NHS
Hambleton, Richmondshire and Whitby
Clinical Commissioning Group

Medicines Management Update

March 2015

Drugs and driving: blood concentration limits set for certain drugs

The Department for Transport has introduced a new offence of driving with certain controlled drugs above specified limits in the blood; this is likely to come into force on 2 March 2015. These drugs include some prescribed medicines.

The drugs included that might be used for medicinal purposes

Cannabis (tetrahydrocannabinol, THC)

Cocaine	Morphine
Diamorphine	Methadone
Ketamine	Amphetamine
Flunitrazepam	Clonazepam
Diazepam	Lorazepam
Oxazepam	Temazepam

Advice for healthcare professionals

The legislation provides a statutory "medical defence" for people taking the drugs for medical reasons, if their driving was not impaired.

Further information can be found from the department of transport:

https://www.gov.uk/government/publications/drug-driving-and-medicine-advice-for-healthcare-professionals

A patient information leaflet is available here to download

DRUG SAFETY UPDATE: Tiotropium delivered via Respimat compared with Handihaler: no significant difference in mortality in TIOSPIR trial

In light of the results of TIOSPIR and other clinical trials, a warning has been added to use tiotropium with caution in the patients in patients with certain cardiac conditions, who were excluded from clinical trials of tiotropium (including TIOSPIR). Prescribing information for both products has been updated to advise prescribers to consider the risk of cardiovascular side-effects in patients with conditions that were excluded from the TIOSPIR trial and could be affected by the anticholinergic action of tiotropium, including:

- myocardial infarction in the last 6 months
- unstable or life-threatening cardiac arrhythmia
- cardiac arrhythmia requiring intervention or a change in drug therapy in the past year
- hospitalisation for heart failure (NYHA Class III or IV) within the past year

These patients should be advised to report any worsening of cardiac symptoms during treatment.

In addition, treatment should be regularly reviewed in patients at high risk of cardiovascular events.

Patient Safety Alert - Risk of death from asphyxiation by accidental ingestion of fluid/food thickening powder

NHS England has received details of an incident where a care home resident died following the accidental ingestion of the thickening powder that had been left within their reach. Whilst this death remains under investigation, it appears the powder formed a solid mass and caused fatal airway obstruction. Analysis of the National Reporting and Learning System has identified one other similar incident that occurred in hospital.

Price concessions for medicines

The DoH has granted the following price concessions for **February 2015**

Drug name	Pack size	Price concession
Clonidine 0.25mg tablets (new)	112	£6.99
Digoxin 125mcg tablets	28	£4.99
Digoxin 250mcg tablets	28	£4.36
Digoxin 62.5mcg tablets	28	£4.20
Exemestane 25mg tablets	30	£45.74
Haloperidol 5mg/ml solution for injection amps	5	£4.33
Lisinopril 20mg /Hydrochlorothiazide 12.5mg tabs	28	£9.50
Lofepramine 70mg tabs (new)	56	£15.00
Mebeverine 135mg tabts (new)	100	£13.50
Mefenamic Acid 500mg tabs (new)	28	£12.00
Olsalazine 250mg capsules (new)	112	£47.40
Olsalazine 500mg tablets (new)	60	£53.10
Pizotifen 0.5mg tablets	28	£6.90
Pizotifen 1.5mg tablets	28	£6.40
Tamoxifen 20mg tablets	30	£3.93
Trandolapril 2mg capsules	28	£7.20
Trimethoprim 100mg tablets	28	£7.55
Trimethoprim 200mg tablets	6	£3.10
Trimethoprim 200mg tablets	14	£7.25

Why is aqueous cream no longer recommended as a leave on moisturiser?

The use of aqueous cream as a leave on emollient has the potential to damage skin with increasing evidence for sodium lauryl sulphate as the causative ingredient. The MHRA Drug Safety Update in March 2013 advises that if a patient reports or shows signs of skin irritation with the use of aqueous cream, treatment should be discontinued and an alternative emollient that does not contain sodium lauryl sulfate should be tried.

NHSBSA Prescription Services request that CCGs make practices aware that where vaccines have been centrally procured for the practice through Public Health England, they should not make a claim under personal administration arrangements to the NHSBSA on form FP34P/D Appendix or FP10.

NHSBSA Prescription Services has identified an increase in FP34P/D Appendix forms and FP10 forms claiming payment for Fluenz Tetra nasal spray suspension Influenza vaccine, NeisVac-C vaccine and Boostrix IPV injection where practices have later verified these have been centrally procured via a vaccine ordering facility, such as ImmForm. Practices must not submit payment claims for vaccines or injections obtained in this way to the NHSBSA.

An FP34P/D appendix or FP10 form should only be submitted for payment to cover the 'dispensing' of the vaccine for personal administration where the vaccine has been purchased by the practice.

Practices who have incorrectly submitted centrally procured vaccines to NHSBSA Prescription Services should contact nhsbsa.repricingrequest@nhs.net for a payment adjustment.

NICE Bites: Multiple sclerosis

http://www.medicinesresources.nhs.uk/en/Medicines-Awareness/Other-Evidence/Implementation-support-tools/NICE-Bites---Multiple-sclerosis/

NICE CG186; 2014

This guideline covers diagnosis and management of MS-related symptoms and treatment of relapse.

Diagnosis

Be aware that clinical presentations of MS include:

- loss or reduction of vision in one eye with painful eye movements,
- double vision,
- ascending sensory disturbance and/or weakness,
- problems with balance, unsteadiness or clumsiness,
- altered sensation travelling down the back and sometimes into limbs when bending the neck forwards (Lhermitte's symptom).

Usually people with MS present with symptoms or signs as described above, and:

- are often aged <50 years,
- may have a history of previous neurological symptoms,
- have symptoms that have evolved over >24 hours,
- have symptoms that may persist over several days or weeks then improve.

Do NOT routinely suspect MS if main symptoms are fatigue, depression or dizziness unless there is a history or evidence of focal neurological symptoms or signs.
Only a consultant neurologist should diagnose MS.

Do NOT diagnose MS on the basis of MRI findings alone.

Referral

In a person suspected of having MS:

- exclude alternative diagnoses by performing blood tests: see NICE pathway, **then**
- refer to a consultant neurologist. Speak to them directly if you think a person needs to be seen urgently.

Optic neuritis - see NICE pathway,

Lifestyle advice

- Encourage regular exercise; advise that this may have beneficial effects on their MS and is not harmful.
- Advise people not to smoke and explain that it may increase progression of disability.

Vaccinations

- Offer flu vaccination in accordance with national guidelines. Discuss possible benefits and risk of relapse after flu vaccination if they have relapsing-remitting MS.
- Be aware that live vaccinations may be contraindicated in people being treated with disease-modifying therapies.

Pregnancy - see NICE guideline

Treatment and management of MS symptoms: The NICE bites summary covers the following – mobility, fatigue, emotional lability, cognition and memory, oscillopsia and pain.

Interruption in supply of Depo-Provera

Supply of Depo-Provera (medroxyprogesterone acetate) 150mg/ml from Pfizer has been interrupted due to manufacturing issues.

The company expects normal supply to recommence the week beginning 16 March 2015. Further information on 0845 608 88 66.

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