Medicines
Optimisation Update
Issue May 2022

MOP UP.

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

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AHSN Polypharmacy Action Learning Sets (set of three sessions)

The AHSN is running further Action Learning Sets (ALS) for GPs and other Health Professionals who undertake prescribing, medicines reviews and de-prescribing on a regular basis, to understand the complex issues surrounding stopping inappropriate medicines safely.

The ALS consist of three sessions, from **09:30-12:00 on 22 June, 6 & 13 July**. Delegates attend all three sessions.

More information and a link to register can be found **here**.

Inadvertent oral administration of potassium permanganate

Potassium permanganate is supplied in concentrated forms, either as a 'tablet' or a solution, which requires dilution to be used externally to treat weeping and blistering skin conditions, such as acute weeping/ infected eczema and leg ulcers.

These concentrated forms resemble an oral tablet or drink and **if ingested are highly toxic**, causing rapid swelling and bleeding of the lips and tongue, gross oropharyngeal oedema, local tissue necrosis, stridor, and gastrointestinal ulceration. A recent National Reporting and Learning System (NRLS) report described an older patient dying from aspiration pneumonia and extensive laryngeal swelling after ingesting potassium permanganate tablets left by her bedside.

The following key incident themes and learnings are identified by the NRLS system:

- potassium permanganate incorrectly prescribed as oral medication
- patients taking potassium permanganate orally at home, or when left on a bedside locker
- healthcare staff administering potassium permanganate orally

A recent National Patient Safety Alert has illustrated a list of action required to be implemented by Oct 2022:

- It should always be prescribed as an acute prescription; it **should never be added to the repeat prescription** section of the patient's record.
- prescriptions include **clear instructions to dilute before use**
- dispensing **label instruction should include the warning 'HARMFUL IF SWALLOWED'** and all patients must be supplied with a patient information leaflet
- if potassium permanganate is to be used in a patient's home, a risk assessment must be undertaken before prescribing
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An Ardens search is available to facilitate you in identifying patients who have potassium permanganate on current repeat:

Reporting > Clinical reporting >Ardens > Alerts > CAS 2022 >Review Potassium Permanganate on repeat

For further information and resources please visit:

British Association of Dermatologists:
Recommendations to minimise risk of harm from potassium permanganate soaks

Specialist Pharmacy Service:
Using potassium permanganate for skin conditions or wound care

National Patient Safety Alert NPSA:
Inadvertent oral administration of potassium permanganate

Amiodarone: Reminder of risk of treatment and the need of routine blood monitoring

Amiodarone is used to treat certain types of abnormal heart rhythm, including atrial fibrillation and tachyarrhythmias. Amiodarone is generally reserved for situations when other treatments cannot be used or have failed. Treatment should be initiated by specialists, and routine monitoring is required for ongoing treatment once stable. The Medicines and Healthcare products Regulatory Agency (MHRA) has recently **published** a Drug Safety Update to remind the need of **monitoring liver and thyroid function before treatment, and at 6 monthly intervals** regularly for patients who is on long term amiodarone treatment.

A recent BSW SystmOne TPP search illustrates **only over fifty-five percentage of patients who have amiodarone on repeat and had a routine monitoring documented in the last 6 months period**.

An Ardens search is available to facilitate you to identify relevant patients:

Reporting > Clinical reporting >Ardens > Prescribing > Monitoring Cardiovascular > Amiodarone No UE, LFT or TFT in last 6m

For further amiodarone monitoring information, please visit Specialist Pharmacy Service:
https://www.sps.nhs.uk/home/guidance/drug-monitoring/?section_title=Ongoing%20once%20stable&detailed=true&sort=name&order=asc

Report suspected adverse drug reactions associated with amiodarone to the Yellow Card scheme.

May 2022: Information on Xaggitin XL availability

There are ongoing stock availability issues with Xaggitin XL tablets applying to all strengths. It is anticipated that 18mg and 54mg tablets will be available again from July 2022 and 27mg and 36mg tablets from early June 2022.

Delmosart is an alternative brand that can be prescribed until supply problems ae resolved. UK Medicines Information previously confirmed there are no licensed indication differences and no dosing adjustments are required here. These medicines must be prescribed by brand name and both are considered BSW formulary options although Delmosart is not currently named in BSW Shared Care Protocols.

BSW Meds Op Website New document uploaded

TTP SystmOne Configuring your patient specific warnings
https://prescribing.bswccg.nhs.uk/?wpdmdl=9414

Testosterone use in women

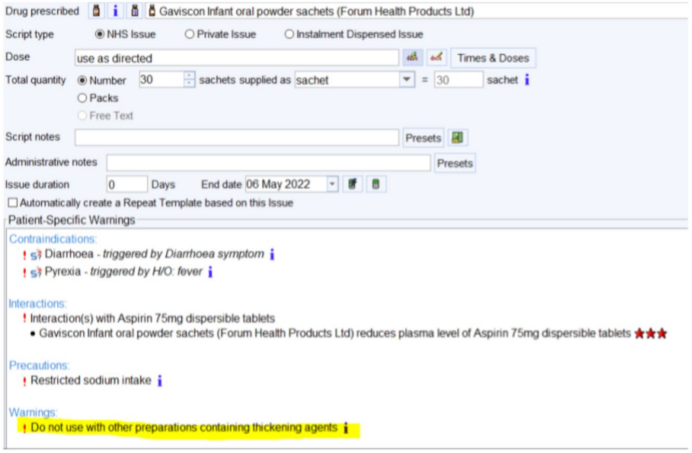
We are aware of increased queries into our in-boxes about the use of topical testosterone in women as part of HRT after recent media coverage about the menopause.

The formulary team would like to remind local prescribers of the following information:

- On the BSW formulary (http://www.bswformulary.nhs.uk/), topical testosterone for use in women is positioned as amber with a shared care agreement (SCA) which can be found here: https://prescribing.bswccg.nhs.uk/?wpdmdl=8742
- NICE have published Menopause: diagnosis and management NG23 (2015) regarding altered sexual function which states the following: 1.4.8 ***Consider*** testosterone supplementation for menopausal women with **low sexual desire** if HRT alone is not effective.
- Testosterone in women is only included in our BSW formulary **"for women who are distressed by low libido and where there is no other identifiable cause (e.g. physical and psychosocial factors and medications), and where estrogen replacement therapy (ERT) alone has not been effective".** Testosterone should not be used to treat depression or bone loss or to prevent cognitive decline.
- Our SCA which has been approved by local specialist teams advises that Testosterone should not be given in isolation and women should be oestrogenised first (i.e., on ERT).
- GPs should not initiate testosterone without advice from a specialist as i.) there is no licensed product for women available in the UK to use ii.) the dosing needs to be recommended by the specialist. Dosing can be more complicated due to the lack of a specifically licensed product at the right dose for women iii.) we reviewed the evidence base and data for the use of testosterone in women to agree with our local specialists what monitoring is required and when as there was no national consensus on this. The BSW SCA includes the agreed monitoring schedule that our local specialists use.
- · GPs in our area should only prescribe topical testosterone for low libido in women on HRT under our locally approved Shared Care agreement in conjunction with a Specialist (usually NHS, could be private if the private provider is willing to follow the BSW SCA and fulfil the role of the Specialist throughout duration of treatment and the patient is willing to pay for the consultations/advice for the duration of treatment).

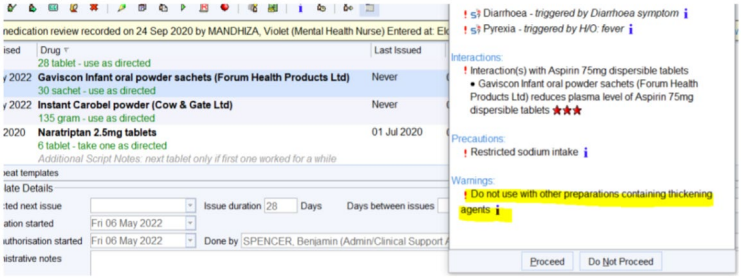
Watch out for patient specific warnings!

Just a quick reminder to all prescribers to check the patient specific warnings when prescribing new medications. There have been several reported errors over the last few months where interactions which have been flagged on SystmOne have been missed and then prescribed to the patient (see below):



Normally you will only see these messages when prescribing as an acute prescription, but it is also possible to have these warnings pop up if they are issued as a repeat medication in the event the medication got added to repeat and the warning missed on initial prescribing.

It appears as a pop up when one of the medications are prescribed (see below):



If you would like to learn how to change your settings to have the patient specific warnings appear on acute and repeat prescription, please follow the instructions on the **link**. Please note any changes to prescribing warnings will require appropriate access rights and privileges, you should discuss this with your practice manager or lead clinician before making any changes.

Reminder on BSW Emergency Access to Medicine Scheme

The local BSW Emergency Access to Medicine Scheme is established in order to ensure prompt access to certain prescription-only medicines that may be needed in an emergency from pharmacies spread across BSW. These medicines include, but are not limited to, "End of Life" drugs. We would like to keep you updated that there are currently 24 pharmacies that take part in this scheme and the list of medicine and pharmacies can be locate as follow:

Participating pharmacies: View the list of participating pharmacies

Medication list: View the list of medications

For details of their opening hours: Find a pharmacy - NHS

The list of medicines that must be available from these pharmacies has been shared with different health providers operating in BSW and may be amended if necessary due to clinical or availability reasons in the future.

Using the PrescQIPP IMPACT medication review tool for SMRs

Have you used PrescQIPP's IMPACT tool when conducting medication reviews?

It lists drugs by BNF chapter and gives recommendations for appropriately continuing or stopping medicines. It also identifies the priority of clinical interventions or deprescribing, as well as including links to PrescQIPP deprescribing algorithms.

In addition to the PDF version, there is a "visual data pack" which is accessible to subscribers once logged in. The visual data pack provides information on practice/PCN expenditure – as you might expect from PrescQIPP – but it also contains the same clinical information as the PDF version, which can be filtered to produce a list of medication for individual patients which highlights deprescribing priority.

PrescQIPP Impact – How to manipulate the Visualisation Tool: https://prescribing.bswccg.nhs.uk/?wpdmdl=9429

This newsletter represents what is known at the time of writing so information may be subsequently superseded. Please contact the Medicines Optimisation Teams with comments/feedback or information for inclusion. This newsletter is aimed at healthcare professionals working within BSW.