Tablet Press

The prescribing newsletter for GPs, nurses and pharmacists
NHS Nene CCG and NHS Corby CCG

Issue: 158 November 2019

- **Time to review use of fibrates?**

An article in the Drugs and Therapeutics Bulletin describes the evidence for prescribing fibrates and whether they have a role in managing dyslipidaemia. It concludes evidence for fibrate use is limited, and should they only be initiated by specialists in management of familial hypercholesterolaemia or hypertriglyceridaemia.

- **Gabapentin and pregabalin associated with increased risks of suicidal behaviour, injuries, unintentional overdose, and road traffic incidents**

A large population-based cohort study in Sweden found that prescriptions for gabapentinoids were associated with increased risk of suicidal behaviour, unintentional overdoses, head and body injuries, and road traffic accidents and offences. Whilst, the observational study design means the results are subject to confounding and can only suggest an association, not causation it does add to the growing concern about the risk of abuse and dependence. It was for this reason that in April 2019, pregabalin and gabapentin were reclassified as schedule 3 controlled drugs.

- **Vaccination of individuals with uncertain or incomplete immunisation status**

Public Health England have produced a single page reminder based on the "Green Book" (Immunisation Against Infectious Disease) in order to help health professionals ensure that their patients are vaccinated appropriately. link

- **Drug Tariff guidance on sun screens**

The Drug Tariff previously stated that sunscreens could be prescribed on FP10 for "Protection from UV radiation in abnormal cutaneous photosensitivity". The new criteria states that it **may be prescribed** on FP10 "for skin protection against ultraviolet radiation and/or visible light in abnormal cutaneous photosensitivity causing severe cutaneous reactions in genetic disorders (including xeroderma pigmentosum and porphyrias), severe photodermatoses (both idiopathic and acquired) and in those with increased risk of ultraviolet radiation causing severe adverse effects due to chronic disease (such as haematological malignancies), medical therapies and/or procedures. These new criteria mean that more patients will have to be advised to self-care because prescribing would be outside prescriber's terms of service.

- **Inhixa®**

Both acute trusts have now fully switched to using the enoxaparin biosimilar Inhixa. Unlike Clexane®, the Inhixa® safety device does not automatically activate. **After administration the user must apply additional pressure to the plunger to activate the needle guard until an audible click is heard.** This is explained further in the manufacturer's Patient Information Leaflet and in a short video provided by the manufacturer.

- **NICE guidance on Hypertension**

NICE have produced a very useful 2 page visual summary on their latest guidance on the diagnosis and treatment of hypertension link

- **Prescribing medicines in renal impairment: using the appropriate estimate of renal function**

In response to reports and queries the MHRA has published a Drug Safety Update regarding estimating renal function and dose adjustment. For most patients of average build and height and most medicines, estimated Glomerular Filtration Rate (eGFR) is an appropriate measure of renal function for determining dosage adjustments in renal impairment. However, in some circumstances, the Cockcroft-Gault formula should be used to calculate creatinine clearance (CrCl). Examples of situations where this applies would be for patients taking Direct Acting Oral Anticoagulants (DOACs), patients on nephrotoxic drugs e.g. vancomycin, elderly patients (≥ 75 years), patients at the extremes of muscle mass (BMI<18kg/m2 or >40mg/m2), patients taking medicines that are largely renally excreted and have a narrow therapeutic index e.g. digoxin and sotalol. Where eGFR and/or CRCl are changing rapidly e.g. in patients with acute kidney injury (AKI), renal function should be regularly reassessed and drug dosing adjusted. link

This edition is also available on GP Portal