

Issue 2 2018



the T@blet

News from Medicines Management at Doncaster Clinical Commissioning Group

Co-dydramol: prescribe by strength to minimise risk of medication error

Advice for healthcare professionals:

- New co-dydramol products are available with a higher dose of dihydrocodeine (co-dydramol 20/500 mg and co-dydramol 30/500 mg tablets).
- When prescribing co-dydramol, clearly indicate tablet strength and dose.
- Report suspected adverse drug reactions with opioids, including any harm from medication error, via the <u>Yellow</u> <u>Card Scheme</u>.

Note:

Co-dydramol preparations are non-formulary.

Ocular lubricant guidance

This guidance informs management of people with dry eyes.

It covers:

- Precipitating factors such as allergy, infection, medication, activities that reduce blink rate.
- Formulary choices.
- When to consider viscosity increase, preservative-free preparations and referral.
- Approximate number of eye drops per ml.
- Shelf life after opening.

Testim discontinuation

The manufacturer of <u>Testim</u> has advised that it intends to cease production: final supplies were expected to be delivered in February.

<u>Testim</u> contains 50 mg of testosterone in a 5g unit dose tube. <u>Testogel</u> would appear to be a reasonable replacement; it contains 50mg of testosterone in a 5g sachet.

Notes:

<u>Testogel 16.2mg/g gel</u> delivers 1.25 g of gel containing 20.25 mg of testosterone per pump actuation.

<u>Testosterone gel</u> is <u>Amber-G</u> as testosterone replacement therapy for male hypogonadism, when testosterone deficiency has been diagnosed by an endocrinologist and confirmed by clinical features and biochemical tests.

What are the clinically significant drug interactions with cigarette smoking?

This <u>UKMi Q&A</u> summarises drug interactions with cigarette smoking that are considered to be most clinically important.

Confidential prescribing and patient safety reports on key indicators now available free for GPs

GP practices can receive free quality improvement (QI) reports to enable:

- patient-level case finding for contraindicated drug prescribing
- confidential benchmarking against GP practices across the UK
- collection of evidence for annual appraisals under **Good Medical Practice Domain 2 (Safety and Quality)**

Reports are available to practices contributing de-identified patient data to Clinical Practice Research Datalink (CPRD)

CPRD Practice Joining Form

Advice for healthcare professionals prescribing mycophenolate to male patients:

- Available clinical evidence does not indicate an increased risk of malformations or miscarriage in pregnancies where
 the father was taking mycophenolate medicines, however mycophenolate mofetil and mycophenolic acid are
 genotoxic and a risk cannot be fully excluded.
- It is therefore recommended that male patients or their female partner use reliable contraception during treatment and for at least 90 days after stopping mycophenolate medicines.
- Discuss with male patients planning to have children the implications of both immunosuppression and the effect of prescribed medications on the pregnancy.

Reminder for healthcare professionals prescribing mycophenolate to female patients:

- Mycophenolate medicines remain contraindicated in women of childbearing potential who are not using reliable contraception and in pregnant women unless there are no suitable alternatives to prevent transplant rejection.
- Female patients of childbearing potential must use at least one reliable form of contraception before and during treatment and for 6 weeks after stopping mycophenolate medicines; 2 forms of contraception are preferred.
- Report suspected adverse drug reactions associated with mycophenolate medicines, including adverse pregnancy outcomes, to us on a <u>Yellow Card</u>.

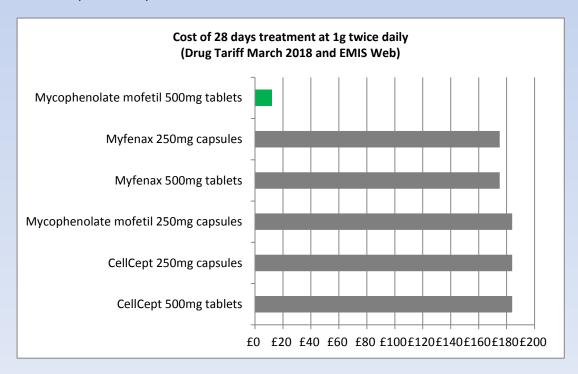
Note:

Mycophenolate mofetil is <u>Amber</u> for the <u>Management of Inflammatory Arthritis, Connective Tissue Disease & Systemic</u> Vasculitis in adults.

Other mycophenolate salts are **not** included in this shared care arrangement.

Prescribing advice:

For rheumatology indications, the most cost-effective mycophenolate mofetil preparation may be prescribed: the dose should be divided, usually twice daily.



What is the evidence to support the use of nefopam for the treatment of persistent / chronic pain?

Nefopam appears no more potent than NSAIDs, but is commonly associated with adverse drug reactions and can be fatal in overdose. Prescribers should consider carefully whether the potential benefits outweigh the risks of adverse effects in individual patients. Treatment should be reviewed regularly and stopped if benefits are not seen in the short term.

NG79 - Sinusitis (acute): antimicrobial prescribing

This **NICE** guideline includes recommendations on:

- managing symptoms, including advice on when an antibiotic is not needed and use of corticosteroids nasal sprays
- choice of antibiotic
- self-care

Visual summary of recommendations.

<u>Treating your infection - Respiratory Tract Infection leaflet</u>

How should conversion from oral morphine to fentanyl patches be carried out?

An updated **IMMI ONA** considers the factors that need to be considered when converting patients from oral morphine to fentanyl patches.

QIPP update

The QIPP achievement calculated at February 2018 was £1,050,238. Practices are thanked for supporting the Medicines Management Team's workplan.

Hormone Replacement Therapy (HRT) prescribing guidance

Guidance is now available that covers the place of FSH testing, prescribing HRT, contraception, managing psychological symptoms and altered sexual function.

Which medicines can be used to treat intermittent allergic rhinitis (IAR) during pregnancy?

This <u>UKMi</u> <u>Q&A</u> discusses treatment options for women with IAR during pregnancy.

Amiodarone Shared Care Protocol

The paperwork has been revised.
The reference to the Thyroid
Register in the monitoring section
has been removed. The latest
version is available on the
medicines management website.

Naltrexone/bupropion (Mysimba) used in weight management has been categorised as Grey

Free Style Libre – This device remains Grey on the Traffic Light System

Gluten Free consultation

All gluten free items other than **bread** and **bread mix** have now been categorised as Grey on the traffic light system. Therefore prescribing on FP10 is now restricted to these two items only.

What factors to consider when advising on medicines suitable for a Halal diet?

The aim of this <u>UKMi Q&A</u> is to increase awareness of the term 'Halal' in relation to medication and to direct readers towards further sources of

APC NEWS

Transgender Prescribing Guidance

Doncaster & Bassetlaw Area Prescribing Committee has agreed that a guidance document developed by Rotherham CCG can be added to the medicines management website as a resource. This guidance will offer support to GP's who feel they wish to prescribe in this therapeutic area.

Epilepsy Shared Care Protocol

The Sheffield Epilepsy Shared Care Protocol has been added to the medicines management website. The document contains details of the Doncaster commissioning model i.e. In Doncaster anticonvulsants remain Amber-G. The Epilepsy Specialist Nurse will manage patients until they are stable and at that point only will prescribing pass to the GP.

Review of **Red** drug prescribing (2015/16 versus 2016/17 period)

Please be reminded that the items below are categorised as Red on the Traffic Light System. **The items should not be initiated in Primary Care**. For any historical prescribing please ensure that where necessary there is adequate monitoring in place.

- Dansone prescribing is up by 81% this equates to 210 items
- Grazax prescribing is up by 400% this equates to 5 item
- Marron 3350 is a bowel cleaning preparation used prior to a medical procedure. There has been 9 items. This is most likely either a picking error on the GP system or inappropriate requests from Secondary Care.
- <u>Isotretinain</u> is used to treat acne prescribing is up by 500% this equates to 5 items.