LOTHIAN PRESCRIBING BULLETIN

NHS Lothian

Supporting prescribing excellence - informing colleagues in primary and secondary care

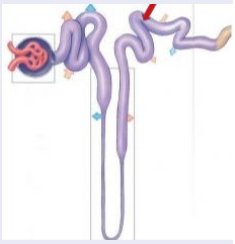
Issue 116

January 2023

Metolazone-important safety information ···urine good hands!

Differences between preparations and safety considerations

Metolazone is on the East Region Formulary (ERF) as the third line option for the treatment of oedema in cardiovascular conditions.



In recent years this thiazide diuretic has only been available in the UK as an unlicensed (imported) product. A new UK-licensed product has become available however there are safety concerns around its use because it has up to a two-fold difference in bioavailability compared to the imported metolazone preparations currently in use.

The licensed product is called Xaqua.

The unlicensed product commonly used in NHS Lothian is called Zaroxolyn and is still available through importers.

The formulary has been updated to include the following information from BNF:

Xaqua tablets are not interchangeable with other metolazone preparations; bioavailability is up to approximately two-fold higher than for other metolazone preparations. Dose adjustment is likely to be required when switching to Xaqua tablets from other preparations of metolazone. Plans are in development in each board to review prescribing of unlicensed metolazone and switching to the prescribing of Xaqua.

INTERIM ADVICE

- Prescribing and supply of metolazone should be product specific.
- Clearly document the approved medicinal product name at the point of prescribing and at all transfers of care to limit incorrect formulations inadvertently being chosen.
- Where supply is made in a part tablet form, for example half or quarter tablets, ensure it is clearly documented on the medication label and medication records and give advice and compliance aids to support the handling of part tablets or alternate day dosing (where appropriate). This should also be communicated to the patient and/or carer verbally where possible.
- Ensure where possible that patients and/or carers are aware that their brand of metolazone should not be switched, unless advised by their healthcare professional.
- Ensure the patient and/or carer are aware of the intended brand, dose, frequency and arrangements for monitoring.
- Give advice on the symptoms of excessive or sub optimal dosing and when to contact a healthcare professional.

References

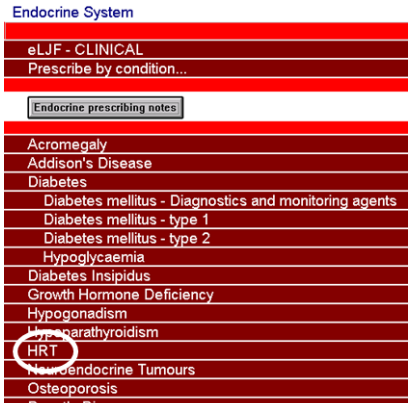
1. Differences between metolazone preparations and safety considerations -Specialist Pharmacy Service www.sps.nhs.uk/articles/differences-between-metolazone-preparations-and-safety-considerations/#:~:text=metolazone

2. Metolazone I BNF bnf.nice.org.uk/drugs/metolazone/

News flash for flushes!
Menopause prescribing resources

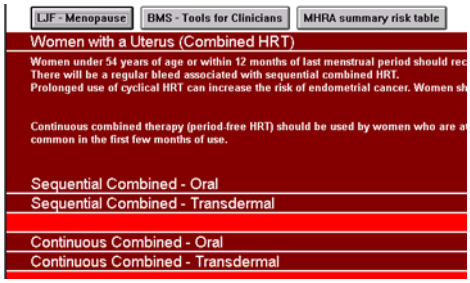
Menopausal symptoms can be troublesome and affect quality of life and wellbeing. Women should be helped to make an informed choice about taking hormone-replacement therapy (HRT) with information on the risks and benefits. Prescribing support software, formulary updates and serious shortage protocols are available to support prescribers and patients with accessing the safest and most effective treatment options.

What are we doing locally?

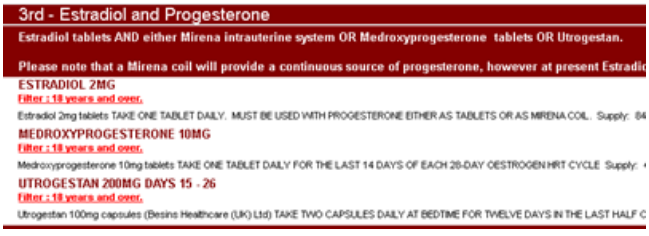


The electronic formularies within NHS Lothian (eLJF) for both INPS Vision and EMIS PCS Clinical systems have been updated and can be found in the Endocrine System under HRT.

Formulary pages, British Menopause Society guidance and MHRA risk tables are easily accessed for use during consultations and are endorsed by clinical experts within NHS Lothian.



Where combined therapy is indicated, the guideline will highlight this in the initial text.



Guidance on the use of electronic formularies in General Practice can be found on the formulary webpages www.formulary.nhs.scot/east/help-and-support/for-healthcare-professionals/electronic-formularies-in-general-practice/.

What are we doing regionally?

Micronised progesterone (Utrogestan) 100mg oral capsules were added to the East Region Formulary (ERF) in June 2022 for adjunctive use with estrogen in post-menopausal women with an intact uterus.

It is an alternative progestogen option to be used in combination with estrogen in post-menopausal women with an intact uterus where synthetic progestogen options are not tolerated or for women with risk factors for breast cancer and/or venous thrombosis.

There are also useful links within the ERF webpgaes to The British Menopause Society thebms.org.uk/publications/tools-for-clinicians and the latest advice from NICE www.nice.org.uk/guidance/ng23.

What are we doing nationally?

Shortages of HRT products have been a challenge for many years. The Chief Medical Officer Directorate through the Pharmacy and Medicines Division continue to provide serious shortage protocols to support community pharmacy. They are an additional tool to manage and mitigate for shortages when other measures have been exhausted or are likely to be ineffective.

Community pharmacists are asked to review and familiarise themselves with the scope and the clinical situation to which each serious shortage protocol applies, as outlined in the guidance provided for each medicinal product. When a substitution is made, pharmacists need to ensure that the patient's prescriber and/or GP practice is notified in accordance with the serious shortage protocol within 24 hours.

Protocols will be cascaded to community pharmacies and are also held on the Scottish Government webpages www.sehd.scot.nhs.uk/.

YellowCard CentreScotland

We're 20!

Adverse Drug Reaction Monitoring in a Post-Pandemic World and a Milestone Anniversary

Along with many other parts of the healthcare service, the Yellow Card system, and pharmacovigilance more generally, has faced significant challenges as a result of the pandemic. However, important opportunities have also arisen. The relatively rapid trialing and deployment of vaccines and newer therapeutic agents to prevent or treat SARS-CoV-2 infection, has refocused attention on the principle that the adverse effect profile of any new medicine is not fully elucidated at the time of granting marketing authorisation. The last two years have reminded everyone that healthcare professionals and the public have an invaluable role in providing early signals about less common but potentially serious reactions. These help to better inform prescribers, and those giving consent to treatment, about the balance of risks and benefits.

Throughout the course of the pandemic, **around half a million Yellow Card reports of suspected adverse reactions were submitted to the Medicines and Healthcare products Regulatory Agency (MHRA) for COVID-19 vaccines**. These were made openly available as aggregated reports every two weeks and became a popular topic of public discourse.

The latest MHRA update of research and analysis (3 November 2022)[1] uses reports to address some of the commonly expressed vaccine concerns regarding events such as miscarriage, anaphylaxis, Bell's palsy, transverse myelitis, thromboembolic events, menstrual disorders, myocarditis and pericarditis, Guillain-Barré Syndrome and fatalities.

With what we all hope has been the passing of the worst of the pandemic, we now turn our attention to the future. Here in Scotland, Yellow Card Centre (YCC) Scotland, based at the Royal Infirmary of Edinburgh and co-funded by the MHRA and Scottish Government, is at the centre of pharmacovigilance efforts. Our role is to support adverse reaction reporting, raise awareness, promote pharmacovigilance, and provide educational events for professionals and public. Our latest Annual Report 2021/2022[2] shows that 94% Yellow Card reports were for suspected reactions to COVID-19 vaccines. However, if vaccines are excluded, we are pleased to report an **18% increase in Yellow Card reporting compared to the previous year**, possibly indicating an increasing awareness of the importance of spontaneous reporting, which we hope will continue.

Notably, the end of 2022 marks an important milestone for YCC Scotland – 20 years since the Centre was established. In the intervening years, the Yellow Card scheme has undergone some important changes: it has expanded to include medical device incidents, suspected adverse reactions to defective or falsified (fake) medicines, and e-cigarettes; patients report suspected side effects alongside healthcare professionals; and paper reports have been largely replaced by electronic reports. Perhaps one of the most important ongoing developments in the next ten years will be the embedding of direct electronic Yellow Card reporting within a number of primary and secondary care electronic clinical systems. In the meantime, we would encourage everyone to report any suspected serious adverse drug reactions via the online reporting system at yellowcard.mhra.gov.uk. Your reports do make a difference.

Thanks to Professor Simon Maxwell, Medical Director, YCC Scotland and Alex Kiker, Information Officer, Lothian Medicines Information Service

References

1. MHRA. Coronavirus vaccine - summary of Yellow Card reporting. www.gov.uk/government/publications/coronavirus-covid-19-vaccine-adverse-reactions/coronavirus-vaccine-summary-of-yellow-card-reporting.

2. Yellow Card Centre Scotland. YCC Scotland Annual Report 2021-22. www.yccscotland.scot.nhs.uk/wp-content/uploads/2022/10/YCC-Scotland-Annual-Report-2021-22.pdf .

Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to differences in formulations

Methylphenidate is used as part of a comprehensive treatment programme for patients (6 years and over) with attention deficit hyperactivity disorder (ADHD). It is prescribed under the care of a specialist in the treatment of ADHD. Methylphenidate is available in either immediate-release or long-acting formulations.

All long-acting formulations have a biphasic release profile, they contain an immediate-release component with a rapid onset of action (phase 1) and a modified-release component with a slower extended release (phase 2). Long-acting formulations may contain different ratios of immediate-release and modified-release components. Other differences include available strengths, mechanisms of release, pharmacokinetics, bioavailability and their dependence on the presence or absence of food at the time of ingestion. Symptom management may be affected by these differences, therefore, caution is advised if switching formulations as there may be a requirement for dose adjustment.

Recent shortages mean that adhering to one specific brand can be challenging however an advice document from the Specialist Pharmacy Service (SPS) may be useful for prescribing in general practice prior to escalating enquiries to specialists. The document is entitled the Extended-release methylphenidate: A review of the pharmacokinetic profiles of available products November 2020. The Child and Adolescent Mental Health Service (CAMHS) report that most patients have tolerated taking a different preparation with only a few patients experiencing changes with their symptom control or struggling to swallow. In these cases, the specialists have recommended that these patients remain on a specific brand.

The CAMHS team have recommended prescribing generically for those previously receiving Xaggitin XL while these shortages are ongoing to facilitate prompt supply. Once shortages are resolved, the specialists will issue an update on their advice.

KEY MESSAGES

- Prescribe long-acting formulations of methylphenidate by brand for those patients with specific advice from specialist teams.
- Use caution if long-acting formulations are being used interchangeably and counsel patients to report any changes in symptom control and any development of adverse events.
- Report any adverse drug reactions on a yellow card.

East Region Formulary Project update: finish line in sight for adult formulary chapter reviews

Since December 2021, the adult formulary content for 14 therapeutic areas has been approved by the East Region Formulary Committee (ERFC). The content has been collated from the existing formularies in NHS Borders, Fife and Lothian subject to recommendations from clinical experts across the region before final approval by the ERFC throughout the year. Malignant disease will be the final therapeutic area to be released in early 2023.

The normal business of the formulary has continued in tandem with the project work as requests for additions, deletions or substitutions are made by clinical teams and reviewed by the ERFC.

Thank you to all those who have helped to maintain this dynamic document which aims to promote safe, effective and economic prescribing in both hospital and general practice.