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Bite Size Prescribing News

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Rotherham
Clinical Commissioning Group

Prescribing Methylphenidate for ADHD

Clinicians are reminded that methylphenidate prescribed via the Shared Care Protocol (SCP) for ADHD is **AMBER** (on the Rotherham CCG [traffic light system](#)) for children **up to the age of 18 years** who are monitored and reviewed by CAMHS. The SCP for the use of methylphenidate in the management of ADHD for children can be found [here](#).

The prescribing of methylphenidate for treatment of ADHD in **adults** is **RED** on the traffic light system, and is undertaken by RDaSH ADHD clinic.

Private clinics: Prescribing methylphenidate for ADHD in children seen in private clinics is also **RED** until the patient has been assessed by CAMHS. For adults it remains **RED**.

Safety alert regarding Opiates and Benzodiazepine like drugs

The MHRA has issued a reminder to prescribers that benzodiazepines (and benzodiazepine-like drugs) and opioids can both cause respiratory depression; when used together, additive effects on the central nervous system increase the risks of sedation, respiratory depression, coma, and death.

This followed a report from a Coroner to the MHRA, regarding the death of a man from respiratory arrest after being given clonazepam and methadone among other drugs.

Prescribers are reminded that if co-prescribing Opiates and Benzodiazepine like drugs can't be avoided, the lowest effective doses should be used and for the shortest duration. If methadone is prescribed, the respiratory depression effects could be delayed. Monitoring should continue for at least 2 weeks following initiation or changes to prescribing

<https://www.gov.uk/drug-safety-update/benzodiazepines-and-opioids-reminder-of-risk-of-potentially-fatal-respiratory-depression>

Shortages of Combined Oral Contraceptives

The following oral contraceptive preparations are currently out of stock. Information on resupply date and management options is listed below for each product.

Ingredients	Affected products	Resupply date	Management advice
Ethinylestradiol 35 microgram/norethisterone 500 microgram tablets	Brevinor and all generic versions	November 2020	No exact equivalent preparations available. Other ethinylestradiol and norethisterone OCP products are also currently unavailable. Consider switch to COC containing alternative progestogen
Ethinylestradiol 35 microgram/norethisterone 1mg tablets	Norimin and all generic versions		
Ethinylestradiol 30microgram/drospirenone 3mg tablets	Yiznell brand only	TBC	Equivalent alternatives with same composition remain available as the following brands: Dretine, Yacella, Yasmin, Ellaite and Lucette. Consider generic prescription.

Requests for Vitamin B compound strong tablets for alcohol misuse

It has been highlighted that there has been an increase in requests from CGL asking GPs to initiate vitamin B compound strong tablets for patients misusing alcohol. CGL have clarified those requests were made by locum clinicians who were not aware of the local implementation of the latest guidance.

Evidence continues to support the use of vitamin B compound strong tablets **ONLY** during the assisted detoxification in clinics. For this indication, CGL will prescribe the full course and if necessary, any further vitamin B therapy.

New Guide to help practices standardise the recording of Non-Practice (e.g. Hospital Only) medicines on clinical systems

It is vitally important that GP practices record non-practice medicines (i.e. specialist drugs prescribed by secondary or tertiary care on a repeat basis such as biologics, clozapine, immunosuppressants, CCG red drugs etc.) appropriately on their clinical system so that the clinician is fully aware that the patient is taking them (clinical risk). They must also be recorded in a way as to not inadvertently issue a prescription (clinical & financial risk).

There are multiple ways of recording non-practice medicines, each of which can give a different outcome on the clinical system. The CCG Medicines Management Committee has therefore recommended a preferred, standardised way of recording these medicines in both EmisWeb and SystmOne to help mitigate these clinical safety and financial risks.

This preferred way of recording ensures non-practice medicines will:

- aid clinical decision making
- flag potential drug interactions and trigger drug monitoring alerts
- be included on the patients shared care record (SCR) for other organisations
- be printed on right-hand side of repeat prescription (counterfoil)
- allow the medications, and the patients taking them to be easily identified via search reporting

Additional notes:

Up-to-date information:

Practices should ensure that information about patients' non-practice medicines are kept up-to-date as per the most recent clinic letter. In addition, information on patient's non-practice medicines should be reviewed as part of the medication review.

Bulk ending repeat templates not issued for a specific length of time:

Special care should be taken with bulk deductions/deletions of non-issued repeat medication i.e. stopping repeat template for medicines not issued for a certain period of time. This function would also unintentionally remove the recorded non-practice medicine.

Read codes:

To easily identify non-practice medicines/patients', non-practice medicine repeat templates should be linked to the "Hospital Prescription" read codes:

SCTID: 394995008

EmisWeb: 8B2D

SystmOne: Xalng

The full guide (CCG Recording Non Practice Drugs) with screen shots and step by step instructions for both EMISWeb and SystmOne can be found on the CCG website here:

<http://www.rotherhamccg.nhs.uk/forms-and-other-information.htm>