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

# Bite Size Prescribing News February 2022

NHS Rotherham Clinical Commissioning Group

## Increased risk of cardiovascular events when macrolide antibiotics used with Hydroxychloroquine or chloroquine

The MHRA has issued a new warning following an observational study showing that co-administration of azithromycin with hydroxychloroquine in patients with rheumatoid arthritis is associated with an increased risk of cardiovascular events (including angina or chest pain and heart failure) and cardiovascular mortality.
Advice to prescribers is to carefully consider the benefits and risks before prescribing systemic azithromycin or other systemic macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine.
Further information can be found here: https://www.gov.uk/drug-safety-update/hydroxychloroquine-chloroquine-increased-risk-of-cardiovascular-events-when-used-with-macrolide-antibiotics-reminder-of-psychiatric-reactions?cachebust=1644934241

## Rotherham Infant feeding pathway update

The Rotherham Infant feeding pathway is continuing to deliver positive outcomes. Latest data shows that 13% of all Rotherham new-borns have been through the pathway, with 91% of all referrals seen within 7 days. 6% of patients have been referred to paediatricians from the service. To date there has been a 33% reduction in the patients that require specialised baby milks.

The service would like to remind clinicians **not to commence Gaviscon Infant / Simeticone as a first line** treatment for infants presenting with feeding problems in Primary Care, but instead please follow the Infant Feeding Pathway: Infant Feeding Pathway.pdf (rotherhamccg.nhs.uk)
If a referral to Dietician is required please complete the form below and email to: rgh-tr.dietetics.dept@nhs.net
A copy of the infant feeding referral form can be found here: http://www.rotherhamccg.nhs.uk/Dietetic infant feeding referral form.pdf

## Current stock issues of note

| Medicine | Out of stock | Alternatives |
|---|---|---|
| Ciprofloxacin 0.3% / dexamethasone 0.1% ear drops | Until mid-March 2022 | Cetraxal Plus® (ciprofloxacin 0.3%, fluocinolone acetonide 0.025%) ear drops<br>Cetraxal® (ciprofloxacin 0.2%) ear drops |
| Atorvastatin (Lipitor®) 10mg and 20mg chewable tablets | Until mid-March 2022 | Atorvastatin 10mg and 20mg film-coated tablets. Serious Shortage Protocols have been issued for the 10mg and 20mg film-coated tablets. |
| Dulaglutide (Trulicity®) 3mg per 0.5ml and 4.5mg per 0.5ml solution for injection pre-filled pens | Until mid-April 2022 | Dulaglutide (Trulicity®) 0.75mg/0.5ml and 1.5mg/0.5ml solution for injection prefilled pens remain available and can support an uplift in demand. Seek specialist advice as necessary |
| Levomepromazine 25mg/1ml solution for injection | Levomepromazine (Nozinan®) 25mg/1ml solution for injection is out of stock until w/c 7 March 2022.<br><br>Levomepromazine (Wockhardt) 25mg/1ml solution for injection is out of stock with a resupply date to be confirmed. | Haloperidol 5mg/1ml solution for injection ampoules<br>Midazolam 10mg/2ml solution for injection ampoules<br>Cyclizine 50mg/ml solution for injection ampoules<br>Metoclopramide 10mg/2ml solution for injection ampoules |

## CRP tests for DMARDs - Difference between Shared care protocols and Ardens templates

The current Arden's templates for disease modifying antirheumatic drugs (DMARDs) follow the national guidelines from the British Society for Rheumatology (BSR and BHPR, CKS, SPS) which have been simplified to no longer contain CRP tests.

CRP can be an early warning sign for worsening control of the underlying inflammatory condition but is not specific to a condition, so can provide false results and does not indicate side-effects or toxicity of the DMARDs being monitored.

The Rheumatology DMARD Shared Care Protocols are currently being reviewed, but in the meantime Secondary Care is aware that the Primary Care computer templates no longer contain CRP testing. There may be occasion when the consultants may ask for the CRP test due to the underlying condition and this can be manually added.

## Updated Rotherham Shared Care Protocols – LES Monitoring for DMARDs

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### Rotherham Shared Care Protocols – LES Monitoring

| | Shared Care Protocols | Monitoring | Initial | Maintenance | On dose increase | Action to take |
|---|---|---|---|---|---|---|
| **Methotrexate (Oral[1] & IM[2])** | Rheumatology, Dermatology (Oral only) | FBC, U&Es, LFTs | 2 weekly until a stable dose for 6 weeks, Then monthly for 3 months | 3 monthly | Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks | IF: WCC <3.5 x10⁹/l AST or ALT >100 Neutrophils <1.8 x10⁹/l Platelets <150 x10⁹/l **OR:** Severe sore throat / Oral Ulceration / Fever / Rash **Stop medication** and contact consultant |
| **Mycophenolate** | Rheumatology | FBC, U&Es, LFTs | 2 weekly until a stable dose for 6 weeks, Then monthly for 3 months | 3 monthly | Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks | |
| **Azathioprine** | Rheumatology & Gastroenterology | FBC, U&Es, LFTs | 2 weekly until a stable dose for 6 weeks, Then monthly for 3 months | 3 monthly | Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks | |
| **Sulphasalazine** | Rheumatology & Gastroenterology | FBC, U&Es, LFTs | 2 weekly until a stable dose for 6 weeks, Then monthly for 3 months | 3 monthly up to 12 months Then 6 monthly | NONE | |
| **6-mercaptopurine** | Gastroenterology | FBC, U&Es, LFTs | 2 weekly for a month & monthly for 2 months | 3 monthly | Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks | |
| **IM Gold** | Rheumatology | FBC, U&Es, LFTs & urine dipstick | Monthly for 2–4 months | FBC & urine dipstick prior to EACH injection[3] | Additional FBC, U&Es & LFTs after 2 & 4 weeks | **As above** and if 1+ protein on 2 consecutive occasions with negative MSU |
| **Leflunomide** | Rheumatology | FBC, U&Es, LFTs & BP | 2 weekly until a stable dose for 6 weeks, Then monthly for 3 months | 3 monthly | Additional FBC, U&Es & LFTs after 2, 4 & 6 weeks | **As above** and STOP if blood pressure increases and cannot be controlled with medication |
| **Hydroxychloroquine** | **NO** Shared Care Protocol or LES payment prescribing can transfer at 4 weeks. Rheumatology | Baseline FBC, U&Es, LFTs U&Es 6 monthly in those over 60 or at risk of renal impairment If pre-existing eye disease Annual assessment with optometrist or earlier if significant changes | | | | |
| **Denosumab** | Metabolic Bone Clinic at Northern General Hospital | Prior to injection at 6 months: Check PINP (reduced by 10ng/ml from baseline and/or the level is <35ng/ml) Serum Calcium (range 2.2-2.6mmol/l) | | 6 monthly thereafter | Serum Calcium prior to each injection (range 2.2-2.6mmol/l) | If hypocalcaemia do not administer and contact MBC |
| **Testosterone[4] (Topical & IM)** | Urology have SCP | Before 10am: PSA & serum testosterone and FBC includ. haematocrit | | 6 monthly | NONE | Phone Urology for advice (Or initiating department) |
| **Ibandronic acid** in women with breast Cancer | Oncology | Renal function & Serum Calcium | | Annual | If Calcium out of range or renal function becomes severe (eGFR < 30 ml/min) – discontinue and contact consultant. Reduce dose if eGFR < 50 ml/min (see SCP) | |

ALL prescribing can be passed to the GP after 3 months if patient is stable (or otherwise stated)

[1] Oral Methotrexate can be prescribed & Monitored by GPs under the SCP and LES
[2] IM methotrexate is RED and prescribing cannot be passed to the GP. Monitoring can be done via the LES and payment received.
[3] IM Gold - after 3 months it is permissible to work one FBC in arrears
[4] LES can also be claimed for other departments such as Endocrinology, Andrology & Transgender

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