

Prescribing Hints & Tips

November 2024

PRESCRIBING AND SWITCHING LIQUID MEDICATION PREPARATIONS AND STRENGTHS

In a recent local incident, a patient received diazepam liquid with incorrect dosage instructions following a change in strength which took place due to supply shortages. Prescribers are reminded to take extra care when prescribing alternative preparations to ensure that the dose and directions are correct. Local guidance can be found [here](#).

A similar case has been highlighted in the [NHSE - Midlands Controlled Drugs Newsletter](#).

COLESEVELAM & COLESTYRAMINE FOR HYPERCHOLESTEROLAEMIA

Colesevelam is classified Grey for use in Hypercholesterolemia under Nottingham & Nottinghamshire APC. This is due to the lack of supporting evidence for clinical effectiveness, particularly when used as monotherapy or otherwise without a statin. Colestyramine is classified Green for this indication.

There was an extended period where colestyramine was unavailable or in short supply. During this time, patients were started on colesevelam as an alternative, and the grey classification was relaxed to allow this. Now that availability of colestyramine has returned to normal, patients who were started on colesevelam for hypercholesterolaemia should be reviewed with a view to changing to colestyramine, especially where lipid levels are not optimised.

Please ensure that colestyramine is prescribed as the original and **not** the sugar free (SF) version wherever possible, as the SF version (brand name Questran Light®) costs nearly 5x the price of the original.

Please also be reminded that any other medication should be taken at least 1 hour before, or 4-6 hours after, colestyramine administration.

MOUNJARO® (TIRZEPATIDE) KWIKPEN® REMINDER

Mounjaro® (tirzepatide) is a once weekly GLP-1 receptor agonist available only as a Kwikpen® device which dials up in individual doses of the strength prescribed. Each Kwikpen® contains 4 doses i.e. 28 days supply, so repeat prescriptions should usually be for ONE pen only.

Tirzepatide should currently only be prescribed for Type 2 diabetes on specialist recommendation, and should NOT currently be prescribed for managing overweight and obesity until NICE TA is published (now expected 23rd December 2024) and a position is reached by the ICB.

Please also be aware that tirzepatide is not recommended during pregnancy and in women of childbearing potential not using contraception. If a patient wishes to become pregnant, tirzepatide should be discontinued at least 1 month before a planned

pregnancy. Since reduced efficacy of oral contraceptives cannot be excluded, it is advised that female patients who are overweight or obese and using an oral contraceptive should add a barrier method of contraception or switch to a non-oral contraceptive method for the first 4 weeks of treatment, and for 4 weeks after each dose increase.

PROPRANOLOL – UNDER-RECOGNISED RISK OF TOXICITY IN OVERDOSE

The risk of toxicity from propranolol overdose is under-recognised and delays in treatment increase the risk of fatality. See [here](#) for more information.

LITHIUM AND TOPIRAMATE INTERACTION

There may be potential for topiramate to affect lithium concentration levels. This interaction is listed in the summary of product characteristics (SmPC) for topiramate and has recently been added to the SmPC for lithium syrup. The potential for an increase in lithium concentration is classified as potentially severe due to its narrow therapeutic index and subsequent high risk of toxicity.

The [SmPC for Topiramate](#) states: *There have been reports of lithium toxicity when concurrently administered with topiramate. Lithium levels should be closely monitored when co-administered with topiramate.*

Patients should be monitored and counselled on potential symptoms of lithium toxicity when taken with topiramate. Further monitoring advice and advice for patients for lithium may be found using the [SPS monitoring tool](#).

FREESTYLE LIBRE 2 (OR 2 PLUS) OR DEXCOM ONE (OR ONE +) CONTINUOUS GLUCOSE MONITOR (CGM) ELIGIBILITY CRITERIA REMINDER

Patients with Type 2 diabetes are only eligible for CGM devices if they meet the inclusion criteria in line with NICE and the agreed [APC guidance](#). Patients on insulin without additional eligibility are NOT eligible. **Occupation is not an additional eligibility (for example, taxi drivers).**

OPTIMISE RX – TAKE CARE WITH SIMILAR SAFETY AND BEST PRACTICE MESSAGES

Each month the medicines optimisation team read the reasons prescribers enter for rejecting messages which can help with early identification of supply issues, as well as any adjustments which may need to be considered to the message logic so that messages trigger appropriately. Occasionally reasons are entered which do not match the intention of the message, suggesting a message may have been misread or misinterpreted. Prescribers should be aware that there are several similar messages for example NSAIDs prescribed without gastroprotection in patients at risk and NSAIDs in poor renal function, Oestrogen in a history of breast cancer and oestrogen without progesterone in women with an intact uterus.

ORIGINAL PACK DISPENSING

From the 1st January 2025, pharmacies will be allowed to dispense up to 10% more or less than the prescribed quantity on NHS prescriptions if that would mean the medicine could be dispensed in the manufacturer's original pack. Professional judgment should be exercised to assess the suitability of applying +/- 10% dispensing, and it is not expected to be appropriate in all cases.

Please be aware that if patients are prescribed a quantity that does not match a full pack size, then over time this might result in compliance warnings on clinical systems being triggered. For example, a patient prescribed 30 tablets but dispensed an original pack of 28 tablets will eventually trigger a warning of over-ordering.

Further information can be found [here](#).

NEW: A GUIDE TO 28 DAY PRESCRIBING

28-day prescribing is recognised by the NHS as making the best possible balance between patient convenience, good medical practice, and minimal medicine wastage. Decisions to prescribe to a shorter interval than 28 days may be made due to clinical or safety reasons. A guide to 28 day prescribing can be accessed [here](#).

MEDICINES MANAGEMENT FACILITATORS (MMFS)

- **Funding now approved until end of March 2026.**
- Payment to the practice for an active MMF is £2,878 per year in monthly instalments (starting when training starts).
- ICB medicines optimisation team (MOT) will train and upskill a non-clinical member of the GP practice team to carry out simple medicines optimisation tasks (incl. cost efficiencies, safety and improved processes).
- MMF must dedicate 3 hours of their time per week.
- Clinical oversight is provided by the practice.
- All training is delivered by the ICB medicines optimisation team.
- All workstreams managed and monitored by the ICB MOT.

If you are interested in training an MMF in your practice, please email nnicb-nn.medsop-mmfmmailbox@nhs.net

APC AND INTERFACE UPDATE

The latest APC (November 2024) [bulletin](#) and update ([webinar](#) or [presentation](#)) are available.

There are two new podcasts available:

[PILS ep 15 Benzodiazepines and Z-Hypnotics](#)

Episode 15 is covering Benzodiazepines and Z-hypnotics **initiation and deprescribing** and it has two parts. [In part one](#), our colleague Nirlas Bathia, Dr Helen Sperry and Dr John Barker have a conversation about **initiating** these medicines. And [in part two](#) they discuss the complex process of **deprescribing benzodiazepines and z-hypnotics**.

[PILS ep 16, Covert administration](#)

In episode 16, Emma Moncrieff, Dr Asifa Akhtar and Dr David Wicks, discuss **covert administration**, what steps are required before deciding it is appropriate to administer medicines in this way and how you document and review this.

We'd be glad to hear your feedback either below the episode or by emailing nnicb-nn.nottsapc@nhs.net.

MAILING LIST

If you wish to be added or removed from the Prescribing Hints and Tips mailing list, please email e.moncrieff@nhs.net