



- **Warfarin 5mg tablets at NGH**

There have been incidents locally and nationally resulting in patient harm following “mix ups” between Warfarin 5mg and Warfarin 0.5mg tablets. Following discussions the anticoagulant team service at NGH have decided to stop supplying Warfarin 5mg tablets. This is consistent with practice in most trusts regionally. If Warfarin is needed, discharge supplies will be Warfarin 1mg and/or 3mg tablets.

- **Withdrawal of VSL#3 from the Drug Tariff.**

VSL#3 probiotic is being deleted from the Drug Tariff from Dec 1st 2018. Previously it was classified as ABCS and was prescribable for ‘the maintenance of remission of ileoanal pouchitis only in adults as induced by antibiotics’. This deletion means that it can no longer be prescribed on FP10 and if required will either have to be prescribed through secondary care or patients will have to purchase as a food supplement.

- **Disabling and potentially permanent side effects lead to suspension or restrictions of quinolone and fluoroquinolone antibiotics**

The European Medicines Agency has suspended the marketing authorisation of nalidixic acid and recommended restrictions on fluoroquinolone antibiotics (ciprofloxacin, levofloxacin, moxifloxacin norfloxacin and olfoxacin. This follows reports of long-lasting adverse effects involving muscles, tendons and bones and the nervous system. [link](#) They recommend that fluoroquinolone antibiotics should **not** be used:

- to treat infections that might get better without treatment or are not severe (such as throat infections)
- to treat non-bacterial infections e.g. non-bacterial (chronic) prostatitis
- for preventing traveller’s diarrhoea or recurring lower urinary tract infections (urine infections that do not extend beyond the bladder)
- to treat mild or moderately severe infections unless other antibacterial medicines commonly recommended for these infections cannot be used

They should be avoided in patients who have previously had serious side effects with a fluoroquinolone or quinolone antibiotic. They should be used **with special caution** in the elderly, patients with kidney disease and those who have had an organ transplant because these patients are at a higher risk of tendon injury. Since the use of a corticosteroid with a fluoroquinolone also increases this risk, combined use of these medicines should be avoided. **NICE and Public Health England guidance on Managing Common Infections has been amended to take this advice into account** [link](#)

There has also been a recent MHRA alert [link](#) regarding an increased risk of aortic aneurysm and dissection in patients treated with systemic or inhaled fluoroquinolones, particularly in older patients. Fluoroquinolones should only be used after careful benefit-risk assessment and after consideration of other therapeutic options in patients at risk for aortic aneurysm and dissection.

- **Changes to Gluten Free (GF) Prescribing 4<sup>th</sup> Dec 2018**

The law is set to change on 4th Dec, whereby the only Gluten Free items available on prescription will be breads and flour mixes. NHS England have produced some guidance for CCGs for implementing this change. [link](#) Whilst GF items are provided via an “off-prescription” scheme in Northants, the local GF formulary will be changed so that it is in-line with NHSE’s guidance meaning that only includes GF breads and mixes are available. Since the number of items available is being limited, the number of units which will be provided via the local scheme will also be reduced accordingly.

- **Shawarma in major depressive disorder**

In the spirit of Yuletide we thought that readers would be interested to learn of a paper on PubMed which provides robust evidence for the benefit of Shawarma in preventing and treating major depressive disorder. Please see attached.

