Medicines
Optimisation Update
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MOP UP.

NHS
Bath and North East Somerset, Swindon and Wiltshire
Clinical Commissioning Group

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Reminder of potential tamoxifen interaction with potent CYP2D6 inhibitors

Tamoxifen is extensively metabolised via cytochrome P450 2D6 (CYP2D6) to its main active metabolites, endoxifen for treatment of oestrogen receptor positive breast cancers. The NICE Clinical Knowledge Summaries indicates that concomitant use of drugs that are potent or moderately potent inhibitors of the CYP2D6 enzyme (such as paroxetine, fluoxetine, quinidine, cinacalcet) should be avoided whenever possible in patients treated with tamoxifen for breast cancer. If antidepressant treatment is indicated, preference should be given to those with weak CYP2D6 enzyme inhibitory effect, such as citalopram, escitalopram, sertraline and venlafaxine. A SystmOne prescribing safety search to help you identify the potential affected patients can be found as follow: Reporting> Clinical Reporting> Locality Meds Management Reporting unit> Meds Optimisation team 2020 > Prescribing Safety > Tamoxifen plus a potent CYP2D6 inhibitor on repeat.

For further information in regard this potential interaction please visit:
SPS Medicines Q&As Tamoxifen and antidepressants interaction
Guidance advice on switching between antidepressants can be found here:
SPS Medicines Q&As Switching between antidepressants

Shared Learning from Medication Safety Incidents

Omission of Folic Acid Prescription in a Patient Prescribed Methotrexate

Improving our medicines safety culture involves reporting, analysis and sharing learning from Medicines Safety Incidents.
A local GP practice kindly agreed to share a Medicines Safety Incident involving the omission of folic acid prescription for a patient prescribed weekly methotrexate tablets for rheumatoid arthritis. The patient had collapsed, was admitted to hospital and found to have pancytopenia secondary to methotrexate treatment. They made a full recovery.
It was established that the patient had stopped taking folic acid for a prolonged period but continued to order methotrexate prescriptions. Blood monitoring had been undertaken during this period which showed some initial deterioration in blood indices followed by subsequent significant deterioration.
It had not been identified by the GP practice that the patient had omitted their folic acid prescription.
At their significant event meeting the practice decided to implement the following to limit the risk of a similar incident reoccurring in the future:

- Audit of clinical notes for all patients receiving methotrexate to check folic acid prescribing
- To ensure ease of checking compliance - synchronisation of prescription quantities of methotrexate and folic acid to cover a 28 day supply
- Routine assessment of prescription *issue* records to check folic acid adherence when reviewing bloods taken to monitor methotrexate
- A regular reminder to take folic acid as prescribed by specialist when patient attends for methotrexate blood monitoring
- Pharmacist or GP to oversee each request for methotrexate
- Patient education on importance of folic acid and regular blood tests, to be reinforced during medication reviews

Your local community pharmacists may also be able to help by reminding patients to take their folic acid as prescribed.
SystemOne searches are shared at the following location: Reporting> Clinical Reporting> Locality Meds Opt reporting unit > Medicines Optimisation Team 2020 > Prescribing Safety. To facilitate identification of people who have methotrexate on repeat but:

- Not having folic acid as a current repeat item
- No folic acid issued (either by acute or repeat) in last 6 months

Folic acid is used to minimise side effects of methotrexate. The *treating specialist team* will recommend which dose of folic acid is appropriate for the patient and when this should be taken. All patients should be on a minimum of folic acid 5mg once a week (to be taken on a different day to methotrexate). In certain circumstances, the treating specialist team may recommend higher or more frequent doses of folic acid, dependent on side effects to methotrexate or co-morbidities. The outpatient/discharge letter from the specialist should include full details. SPS have produced a useful article What is the Dose of Folic Acid to use with Methotrexate therapy for Rheumatoid Arthritis? – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice

Clinical System Tools:

Optimise Rx will display a message where patients prescribed methotrexate have not received a prescription for folic acid within the last 4 months.
The Arden's Methotrexate Monitoring template has been updated to include folic acid within the check list to prompt and allow recording of folic acid check.
Arden's also includes a report available within Prescribing > Alerts | DMARDS > Methotrexate | Start folic acid. If a patient falls into this report, there will be an alert on their Home Screen stating that a Drug Review is required. The alert will also appear in the view window on the drug review template with a query: ?Start folic acid as methotrexate on repeat.

Do you have an example of a Medicines Safety Incident and you'd like to share your learning from the event? Please get in contact with Marco Yeung and Lucy Lightfoot Medicines Safety Lead Pharmacists bswccg.prescribing@nhs.net

Female health update

The BSW HRT Treatment Options and Pathway has been published here. Main updates:

- **Sandrena** brand included as an estradiol gel option
- **Lenzetto** estradiol spray as 3rd line topical estradiol option after gel and patch formulations
- **Vagirux** replaces Vagifem for use in urogenital atrophy (cost effective switch)
- Updated information on progestogenic opposition of oestrogen HRT in women with uterus
- Remove conjugated oestrogens completely from pathway
- Primary care prescribing of topical testosterone for females for low libido in menopause as part of HRT is approved where in line with BSW Shared Care Agreement for Testosterone in females as part of HRT
- Added note that non-hormonal vaginal moisturisers/lubricants are available OTC and online and should be **self-purchased** in most instances
- Updated information on duration of treatment for HRT and MHRA risk tables
- We have added some practical prescribing tips based on FAQs we receive from primary care

Anticholinergic Prescribing Update

The suspended 2021-22 Prescribing Incentive Scheme contained a project which aimed to reduce anticholinergic burdens in vulnerable groups of patients, with a focus on prescribing for Over-Active Bladder. Many prescribers attended the educational meetings presented by Dr Robin Fackrell in September, titled "Anticholinergics – a hidden killer?". A recording of the presentation is available by emailing bswccg.prescribing@nhs.net

There has been a sustained fall in the percentage of people in BSW with high anticholinergic burden scores, particularly for people aged over 65yrs. BSW CCG is now even further below the national & regional average than previously – ranking the 6th lowest CCG nationally & the lowest CCG in the South West.

Oxybutynin

Remember that oxybutynin, which is highly anticholinergic, is now an amber drug within BSW CCG. A recent article from a team at Nottingham University concluded that there is sufficient evidence to prove that oxybutynin causes dementia – the first time this has been done. They state that: "it appears that the use of oxybutynin satisfies the Bradford Hill criteria for establishing a causal link with the development of dementia, and this may also be the case for other anticholinergics that easily cross the blood–brain barrier."

Coming Soon…

As requested by many attendees at the anticholinergic educational meetings, we have been developing a calculator in TPP to calculate and record an individual patient's ACBS score. If you would be interested in trialling the calculator & providing feedback on its use, please email bswccg.prescribing@nhs.net

BSW Area Prescribing Committee (APC) Updates

The BSW APC website includes info on the APC and BSWformulary decision making process. Decisions from the Jan 2022 meeting have been ratified and can be found in full here. Of particular note:

- **Updated** – Management of Infection: Guidance for Primary Care Update includes information on treating infected laceration wounds in line with CKS topic.
- **Updated** – Actinic (solar) Keratoses: Guidelines for Management Update includes tirbanibulin ointment as a 2nd/3rd line option for small lesions of face/scalp.
- Information on use of Goserelin Acetate (Zoladex®/Zoladex LA®) and Leuprorelin Acetate (Prostap 3 DCS®/Prostap SR DCS®) for **breast cancer** has been added to the existing formulary entries. Use is approved within product licence. AMBER TLS.

Chloramphenicol eyedrops in children 0-2years

The MHRA PAR for Chloramphenicol eye drops containing borax and boric acid buffers: review of the use in children under 2 years has been published here. The review concludes that the benefits outweigh the risks of using chloramphenicol eye drops containing borax and boric acid when indicated for children aged 0 to 2 years

Cyanocobalamin oral tablets

For diet related Vit B12 deficiency, including vegans, patients should be advised to self-purchase cyanocobalamin 50microgram tablets OTC, in line with NHSE guidance 50microgram and 1mg strengths remain on formulary only for prescribing on FP10 in line with Local guidance , and in most cases 50microgram tablets should be prescribed. Should a patient need a high dose i.e., when intolerant of injections, 1mg tablet can be considered. Orabalin® brand, introduced in 2020, is the only licensed 1mg strength cyanocobalamin tablet available in the UK. This is a prescription only medicine (POM) indicated for the treatment of haematological, neurological, and other symptoms secondary to vitamin B12 deficiency, malabsorption of vitamin B12, such as due to the absence of intrinsic factor (pernicious anaemia), stomach resection or disease of the small intestine. It will also be indicated for use during para-aminosalicylic acid therapy, which can cause impaired vitamin B12 resorption.

Further resources, which includes potential deprescribing of Hydroxocobalamin injection and patient letter, can be found here: –
BSW CCG Resources to Support Review of Hydroxocobalamin Prescribing