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

Bite Size Prescribing News February 2019

NHS Rotherham Clinical Commissioning Group

MHRA Carbimazole safety update

Carbimazole is associated with an increased risk of congenital malformations, especially when administered in the first trimester of pregnancy and at high doses. Women of childbearing potential should use effective contraception during treatment with carbimazole
Also, cases of acute pancreatitis have been reported very infrequently during treatment with carbimazole. If acute pancreatitis occurs during treatment with carbimazole, immediately and permanently stop treatment. Re-exposure to carbimazole may result in life-threatening acute pancreatitis with a decreased time to onset.
https://www.gov.uk/drug-safety-update/carbimazole-increased-risk-of-congenital-malformations-strengthened-advice-on-contraception

Update to Guidance for Chlamydia Treatment

The British Association for Sexual Health & HIV (BASHH) have updated their recommended first line treatment of uncomplicated urogenital and pharyngeal chlamydia. First line treatment is now Doxycycline 100mg twice daily for seven days. Single dose azithromycin is no longer recommended as first line treatment. The recommended treatment for rectal infection is unchanged (Doxycycline). Further details can be found in the BASHH statement in current guidelines https://www.bashh.org/guidelines.

Multiple oral HRT preparations containing Estradiol 2mg / Norethisterone 1mg out of stock

Alternatives include:

- If a patient wants to stay with an oral cycle free preparation then Kliovance (Estradiol 1 mg, Norethisterone acetate 500 microgram) is currently in stock. This preparation is however half the dose, so the patient may find that their symptoms are not as well controlled initially (however this may improve after few weeks).
- If a Patch alternative is required, again cycle free, then Evorel Conti (Estradiol 50 microgram per 24 hour, Norethisterone acetate 170 microgram per 24 hour) is available. Please note again the difference in dose.
- As the current situation with all medication is particularly volatile in terms of stock issues, up to date advice can be sought from the medicines management team.

Pregabalin and gabapentin will be reclassified as schedule C controlled substances in April 2019

As you will be aware, pregabalin and gabapentin become class C controlled substances similar to tramadol in April.
Main points to consider are:

- Schedule C controlled medication cannot be issued by repeat dispensing.
- Prescriptions for pregabalin or gabapentin issued in March may not have the total quantity written in both words and figures. Such prescriptions will no longer be legal in April and would therefore require re-issuing.
- From April onwards, prescriptions for pregabalin or gabapentin will only be valid for 28 from the date of the prescription.
- It is good practice to issue a maximum of 28 days' worth of controlled medication.

Metoprolol 50mg and 100mg tablets shortage

There are current supply issues affecting metoprolol 50mg and 100mg as some manufacturers have recently discontinued these products and others are having supply difficulties. Supply is likely to be intermittent for a number of months. Suppliers of alternative beta blockers have been contacted to determine if they can meet any additional demand and currently, the manufacturers of carvedilol have indicated they would be unable to meet demand if all patients were switched to this product. Manufacturers of bisoprolol, atenolol and propranolol have indicated they have capacity to support any additional demand on their products.

Metoprolol indication

Metoprolol is a cardioselective beta-blocker, licensed for use in adults for the following indications:

- Hypertension
- Angina pectoris
- Tachyarrhythmias, in particular supraventricular tachycardia
- Maintenance treatment after a myocardial infarction
- Prophylaxis of migraine

Doses across the various indications range from 50mg to 200mg, in single or divided doses.

Alternatives

The following table provides an overview of the licensed uses of metoprolol and some of the other commonly used beta-blockers. The choice of beta-blocker will be patient specific, but where possible, prescribe generically.

Indications / **Drugs**	**Hypertension**	**Heart failure**	**Angina**	**Arrhythmias**	**Post-Myocardial infarction[a]**	**Migraine prophylaxis**
Metoprolol[e]	√	Used off-label[b]	√	√	√	√[c]
Bisoprolol[e]	√	√	√	-	-	-
Carvedilol[d]	√	√	√	-	-	-
Atenolol[e]	√	-	√	√	√	
Propranolol	√	-	√	√	√	√

a. *In their clinical guideline on the secondary prevention of myocardial infarction, NICE makes no recommendations on choice of beta-blocker. CKS have however recommended metoprolol (standard release), propranolol (standard release), timolol, or atenolol because these are licensed for long-term prophylaxis following myocardial infarction in people without left ventricular dysfunction.*

b. *Whilst metoprolol is not licensed for management of heart failure, it is sometimes used for this indication based on evidence from the MERIT-HF trial which used metoprolol succinate.*

c. *Although metoprolol is licensed for migraine prophylaxis, the NICE clinical guideline on the management of headaches recommends propranolol as the beta-blocker of choice.*

d. *Manufacturer of carvedilol cannot support the market with the additional demand.*

e. *Considered cardioselective, therefore have less effect on the beta2 receptors and may be more suitable for patients with asthma or COPD.*

Dose equivalence and conversion

There is no definitive guidance for dose conversion between beta-blockers and clinical judgement will be required in considering where the metoprolol dose sits within the dose range of the alternative beta-blocker. The following table provides dose ranges for some commonly used beta-blockers described above.

	Metoprolol	**Atenolol**	**Bisoprolol**	**Carvedilol**	**Propranolol**
Hypertension	100-200mg daily (single or divided doses)	25-100mg OD	5-20mg OD	12.5mg to 50mg OD	40mg BD or TDS, max 320mg per day
Heart failure	Used off-label[b(above)]	-	Initially 1.25mg OD, titrated upwards to 10mg OD	3.125mg BD increased at 2-weekly intervals to max 25mg BD	-
Angina	50-100mg BD	50-100mg OD or 50mg BD	5-20mg OD	12.5mg BD increased at 2-weekly intervals to max 50mg BD	40mg BD or TDS, max 240mg per day
Arrhythmias	100-200mg per day	50-100mg OD	-	-	10-40mg TDS or QDS
Post-Myocardial infarction	100mg BD	50-100mg OD	-	-	40mg QDS followed by 80mg BD after 2 days (initiated between days 5 and 21 after myocardial infarction)
Migraine prophylaxis	50-100mg BD	-	-	-	40mg BD or TDS, to max of 160mg daily

Source document prepared by Hina Radia, Medicines Information Pharmacist, London and South East Medicines Information Service, Guy's and St Thomas' NHS Foundation Trust, 22 February 2019. Further information can be found here: https://www.sps.nhs.uk/articles/shortage-of-metoprolol-50mg-and-100mg-tablets/