Volume **19** Issue 7

Nottingham and Nottinghamshire Integrated Care Board

Prescribing Hints & Tips

July 2024

DRUG SAFETY UPDATE: TOPIRIMATE (TOPAMAX) – INTRODUCTION OF NEW SAFETY MEASURES, INCLUDING A PREGNANCY PREVENTION PROGRAMME

Topiramate is now contraindicated in pregnancy and in people of childbearing potential unless the conditions of a Pregnancy Prevention Programme are fulfilled. This follows a review by the MHRA which concluded that the use of topiramate during pregnancy is associated with significant harm to the unborn child.

General advice for healthcare professionals:

- topiramate should not be used:
    - in pregnancy for prophylaxis of migraine
    - in pregnancy for epilepsy unless there is no other suitable treatment
- topiramate should not be used in people of childbearing potential unless the conditions of the Pregnancy Prevention Programme are fulfilled. This aims to ensure that all people of childbearing potential:
    - are using highly effective contraception
    - have a pregnancy test to exclude pregnancy before starting topiramate
    - are aware of the risks from use of topiramate
- please see specific advice for prescribers and advice for dispensers
- ensure people of childbearing potential sign the Risk Awareness Form.
    - for people being treated with topiramate for migraine, the form is to be completed by a healthcare professional
    - for people being treated with topiramate for epilepsy, the form is to be completed by a specialist prescriber

Please see the Drug Safety Update for full information. The ICB Medicines Optimisation Team are working with local consultants to draw up further guidance which we will communicate out once finalised.

NOTTINGHAMSHIRE GUIDANCE FOR THE MANAGEMENT OF HYPERTRIGLYCERIDAEMIA

These guidelines have been updated with additional information regarding the January 2024 MHRA Drug Safety Update on Omega 3 and risk of Atrial Fibrillation.
The MHRA has added atrial fibrillation to the safety information of medicines containing omega-3-acid ethyl esters that are licensed for the treatment of hypertriglyceridaemia. Patients should be advised to seek medical attention if they develop symptoms of AF whilst taking omega 3 and if patient develops AF whilst taking, then it should be permanently discontinued. Additionally, lipidologists have advised that if a patient's

triglyceride level are persistently <5 mmol/L, then it would be worthwhile to review the use of omega-3 and consider discontinuing, as risk of AF may outweigh benefits.

As a reminder the only approved indication for omega-3 on the Nottinghamshire Joint Formulary is hypertriglyceridaemia, all patients prescribed treatment for other conditions should be reviewed and treatment discontinued, this is especially pertinent in light of increased risk of AF.

RECENT INCIDENTS WITH RED/HOSPITAL ONLY MEDICINES

There have been incidents recently where patients have been prescribed medicines in primary care that interact significantly with the RED/hospital only medications that they are receiving from secondary care.

- Patient prescribed clarithromycin in primary care, already prescribed tacrolimus from secondary care – admitted with severe AKI due to tacrolimus toxicity
- Patient prescribed allopurinol in primary care, already prescribed azathioprine from secondary care – full blood count impacted but caught early after initiation in transplant clinic

The preferred way of recording RED/hospital only medicines is outlined in this document: Recording RED / hospital only drugs and medicines. Recording RED/hospital only medications in this way ensures that the prescription is not inadvertently issued in primary care but will identify interactions.

DIGOXIN PACKAGING

Our local Trusts have raised concerns with regards to recent digoxin product packaging having strengths depicted as decimals rather than the recommended nomenclature of whole numbers to reduce potential errors. E.g. Digoxin 0.0625milligrams tablets instead of Digoxin 62.5micrograms tablets.

This is due to either a regional or national contract on product lines and the issue has been escalated to the relevant bodies. Other medications may also be affected e.g. levothyroxine, ropinirole, pramipexole, alfacalcidol etc.

Trusts are currently looking into options e.g. labels, off-contract items and assessing risk vs cost pressures of going off contract.

Please be aware that these products are in circulation and ensure that on dispensing, correct strengths are selected. Furthermore, ensure patients are appropriately counselled.

THE BRITISH MENOPAUSE SOCIETY UPDATED GUIDANCE

In April 2024, The British Menopause Society released a new joint guideline which has made suggested changes to the dose of progesterone for women on oestrogen for HRT. The progestogen dose change only applies to women on the **high dose oestrogen regimens**. The updated guidance has been added to the Joint Formulary, see page 42 for specific information.

OPTIMISE RX MESSAGES AND NON-CLINICAL STAFF

The Optimise Rx team would like to remind practices that Optimise Rx messages are only displayed at the point a medication is added (and in some cases at the point of reauthorisation); they are not displayed when issuing from repeat or signing prescriptions. This means that if a non-clinical member of staff triggers a message, they should not assume that a clinical member of staff will also see the message and act upon it as once rejected it will not be displayed again.

We have seen several medication safety messages rejected in this way and want to ensure that practices are aware of the need to have a process in place for any information from Optimise Rx messages to be passed onto a relevant member of staff, to avoid messages being missed– particularly if a critical medicine safety message is triggered.

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

Patients with Type 2 diabetes can be initiated on a suitable formulary included CGM device in primary care by a clinician who has completed self-directed training. Details of suitable training can be found on the APC website.
Furthermore, patients with Type 2 diabetes are only eligible for such devices if the meet the inclusion criteria in line with NICE and the agreed APC guidance. Patients on insulin without additional eligibility are NOT eligible.

Offer CGM to adults with type 2 diabetes on multiple (2 or more per day) daily insulin injections if any of the following apply:
• they have recurrent hypoglycaemia (Defined as events which occur each week or month and have an impact on quality of life) or severe
hypoglycaemia which requires assistance from another person
• they have impaired hypoglycaemia awareness
• they have a condition or disability (including a learning disability or cognitive impairment) that means they cannot self-monitor their blood glucose by capillary blood glucose monitoring
• they would otherwise be advised on clinical grounds to self-measure with finger prick testing at least 8 times a day.

APC AND INTERFACE UPDATE

The latest updates from APC and the Interface team can be accessed in webinar format here. A PDF of the slides is also available on this same page should you wish to access any of the links from the presentation.

The twelfth episode of the APC podcast: **PILS Episode 12 (July 2024): Pharmacogenomics** is available on Spotify, and can also be found on the APC website in the Podcast section or on Teamnet.

MAILING LIST

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