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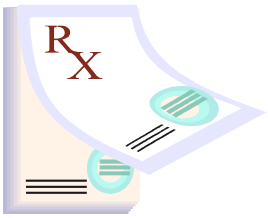
Prescribing Hints & Tips



Welcome to Prescribing Hints & Tips.
This newsletter is written by the Shared Medicines Management team. We aim to highlight news and issues from both public and professional media that may affect your prescribing.

We have provided a summary of each article and described action that you may want to take. For further information please follow the links provided.

Prescribing Hints & Tips will be published every 3 months.

This newsletter has been streamlined to include a brief summary of the articles only. For further information please follow the links provided

Mesalazine and renal monitoring. There has been a local patient safety incident reported where a patient has developed interstitial nephritis whilst prescribed mesalazine. The BNF advises that renal function should be monitored before a patient starts mesalazine, at three months of treatment, and then annually during treatment. Practices are advised to review their monitoring procedures to ensure these patients are monitored appropriately.
Advice regarding drug monitoring can be found in the BNF and in the UKMI reference document.
Please ask your Primary Care Pharmacist if you require further help or advice.

Monitoring Requirements and Responsibilities for Midodrine. The specialist will be responsible for the monitoring required during initial titration with on-going monitoring being the responsibility of primary care:
For more information see the midodrine information sheet for Primary Care Prescribers

Frequency of monitoring	Test to be done		
	Lying and standing blood pressure	Renal function	LFTs
Minimum 6 monthly or if symptoms recur	✓	✓	✓

Nottinghamshire Appliance Management Service (NAMS). Prescribing for stoma patients was transferred to NAMS during August – October 2016. Please remember to refer any requests for prescriptions for items related to stoma management for these patients to NAMS, including any requests for prescriptions for support girdles and garments or stoma wound management systems

Peanut allergy. GPs should be aware that nut allergy may not be flagged by appropriate alerts on SystmOne despite appropriate coding. As some medication contains nut products it is advised that patients with such allergies are reminded to ask their community pharmacist when collecting their medication to check suitability.

Buprenorphine patches. Due to the differences in application duration, practices are reminded to prescribe all buprenorphine patches by brand name.
The locally preferred brands are as follows:-

Butec® 5mcg, 10mcg, 20mcg	Prescribed as a ONCE weekly application
Bupeaze® 35mcg, 52.5mcg, 70mcg	Prescribed as a TWICE weekly application (changed on the same two days each week)

In addition, the local hospital trusts will only stock these two brands and therefore any patients using buprenorphine patches will be discharged with one of these.

Nottinghamshire Shared Medicines Management Team
Expert knowledge | Working together | Patient centred | Delivering excellence | Responsive

We would value your views on this newsletter. Please send all comments to: **medsman@mansfieldandashfieldccg.nhs.uk**

Smoking interaction with clozapine or olanzapine:

Drug Name (Alphabetical by Generic Name)	Nature of Interaction	Clinical Relevance	Action to Take When Stopping Smoking
Clozapine	Clozapine is metabolised principally via CYP1A2. Serum clozapine levels are reduced in smokers compared with non-smokers; smokers may need higher doses.	High	Monitor serum clozapine/ norclozapine drug levels before stopping smoking and again one or two weeks after stopping smoking. Be alert for increased adverse effects of clozapine (e.g. drowsiness, dizziness, tachycardia). If adverse effects occur, reduce the dose as necessary. Give patient the fact sheet on Smoking and Clozapine from Choice and Medication website or Pharmacy Intranet.
Olanzapine	Olanzapine is metabolised principally via CYP1A2. Serum olanzapine levels are reduced in smokers compared with non-smokers and may need a higher dose.	High	Be alert for increased adverse effects of olanzapine (e.g. dizziness, sedation). Reduce the dose as necessary. Give patient the fact sheet on Smoking and Olanzapine from Choice and Medication website.

Links to patient leaflets on smoking and clozapine/olanzapine:

http://www.choiceandmedication.org/nottinghamshirehealthcare/pdf/handyfactsheetsmokingandclozapine.pdf

http://www.choiceandmedication.org/nottinghamshirehealthcare/pdf/handyfactsheetsmokingandolanzapine.pdf

New tiotropium dry powder brand. The patent on tiotropium has expired and now a more cost effective brand (Braltus®) has been launched. Braltus® is dose equivalent to Spiriva®, administered in the same way, and via a very similar device. This may now be used when a tiotropium dry powder inhalation is required, and should be prescribed by the brand name.

Tiotropium dry powder inhalation product	Cost per 30 capsules
Braltus® 10mcg† capsules with Zonda® inhaler	£25.80
Spiriva® 18mcg capsules (or generic)	£33.50
Spiriva® 18mcg capsules with Handihaler® (or generic)	£34.87

† New inhaler regulations require new products to state the amount delivered rather than the amount in the capsules, which is why the strengths differ. However, both products deliver 10mcg tiotropium and are equivalent.

Citalopram oral drops dose equivalence. We have become aware of a number of prescribing errors recently when patients taking citalopram tablets are converted to citalopram drops. Citalopram drops contain a different salt and are not directly equivalent to tablets. **20mg citalopram tablets are equivalent to 16mg citalopram drops.** Also, as they come in a dropper bottle, the required dose should be prescribed in mg and number of drops not in ml. To obtain a 16mg dose (equivalent to a 20mg tablet) the dose instruction should state:

"16mg (8 drops) ONCE daily".

This is of particular importance in patients over 65, as the citalopram dose should not exceed 20mg daily (or 16mg if using the drops).

Levetitacetam 100mg/ml oral solution, risk of overdose. Manufacturer UCB Pharma has written to doctors to warn them of the risk of overdose with its Keppra brand of levetiracetam 100mg/ml solution.
Cases of an up to 10 fold accidental overdose with Keppra oral solution have been reported, most in children aged 6 months – 11 years. The problem is due to confusion about measuring the correct volume of solution when the product is dispensed with the wrong size of syringe.
UCB Pharma reminded prescribers and pharmacists that a **1ml syringe should be supplied for children aged 1 – <6 months; a 3ml syringe for age 6 months – <4 years, with bodyweight <50kg; and a 10ml syringe for older and heavier children and young people**