• **NICE issues guidance on Medicines Optimisation**
NICE has recently issued guidance on Medicines Optimisation [http://www.nice.org.uk/guidance/ng5](http://www.nice.org.uk/guidance/ng5)
Medicines optimisation is defined as, “A person-centred approach to safe and effective medicines use, to ensure people obtain the best possible outcomes from their medicines.”
A “NICE bites” summary can be found at [NICE bites Medicines Optimisation](http://www.nice.org.uk/guidance/ng5)

• **Updated advice on use of high-dose ibuprofen**
The CMDh has endorsed by consensus updated advice on the use of high-dose ibuprofen. This follows a review carried out by EMA’s Pharmacovigilance Risk Assessment Committee, which confirmed a small increased risk of cardiovascular problems in patients taking high doses of ibuprofen (at or above 2,400 mg per day). The review clarifies that the risk with high-dose ibuprofen is similar to the risk seen with some other NSAIDs, including COX-2 inhibitors and diclofenac.
No increase in cardiovascular risk is seen with ibuprofen at doses of up to 1,200 mg per day, which is the highest dose generally used for OTC preparations taken by mouth in the European Union. To minimise the cardiovascular risk, high doses of ibuprofen (2,400 mg per day or higher) should be avoided in patients with serious underlying heart or circulatory conditions, such as heart failure, heart disease and circulatory problems or in those who have previously had a heart attack or stroke, [http://www.ema.europa.eu/docs/en_GB/document_library/Press_release/2015/05/WC500187108.pdf](http://www.ema.europa.eu/docs/en_GB/document_library/Press_release/2015/05/WC500187108.pdf)

• **Topical ketoprofen and risk of photosensitivity reactions**
A Drug Safety letter sent to healthcare professionals reminds them of the risk of photosensitivity associated with ketoprofen gel and measures to minimise risk, such as protecting treated areas of skin from sunlight and not using under occlusive bandaging. [Topical ketoprofen reminder of risk minimisation measures](http://www.medicines.org.uk/) (EMEA 2015/001895/EU.)

• **Summary Care Records highlight the importance of “housekeeping” of repeat medication lists**
Both Northampton and Kettering General Hospitals are now using the Summary Care Record as one of the information sources for medicines reconciliation when patients are admitted. This has highlighted a number of cases where medicines which have been discontinued are still listed as a repeat medicine on the GP clinical system. In one recent case both rivaroxaban and warfarin were listed as active repeats. In addition to the risk of the patient ordering the discontinued medicine, this can create error if the patient is admitted.
Prescribers are advised to ensure that discontinued medicines are removed from the repeat list.

• **Pregabalin**
Prescribers and pharmacists watching the Lyrica patent debate may find Dr Margaret McCartney’s recent BMJ “No Holds Barred” review of interest. Entitled, “Second use patents—why do we have to prescribe branded Lyrica for pain?” it can be found at [http://www.bmj.com/content/350/bmj.h2734](http://www.bmj.com/content/350/bmj.h2734)
The May issue of the Drugs and Therapeutics Bulletin picks up the same subject and comments, “Most healthcare professionals will have had little knowledge or awareness of the nuances of patent law and its impact on their professional practice. Whether other companies will seek to use patent law to increase branded prescribing remains to be seen. The implied threat of legal challenge will have had an effect on healthcare organisations and undoubtedly in the short term it will result in an increase in the number of prescriptions that use the brand name. Alternatively, when it comes to prescribing for peripheral neuropathic pain clinicians may look to other products, such as gabapentin, rather than fall foul of the patent issues. Interference of this type may be seen as an impediment to long-term constructive working relationships between the health service and the pharmaceutical industry. When doctors and pharmacists receive letters from the legal representatives of a pharmaceutical company they will quite rightly question the nature of their relationship with the pharmaceutical industry”.

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