be prescribed on NHS by GP exercising their clinical judgement.

REFER to UROLOGY if:

- Failure of both PDE5 inhibitors
- Suspected Severe Distress
- Other treatment needed

Schedule 2 / SLS criteria (for all treatments except generic sildenafil)

Patients fulfil Schedule2/SLS criteria if they have one of the following:
diabetes, post-prostatectomy, renal failure treated by transplant or dialysis, spinal cord injury, single gene neurological disease, radical pelvic surgery, prostate cancer, multiple sclerosis, poliomyelitis, spina bifida, parkinsons disease, severe pelvic injury, NHS patients treated for ED before 14.9.98.

Severe distress is no longer listed as SLS criterion.

If you suspect they may have severe distress then consider the following screening questions:

1. Is there significant disruption to normal social and occupational activity?
2. Is there a marked effect on mood, behaviour social and environmental awareness?
3. Is there a marked effect on interpersonal relationships?

If the answer to 2 or more of these is YES, then they may be suffering from severe distress and you may consider referral to secondary care. You should seek, as part of your referral letter, clarification if the patient has severe distress and look for specific mention of this.

The pathway can be found in the Top Tips & Therapeutic Guidelines section of the CCG internet site in section 7 (Obstetrics, gynaecology and urinary tract disorders)

<http://www.rotherhamccg.nhs.uk/Downloads/Top%20Tips%20and%20Therapeutic%20Guidelines/ED%20pathway%20final%202018.pdf>