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

# Bite Size Prescribing News September 2020

NHS Rotherham Clinical Commissioning Group

## National Reporting and Learning System (NRLS)

NRLS enables patient safety incident reports to be submitted to a national database. It was designed by the National Patient Safety Agency based on international experience and best practice: it is the most comprehensive of its kind in the world. It provides the opportunity to ensure that the learning gained from the experience of a patient in one part of the country is used to reduce the risk of something similar occurring elsewhere.
NHS England has commissioned a new general practice specific eForm with enhanced features. These enable quick and easy completion together with an associated Continuing Professional Development / Significant Event Analysis reflective template to enable rapid documentation of learning and impact for CPD, Appraisal and Revalidation.

- CQC state all patient safety incidents should be reported through NRLS.
- Use of the NRLS can help practices demonstrate reporting and learning from patient safety incidents to the CQC
- NRLS can be used to record safety incidents occurring at the interface between GP practices and other organisations.

Further information from the CQC on the NRLS can be found here: https://www.cqc.org.uk/guidance-providers/gps/nigels-surgery-24-reporting-patient-safety-incidents-national-reporting

A direct link to the GP eForm can be found here: https://report.nrls.nhs.uk/GP_eForm

## Discontinuation of Priadel 200mg / 400mg prolonged release tablets

The manufacturer of Priadel (Essential Pharma) has announced that the 200 mg/400 mg prolonged release tablets will no longer be available by **April 2021**. The Priadel Supply Disruption Alert (https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103087) advises that patients must be maintained on the same brand of lithium to ensure that a consistent serum lithium level is maintained. This cannot occur in this instance.
Switching from Priadel requires individualised determination of dose, close monitoring of serum lithium levels and vigilance for relapse and tolerability in all cases. It is understood that the College of Mental Health Pharmacy is to shortly release a national Priadel switch plan to ensure consistency across England.
**The MMT have agreed with RDaSH that patients prescribed Priadel under Shared Care with RDaSH lithium clinic will have their Priadel switched to suitable alternative brand, with appropriate bloods/follow-up during their next scheduled review (3-6 months) at the lithium clinic.**

## New Infant Feeding Problem pathway Launched

Rotherham CCG along with the TRFT Dietetic service has launched a new pathway for children under one year of age with

- Suspected cow's milk protein allergy with no red flag symptoms
- Suspected GORD with no red flag symptoms
- Regurgitation of feeds (in isolation) in happy, thriving infant
- Colic as only symptom in infant under 4 months

This pathway is intended to be used before initiating treatment for the above conditions.

Clinicians can refer these patients via the dietetic referral form on the clinical systems, emailed to: rgh-tr.dietetics.dept@nhs.net.
The dietetic service will contact the patient within a week, offer advice, organise allergy blood tests and organise suitable specialised infant formula as required.
Further information on the pathway can be found in the blood and nutrition section of the therapeutic guidelines CCG website. Direct link here:
http://www.rotherhamccg.nhs.uk/Infant%20Feeding%20Problem%20Primary%20Care%20Guideline%20Jun%202020v5.pdf

## MHRA safety alert Methotrexate once-weekly - new measures to reduce risk of fatal overdose

The MHRA continue to receive reports of inadvertent overdose of methotrexate due to more frequent dosing. The MHRA have suggested several points to improve patient safety including

- Make sure that the patient is able to understand and comply with once-weekly dosing and specifically, that it should not be taken daily
- Decide with the patient which day of the week they will take their methotrexate and **note this day down in full on the prescription**

Further information found here: https://www.gov.uk/drug-safety-update/methotrexate-once-weekly-for-autoimmune-diseases-new-measures-to-reduce-risk-of-fatal-overdose-due-to-inadvertent-daily-instead-of-weekly-dosing

## MHRA safety alert Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, availability of reversal agents

The MHRA have issued a reminder of bleeding risk associated with DOACs, and the availability of reversal agents. It asks clinicians to remain vigilant for signs and symptoms of bleeding complications during treatment, especially patients with increased bleeding risk. It also states to remind patients of the signs and symptoms of bleeding and encourage them to always read the patient information leaflet that accompanies their medicines.

It goes on to state that exposure to DOACs is increased in patients with renal impairment. It is important that patients receive an appropriate DOAC dose adjustment depending upon their renal function. Estimated glomerular filtration rate (eGFR) can overestimate renal function and increase the risk of bleeding events. It is recommended to **calculate creatinine clearance (CrCl)** in order to determine renal function for dosing of DOACs.

The table below shows recommendations for use of DOACs in patients with renal impairment:

| Severity of renal impairment | Dabigatran | Apixaban | Edoxaban | Rivaroxaban |
|---|---|---|---|---|
| End stage (<15 CrCl mL/Min) | Contraindicated | Not recommended | Not recommended | Not recommended |
| Severe (≤29 CrCl mL/Min) | Contraindicated | To be used with caution in some indications; dose reduction is required for other indications | Dose reduction required in all indications | Use with caution in all indications<br><br>Dose adjustment is required or should be considered in some indications |
| Moderate (30–50 CrCl mL/Min) | Dose adjustment required or should be considered in some indications | Dose reduction is required in some indications* | | Dose adjustment required or should be considered in some indications |
| Mild (51–80 CrCl mL/Min) | No dose adjustment required | | No dose adjustment required | No dose adjustment required |
| >80 CrCl mL/Min | No dose adjustment required | No dose adjustment required | Should only be used in some indications after a careful evaluation of the individual thromboembolic and bleeding risk | No dose adjustment required |

**In patients with serum creatinine ≥1.5mg/dL (133micromole/L) associated with age ≥80 years or bodyweight ≤60kg.*

Further information can be found here:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896274/June-2020-DSU-PDF.pdf