

# Medicines Optimisation news headlines

MAY 2014

## 1. Newer oral anticoagulants for post-operative prophylaxis of thromboembolism – Guidance to GPs

A number of GPs have recently been asked by specialists to prescribe the remainder of the course of thromboprophylaxis for patients who have had their surgery provided privately. We have therefore developed and agreed the following guidance:

Dabigatran, rivaroxaban and apixaban are all recommended for the prophylaxis of venous thromboembolism following total hip or knee replacement, (NICE Technology Appraisals TA157, TA170 and TA245 respectively).

The Basingstoke, Southampton and Winchester District Prescribing Committee (DPC) has considered the NICE technology appraisals and has recommended that the use of these agents for this indication should be classified as 'Red' – i.e. the prescribing responsibility should remain with the specialist.

Prophylaxis of thromboembolism is seen as part of the hospital procedure for either hip or knee replacement and the requirement to provide a full course of treatment on discharge avoids any difficulties that may be encountered by a change in supply. It also gives a clear indication of the stop date for treatment.

The advice from West Hampshire CCG to GPs is that it is inappropriate to take over prescribing responsibility for these agents for this indication and that responsibility for prescribing the course of anticoagulants should remain with the specialist. This applies whether the patient was treated under the NHS or privately.

## 2. Tramadol, lisdexamfetamine, zopiclone and zaleplon – changes to legislative controls

A number of changes to legislation come into effect on the 10 June:

**Tramadol** will become a Schedule 3 controlled drug (CD No Register POM), but will be exempt from safe custody regulations. For prescribers this means that controlled drug prescription requirements apply - we understand that clinical systems are being updated to provide this functionality. It also means that tramadol can no longer be supplied under 'repeat dispensing,' using EPS Release 2, or as an emergency supply. The changes to tramadol's status are in response to an increase in the number of reports of harm when tramadol was misused, including reports of deaths.

**Lisdexamfetamine** will become a Schedule 2 controlled drug (CD POM).

**Zopiclone** and **Zaleplon** will become Schedule 4 Part 1 controlled drugs (CD Benz POM). The controlled drugs prescription requirements do not apply and they can continue to be supplied under 'repeat dispensing'; however prescriptions are now only valid for 28 days.

**3. Anti TNFs and the risk of tuberculosis – MHRA warning**

There is an increased risk of tuberculosis, or reactivation of latent tuberculosis, during treatment with tumour necrosis factor alpha (TNF- alpha) inhibitors. Tuberculosis in patients receiving TNF-alpha inhibitors can be life-threatening, and deaths from tuberculosis have occurred in these patients. TNF-alpha inhibitors are therefore contraindicated in patients with active tuberculosis or other severe infections. Screen patients for active and latent tuberculosis before starting treatment with a TNF-alpha inhibitor. Monitor them closely for infectious diseases including tuberculosis before, during, and after treatment.

<http://www.mhra.gov.uk/home/groups/dsu/documents/publication/con404453.pdf>

**4. Southern Health guidance on lancets and needles for people with diabetes**

Practices may have received an email from Southern Health requesting that they prescribe certain brands of lancet and insulin needles for their patients. The guidance is only intended to cover situations where Southern Health staff need to support the administration of insulin, or the patient is having difficulty managing their sharps and this presents a risk to care staff.

GPs will be aware that as part of this year's medicines optimisation incentive scheme we are encouraging the use of lower acquisition cost needles and lancets for the majority of patients. For those patients where an alternative product is required we would expect the health care professional to liaise with the GP and discuss the reasons.

**5. Domperidone – restricted indications and new contraindications**

The MHRA has issued updated advice on the restricted use and contraindications for domperidone. The summary is as follows:

Domperidone is associated with a small increased risk of serious cardiac side effects. Its use is now restricted to the relief of symptoms of nausea and vomiting and the dosage and duration of use have been reduced. Domperidone is now contraindicated in those with underlying cardiac conditions and other risk factors.

The complete alert is available at:

<https://www.cas.dh.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=102155>

**6. District Prescribing Committee Summary Issue 87, meeting held 22 April 2014**

Link to [DPC Summary Issue 87](#) West Hampshire GP representatives on the DPC are Dr Madelyn Dakeyne, Dr Emma Harris and Dr Mike Zardis.

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