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Bite Size Prescribing News April 2021

NHS Rotherham Clinical Commissioning Group

Update on the use of Chloramphenicol eye drops in children under 2 years old

The statement '*This medicinal product must not be given to a child less than 2 years old as it contains boron and may impair fertility in the future*' is appearing in the product literature of some (not all) brands of chloramphenicol 0.5% eye drops.

Boric acid is an excipient in chloramphenicol eyedrops. Toxicity studies in rats identified that testicular toxicity leading to reduced fertility occurs at doses below that which result in damage to other organs. As a result, the European Medicines Agency (EMA) has recommended upper limits on the daily exposure to boron-containing excipients. For children under 2 years, the limit is 1mg per day. In response to an Annex to the European Commission guideline on 'Excipients in the labelling and package leaflet of medicinal products for human use', manufacturers have updated product information to include specific warnings on the possible effects of boron-containing excipients on fertility.

Although the exact amount can vary depending on manufacturer, chloramphenicol eye drops can contain around 3 mg boron per ml. The Royal college of Ophthalmologists have commented that the maximum volume that can be accommodated in the conjunctival sac is between 10-20µL, a typical regime of one drop to either eye four times daily would result in a daily exposure well below 1mg/day, even if 100% absorption is assumed.

At the time of writing, neither the BNF nor BNF for Children contain any information relating to impaired fertility when using chloramphenicol eyedrops. We are awaiting an update from the MHRA, and guidance from Microbiology from TRFT.

In the interim, chloramphenicol 1% eye ointment does not contain any boron based excipients.

Hypromellose 0.5% eye drops discontinued

Hypromellose 0.5% eye drops have been discontinued. The 0.3% strength is still being produced however, so a straight switch from the 0.5% to the generic Hypromellose 0.3% eye drops would be the simplest solution.
Please see CCG Ocular Lubricant Prescribing Guidelines here for more information on product choice for dry eyes.

Delmosart (Methylphenidate hydrochloride) temporarily out of stock.

Delmosart 36mg is out of stock at wholesalers until May 2021, meaning stock should return to pharmacies around mid may.
Alternative brands (Matoride, Xaggitin, Xenidate) also have 36mg version which can be issued as replacement if needed.

Fexofenadine 120mg available to buy over the counter

Fexofenadine 120mg tablets have been moved from a prescription-only medicine (POM) to the General Sales List (GSL). The GSL version are in a pack size of 30 tablets for the relief of symptoms associated with seasonal allergic rhinitis (SAR) in adults and children aged 12 years and over. Other strengths of fexofenadine remain POM. Packs will be available to purchase from retail establishments soon.

New NICE guidelines on the management of chronic pain in over 16's launched.

NICE has published its guidance (NG193) entitled Chronic pain (primary and secondary) in over 16s: assessment of all chronic pain and management of chronic primary pain.
It covers assessing all chronic pain (chronic primary pain, chronic secondary pain, or both) and managing chronic primary pain in people aged 16 years and over.

The guidance classes chronic pain as that which lasts for more than 3 months and splits it into:

Chronic primary pain – pain that has no clear underlying condition or the pain (or its impact) appears to be out of proportion to any observable injury or disease.
Chronic secondary pain – pain that is secondary to a cause or underlying condition.

Chronic secondary pain and chronic primary pain can coexist.

Flare-ups can occur and the guidance classifies these as sudden, temporary worsening of symptoms. Usually this refers to more intense pain on a day-to-day basis. It can also refer to a change in fatigue, stiffness, function or disease activity. Flare-ups can be unpredictable and the time they last can vary.

After a patient centred assessment, chronic secondary pain should be managed according to the underlying cause of that pain.
Primary chronic pain can be managed with exercise programmes and physical activity, psychological therapy, offering of a single course of acupuncture, or the use of pharmacological management. Pharmacological management consists of considering the use of an antidepressant for people aged 18 years and over, after a full discussion of the benefits and harms.
The guideline suggest clinicians do not initiate any antiepileptic drugs including gabapentinoids, antipsychotic drugs, benzodiazepines, corticosteroid trigger point injections, ketamine, local anaesthetics (topical or intravenous), local anaesthetic/corticosteroid combination trigger point injections, non-steroidal anti-inflammatory drugs (NSAID), opioids or paracetamol.
NICE has produced a handy one page visual summary (here) which contains links to specific sections of the full guidance.

Campaign to Reduce Opioid Prescribing (CROP)

The South Yorkshire and Bassetlaw (SYB) ICS has funded the West Yorkshire Research and Development (WYR&D) to carry out a CROP study across the SYB CCGs aiming to help prescribers reflect on previous practice and implement the NICE Chronic pain guidance

The study will extract and anonymise data at practice level. This anonymised data set will be collated by the ICS to form reports that are sent to each practice. The reports will contain references to the latest guidance, sample action plans along with answers to questions relating to better pain management. We are confident that the reports will help you to deliver a better quality of care, improve outcomes for patients suffering from pain and reduce opiate use. The reports can also:

- Be incorporated into audits as part of revalidation.
- Be used to support CQC practice visits demonstrating medicine safety awareness, NICE compliance and reflective practice.

All that a practice has to do is agree to participate in the CROP audit.

Rotherham currently has the highest weighted overall use of fentanyl and buprenorphine patches in the Yorkshire and Humber region. CROP projects carried out in other parts of the country were found to be effective in reducing the level of prescribing of opioid analgesics, leading to an improvement in the quality of care delivered to patients in the community.