

theT@bilet

News from Medicines Management at Doncaster Clinical Commissioning Group

Drug Safety: Nicorandil second line for angina - risk of ulcer complications

[Guidance here](#). **Advice for healthcare professionals:**

- Use nicorandil for treatment of stable angina only in patients whose angina is inadequately controlled by first line anti-anginal therapies, or who have a contraindication or intolerance to first line anti-anginal therapies
- Nicorandil can cause serious skin, mucosal, and eye ulceration
- Stop nicorandil treatment if ulceration occurs - consider the need for alternative treatment or specialist advice if angina symptoms worsen

Risk factors: Patients with diverticular disease may be at risk of fistula formation or bowel perforation. Concomitant use of aspirin, non-steroidal anti-inflammatory drugs, or corticosteroids with nicorandil increases the risk of gastrointestinal ulceration, perforations, or haemorrhage.

Location and time to onset: Ulcers may develop at different sites in the same patient, at the same time or one after another. Ulceration can occur at any time during nicorandil treatment (including years after starting treatment).

Treatment: Almost two-thirds of reported gastrointestinal ulcerations are serious. The only way to cure these ulcers is to stop nicorandil treatment.

Levonorgestrel-releasing intrauterine systems (IUS)

[Levonorgestrel-releasing IUSs should always be prescribed by brand name](#) because products have different indications, durations of use, and introducers.

The [FSRH](#) provides guidance on the differences between products for [Mirena and Levosert](#), and for [Jaydess](#).

Medicines Management Website

The new [Medicines Management Website](#) is now available. The 'new look' website has been re-designed & upgraded. The web address for the new site is: <http://medicinesmanagement.doncasterccg.nhs.uk>

We recommend that you save to your favourites / shortcuts for a quick link to:

- Formularies
- Area Prescribing Committee Traffic Light System
- Shared Care
- Local Guidance
- Newsletters

Feedback on the format, content and usability of the website are welcomed.

Medicines Management

Fidaxomicin prescribing

For Treatment of recurrent Clostridium difficile infection (CDI).

[PHE guidance on the management and treatment of CDI](#) states that fidaxomicin is the recommended option for patients with recurrent CDI.

[Fidaxomicin](#) is classified [Green-G](#) and should only be prescribed under the direction of a consultant microbiologist. Because of the rarity in prescribing this item it is not routinely stocked in Community Pharmacies. Therefore it has been agreed that stock will be held on a permanent basis in the main dispensary at DRI, thus ensuring that treatment is received in a timely manner.

Consequently, when a consultant microbiologist has identified a clinical need for fidaxomicin for a community-based patient, they will contact the patient's GP to request prescription on FP10: **this must be dispensed at DRI main dispensary.**

Action: Please ensure clinical staff are aware of the locally agreed [process for prescribing and dispensing fidaxomicin](#).

Medicines Waste campaign – “Show the red card to medicines waste”

Doncaster CCG is launching a new campaign, in partnership with the LPC and Doncaster GPs to highlight the problem of medicines waste and to offer an easy way for people to let us know if their medicines are building up beyond what they need. Doncaster CCG will be sending posters to GP surgeries and to Community Pharmacies to encourage them to take part in the campaign. We would like to ask for the posters to be displayed in surgeries and community pharmacies.

Patients are being advised if they have medication that is piling up, to ring the CCG Medicines Management Medline on 01302 566074 and leave their contact details, or tell their GP or Community Pharmacy.

If a patient comes to tell you about their medication we would appreciate your help to reduce or remove any unwanted items from their repeat list. Further details regarding how the Medline will operate are available from a member of the Medicines Management Team

Your support in this waste campaign will be greatly appreciated.

Pregabalin prescribing for pain

The Medicines Management Team have developed a [resource support pack](#), which aims to improve pain management, facilitate safe/effective prescribing and prevent misuse/abuse of pregabalin.

Action: Ensure relevant healthcare professionals have access to the resource to support prescribing.

Montelukast review

The Medicines Management Team are offering to identify patients under 18 years prescribed montelukast for prophylaxis of asthma after a practice identified that some patients' doses were not being increased in line with their age. This Pharmacy Technician led procedure will assist clinicians to ensure safe, effective prescribing and provide evidence of review.

Action: Follow recommended dosing regimen as per BNFC, please refer to bullet points on the right:

BNFC doses for prophylaxis of asthma

- Child 6 months to 6 years 4mg once daily in the evening
- Child 6 years to 15 years 5mg once daily in the evening
- Child 15 years to 18 years 10mg once daily in the evening

UKMi Q&A 260.4 - Are penicillins and cephalosporins safe in breastfeeding?

[Guideline](#)

Bottom line:

Penicillins and cephalosporins are considered compatible with breastfeeding. However, the infant should still be monitored for adverse effects.

UKMi Q&A 244.3 - Clostridium difficile infection: is use of PPIs a risk factor?

[Guideline.](#) This updated Q&A investigates whether there is an association between use of proton pump inhibitors (PPIs) and Clostridium difficile infection (CDI).

Bottom line:

[PHE guidelines](#) recommend that consideration be given to stopping or reviewing the need for PPIs in patients with or at high risk of CDI.

Medicines suitable for a Halal diet?

[Guideline](#)

UKMi Q&A 381.2 aims to increase awareness of the term 'Halal' in relation to medication and directs readers towards further sources of information.

Antibiotic spotlight – COPD exacerbations

First line: amoxicillin 500mg three times a day for 5 days.

Treat exacerbations promptly with antibiotics **if** purulent sputum **and** increased shortness of breath **and/or** increased sputum volume.

[Abbreviated antibiotic guidelines](#)