NHS
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MEDICINES MANAGEMENT

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News from **Medicines Management** at **Doncaster Clinical Commissioning Group**

Ocular lubricant prescribing guidelines

This document is intended to guide the choice of first and subsequent line ocular lubricants, taking account of patient choice and allergies. It can be accessed from the **Medicines Management website** from the Guidelines menu (Local>Ocular Lubricant Prescribing Guidelines).

Emollient prescribing guidelines

This guidance includes prescribing considerations, formulary choices and a patient information leaflet. It can be accessed from the **Medicines Management website** from the Guidelines menu (Local>Emollient Prescribing Guidelines).

Erectile Dysfunction prescribing guidelines

This guidance covers drug safety, hierarchy, prescribing at NHS expense, and referral threshold. It can be accessed from the Medicines Management website from the Guidelines menu (Local>Drugs used in treatment of Erectile Dysfunction).

Methotrexate – prescribe 2.5mg tablet strength

In the interests of patient safety, prescribers are reminded to prescribe methotrexate 2.5mg tablets and not the methotrexate 10mg tablets.

Drug Safety

SGLT2 inhibitors (canagliflozin, dapagliflozin, empagliflozin): risk of diabetic ketoacidosis (DKA)

When treating patients who are taking an SGLT2 inhibitor:

- Test for raised ketones in patients with symptoms of DKA, even if plasma glucose levels are near-normal.
- If you suspect DKA, stop SGLT2 inhibitor treatment
- If DKA is confirmed, take appropriate measures to correct the DKA and to monitor glucose levels
- inform patients of the symptoms and signs of DKA (e.g. nausea, vomiting, anorexia, abdominal pain, excessive thirst, difficulty breathing, confusion, unusual fatigue or sleepiness); advise them to get immediate medical help if these occur
- Be aware that SGLT2 inhibitors are not approved for treatment of type 1 diabetes
- Report suspected side effects to SGLT2 inhibitors on a **Yellow Card**

Letter to healthcare professionals

Drug Safety

High dose ibuprofen - small increase in cardiovascular (CV) risk, EU review confirms that the CV risk of high-dose ibuprofen (≥2400mg/day) is similar to COX 2 inhibitors and diclofenac.

When prescribing or dispensing ibuprofen, avoid use of high-dose ibuprofen (≥2400 mg per day) in patients with established:

- Ischaemic heart disease
- Peripheral arterial disease
- Cerebrovascular disease
- Congestive heart failure (New York Heart Association classification II-III)
- Uncontrolled hypertension
- review the treatment of patients with the above conditions who are taking high-dose ibuprofen at their next routine appointment
- carefully consider the benefits and risks before starting long-term ibuprofen treatment for patients with significant risk factors for cardiovascular events (e.g. hypertension, hyperlipidaemia, diabetes mellitus, smoking), particularly if high doses are required
- remember ibuprofen is contraindicated in patients with severe heart failure
- consider that these recommendations also apply to dexibuprofen (a high dose of dexibuprofen is 1200 mg or more per day, which is equivalent to 2400 mg of ibuprofen)
- consider that no increase in CV risk is seen with ibuprofen at doses up to 1200 mg per day compared with not taking ibuprofen.

Reminder of existing advice for all NSAIDs, when prescribing any NSAID:

- Base the decision to prescribe on an assessment of a patient's individual risk factors, including any history of CV and gastrointestinal illness
- Naproxen and low-dose ibuprofen (≤1200 mg per day) are considered to have the most favourable thrombotic CV safety profiles of all NSAIDs
- Use the lowest effective dose for the shortest duration necessary to control symptoms and re-evaluate the patient's need for symptomatic relief and response to treatment periodically.

Anticoagulation for prevention of stroke and systemic embolism

A suite of documents to facilitate initiation of warfarin/non-vitamin K antagonist oral anticoagulants (NOACS) in primary care for thromboprophylaxis in AF is now available on the Medicines Management website from the Guidelines menu (Local>>Anticoagulation in AF).

The supporting documents include a quick reference guide covering slow-start warfarin, a decision support tool to guide NOAC prescribing and comprehensive guidance on prescribing warfarin.

NICE Guidance

NICE guidance (NG9) - Bronchiolitis in children offers evidence-based advice on the diagnosis and management of bronchiolitis in children. NICE advise not to use any of the following to treat bronchiolitis in children:

antibiotics, hypertonic saline, adrenaline (nebulised), salbutamol, montelukast, ipratropium bromide, systemic or inhaled corticosteroids, a combination of systemic corticosteroids and nebulised adrenaline

Communicating supplementary clinical information

Practices are advised that some patients may not see the right-hand-side of their prescription, for example if they use a repeat prescription collection service and/or their medication is delivered.

In EPS Release 2, it is mandatory for community pharmacies to pass on non-routine information relevant to the clinical care of the patient e.g. patient or medication-specific instructions, upcoming review date and when the last authorised repeat is dispensed. Pharmacies have flexibility in how this information is passed to patients, for example providing information in writing or verbally.

Pharmacies are not required to pass on other information that may currently be printed on the right-hand-side of prescriptions including advertising for local services such as 'flu clinics.

Practices are advised to ensure that they have a robust process in place for communicating clinical information to patients.

Checklist for GP Practice/ Pharmacy Local Business Change Discussions

Formulary changes

Treatment of glaucoma – prostaglandin analogues

The multidose presentation of Bimatoprost (Lumigan) 300 micrograms/ml eye drops has **been discontinued.**

Bimatoprost 100 micrograms/ml eye drops have been added to the formulary. Lumigan 100 micrograms/ml eye drops have been shown to be equivalent to Lumigan 300 micrograms/ml eye drops in intraocular pressure lowering ability.

Bottom line:

DBHFT Ophthalmology department have advised that a switch from Bimatoprost (Lumigan) 300 micrograms/ml eye drops to Bimatoprost (Lumigan) 100 micrograms/ml eye drops can be made by GPs without the requirement of further referral.