NHS Lothian

LOTHIAN PRESCRIBING BULLETIN

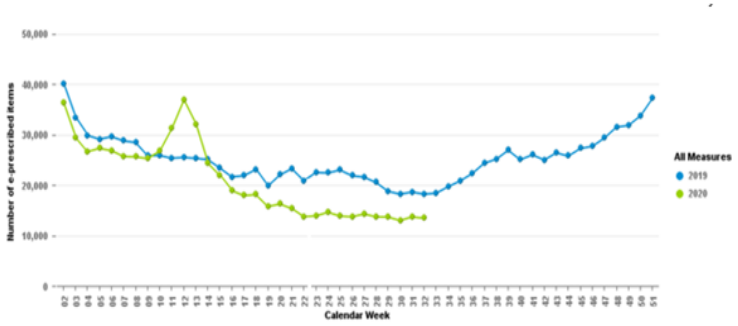
Supporting prescribing excellence -
informing colleagues in primary
and secondary care

Issue 104 November 2020

COVID-19 challenges with antimicrobial prescribing

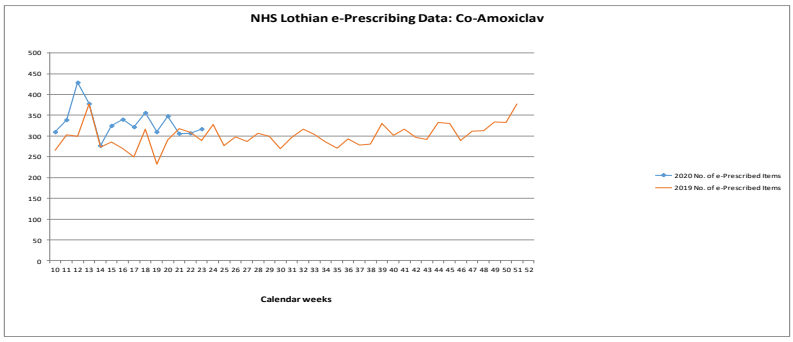
The coronavirus pandemic is challenging for general practice, demanding different ways of working and caring for patients. Guidance issued by the Antimicrobial Team on the management of respiratory tract presentations in frail elderly, a group which often presents first to general practice, reinforces that most patients with COVID-19 run an uncomplicated course. Bacterial super-infection is uncommon.

Scottish trends in antibiotic prescribing for respiratory tract infection during COVID-19



Monitoring by the Scottish One Health Antimicrobial Use and Antimicrobial Resistance Report (SONAAR) programme, as part of Antimicrobial Resistance and Healthcare Associated Infection (ARHAI) Scotland, shows a sharp increase in antibiotic prescriptions in weeks 11 and 12 (9-22 March 2020). Antibiotic prescriptions subsequently reduced to below 2019 levels. Prescribing of non-respiratory antibiotics was in line with 2019 throughout this time.

Lothian prescribing mirrored that of Scotland, with exception of **co-amoxiclav** for which prescribing has been inexplicably higher than 2019 for most of the year, and has not reduced in line with other antibiotics through this period. An audit is planned to find out the indications for use.



There has also been a substantive increase in community cases of Clostridoides difficile infection (CDI) since May, and in some of these cases exposure to co-amoxiclav has been evident. Additionally co-amoxiclav is very broad spectrum, providing selection pressure and opportunity for resistant strains of bacteria to proliferate. Co-amoxiclav should only be prescribed when advised in the infection chapter. This also gives alternatives for use in frail elderly.

Thanks to Carol Philip, Lead Pharmacist, Antimicrobial Management Team with input from Infection Prevention and Control Team.

The Medicines Safety Portal is a recently launched open-access platform promoting safer prescribing in primary care aimed at pharmacists, doctors, nurses and other healthcare professionals.

It offers multiple resources including case studies; quick e-learning modules; problem solving tips, and signposts a host of useful information resources providing a great tool to access vital information to optimise patient safety.

The information resources cover a range of topics from medical excipients, breast feeding, travel vaccinations, and guidance on what medications can be crushed for administration, to dealing with medicines shortages and drug stability in compliance aids.

Although produced in England by University Hospital Southampton NHS Foundation Trust, the majority of information and advice is equally appropriate to use in Scotland.

Thanks to Scott Findlay, Pharmacist, RIE.

Medicines safety issues

Stimulant laxatives (bisacodyl, senna and sennosides, sodium picosulfate) available over-the-counter: new measures to support safe use[1]

Pack size restrictions, revised recommended ages for use, and new safety warnings for over-the-counter stimulant laxatives (orally and rectally administered) have been introduced following a national safety review. Advise patients that dietary and lifestyle measures should be used first-line for relieving short-term occasional constipation and that stimulant laxatives should only be used if these measures and other laxatives are ineffective.

Isotretinoin (Roaccutane): reminder of important risks and precautions[1]

Oral isotretinoin is indicated for severe acne, which has not improved with standard treatments. It is included in the LJF and must be prescribed by a consultant dermatologist because of its significant side effects which include: severe and life-threatening birth defects if the fetus is exposed in utero; depression, anxiety, psychotic symptoms and rarely suicidal thoughts; sexual dysfunction, including loss of libido, erectile dysfunction and vaginal dryness. Women of child bearing potential need to be on a Pregnancy Prevention Programme. Psychiatric symptoms may continue after the medication has been discontinued. A new national independent safety review is currently being undertaken.

Reference:

1. MHRA Drug Safety Update Volume 14, Issue 1 18 August 2020

No rheum for error with oral methotrexate

It is well known that autoimmune diseases and some cancers require treatment with once a week methotrexate. However, the MHRA continue to receive reports of inadvertent overdose due to more frequent dosing – such as daily administration. These include four Yellow Card reports of serious toxicity associated with daily dosing of once-weekly methotrexate since 2016.

A European safety review performed at EU level found errors occurring at all stages of the medication process and has since set out several recommendations to minimise the likelihood of these errors reoccurring:

Prescribing advice

Errors that led to patients taking more than the intended dose were found at all steps in the treatment pathway. Healthcare professionals should consider the patients overall polypharmacy pill burden and ensure patients are able to safely comply with the once a week dosing. The prescription and dispensing label should ideally specify the day the patient is to take their methotrexate to avoid confusion. Only the 2.5mg strength of methotrexate tablets should be prescribed.

Changes to the instructions/packs

The product information including outer and inner packaging of once weekly methotrexate products will carry a warning label about the dosing schedule and consequence of dosing errors. The outer packing will also display space for the dispenser to state a specific day of the week for administration. For methotrexate tablets, availability in bottle and tube packaging will be phased out over the next four years.

Patient safety card

Oral methotrexate products with indicators specifying once weekly dosing will come with a patient safety card to prompt once weekly dosing and to help patients identify signs and symptoms of overdose. Educational material is also available for oral products and can be used in conjunction with local and national materials.

Advice for prescribers	Advice for dispensers
◊ Before prescribing, ensure patient is able to understand and comply with once a week methotrexate dosing ◊ Consider overall polypharmacy burden when deciding on suitable formulation ◊ Decide with the patient which day of the week the patient will administer methotrexate and note this on the prescription ◊ Inform patient/carer of potentially fatal risks of overdose if taken incorrectly ◊ Obtain baseline/ongoing monitoring as per NHS Lothian Shared Care Agreement ◊ Be aware of patients attending with other symptoms which may demonstrate signs of toxicity, eg. breathlessness, persistent dry cough, vomiting or diarrhoea ◊ Advise patient to seek treatment in the event of overdose ◊ Folic acid co-prescribing (not on same day as methotrexate) can reduce toxic effects and improves continuation of therapy and compliance	◊ Remind patient of once weekly dosing and risks of potentially fatal overdose if taken incorrectly ◊ Where applicable write the specified day of administration on the outer packaging ◊ Show the Patient Safety Card to the patient and encourage patients to: * write administration day on the card * carry it with them at all times to alert other healthcare professionals in times of emergency or admission

LJF Update... LJF Update... LJF Update...

Endocrine

Glucagon-like peptide (GLP-1) agonists

Semaglutide tablets have been added to the adult formulary following an SMC abbreviated submission.

Drugs affecting bone metabolism

Calcichew D3 caplets have been discontinued and have been replaced with Accrete D3 (calcium carbonate/ colecalciferol) film-coated tablets. Calcichew D3 Forte has been replaced with Accrete D3 One a Day.

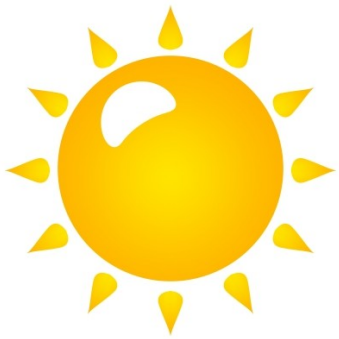
Skin

Emollients (adult and child)

QV intensive ointment has been added as second choice ointment base emollient.
QV 5% skin lotion added as second choice cream base emollient.
Oiltaum emollient bath additive, Oilatum shower gel fragrance free and Oilatum plus bath additive have been removed.
Dermol 200 shower emollient, QV Gentle wash and Hydromol Bath and Shower emollient have been added.

Atopic eczema (adult)

The prescribing notes have been updated for topical calcineurin inhibitors and oral immunosuppressants.



Sunscreens (LJF adult and child)

The prescribing notes on sunscreens have been updated with Advisory Committee on Borderline Substances (ACBS) criteria. The criteria for its listed sunscreens are "*When prescribed for skin protection against ultraviolet radiation and/or visible light in abnormal cutaneous photosensitivity causing severe cutaneous reactions in genetic disorders (including xeroderma pigmentosum and porphyrias), severe photodermatoses (both idiopathic and acquired) and in those with increased risk of ultraviolet radiation causing severe adverse effects due to chronic disease (such as haematological malignancies), medical therapies and/or procedures*".
See BNF https://doi.org/10.18578/BNF.662838682.

Requesting formulary changes —how to navigate the maze

LJF Appendix 1 has been updated with further guidance on how to request changes to the formulary content with useful tips to help you navigate the maze and complete the correct form.

Please use the procedure flow charts which help to direct you to the appropriate formulary application form to complete when proposing the addition of a medicine to the formulary. For new medicines, the correct form to complete will relate to whether or not the drug falls within the remit of SMC. For information on medicines outwith SMC remit please click here.

When the proposal is to add a new strength; new formulation; or new presentation of an existing proprietary medicine already on the formulary (including biosimilars), with no associated change to the patient group for use, licensed indication or route of administration and the new product costs the same per patient or less, the correct form is a formulary amendment request form.

It's Pharmacy First for the Minor Ailments Formulary

From the end of July the Minor Ailments Service (MAS) was replaced by the new NHS Pharmacy First Scotland service. The new 'East Region Formulary - Pharmacy First supporting minor ailments' is available on the LJF website here.