Produced by the NHS Rotherham CCG Medicines Management Team Tel (01709) 302639 if further information is required.

Bite Size Prescribing News April 2019

NHS Rotherham Clinical Commissioning Group

Testosterone Prescribing.

The Testosterone shared care protocol (SCP) was specifically agreed between Rotherham CCG and the Urology department of the Rotherham Foundation Trust. Any requests for prescribers to initiate/continue prescribing of Testosterone from any other department should be considered in line with the clinical discretion of the prescriber.

GP practices can claim under the Testosterone LES for **any** patient for which they prescribe and undertake full monitoring (PSA & serum testosterone and FBC including haematocrit six monthly).

Transgender patients on Testosterone for which GP practices are prescribing and monitoring should be claimed for under the Transgender LES for the first three years, followed by the standard Testosterone LES (above).

Widening the availability of naloxone

Naloxone is the emergency antidote for overdoses caused by opiates or opioids. Naloxone is a prescription-only medicine, so pharmacies cannot sell it over the counter. However drug treatment services can supply it without a prescription, and anyone can use it to save a life in an emergency. Under regulations that came into force in October 2015, people working in or for drug treatment services can, as part of their role, supply naloxone that their drug service has obtained, to others if it is being made available to save a life in an emergency. A prescription is not required for the supply naloxone in this way. The regulations were amended in February 2019 to include nasal naloxone.

https://www.gov.uk/government/publications/widening-the-availability-of-naloxone/widening-the-availability-of-naloxone

Healthy Start Vitamins supply in Rotherham

Pregnant women, women with a child under 12 months and children aged from four weeks to four years who are receiving Healthy Start vouchers are entitled to free Healthy Start vitamins. Healthy Start vitamins come in drops containing vitamins A, C and D for children aged from four weeks to four years, and tablets containing folic acid and vitamins C and D for pregnant and breastfeeding women. Healthy Start vitamins are suitable for vegetarians and halal diets, and free from milk, egg, gluten, soya and peanut residues.
In Rotherham Healthy Start vitamins are available directly from midwifes health visitors and Children's Centres in exchange for the green Healthy Start vitamins voucher received by the family every eight weeks in the post.

Prescriptions for vacuum therapy dressings

Vacuum therapy wound care is initiated in secondary care. On discharge, patients are supplied with the wound vacuum machine and two weeks supply of vacuum product. After the initial two week supply the GP practice then takes on prescribing.
The products that fall in this category are;

Dressing	S&N Code	NHS Code	PIP code
RENASYS F SMALL W/SOFT PORT KIT	66800794	ELZ509	378-6720
RENASYS F MEDIUM W/SOFT PORT KIT	66800795	ELZ510	378-6712
RENASYS G SMALL W/SOFT PORT KIT	66800933	ELZ512	378-6431
RENASYS G MEDIUM W/SOFT PORT KIT	66800934	ELZ513	378-6449
RENASYS GO CANISTER 300ML KIT	66800914	ELZ515	378-6415

Thorens 10,000iu/ml oral Vitamin D drops are OUT OF STOCK until end of JUNE

Thorens brand of Vitamin D drops (NHS Rotherham first line choice for use in children that require a prescription) is currently out of stock and will remain so until the end of June.

Alternative product available: INVITA D3 25,000iu/ml ampoules

Dose as per age group below – treatment duration 7 weeks

Age	Dose
1 – 5 months	1 ampoule once weekly for 7 weeks
6 months – 11yrs	2 ampoules once weekly for 7 weeks (if 2 amps in one go is too much volume to administer, may be given as 1 amp 2x per week)
12yrs – 18yrs	3 ampoules once weekly for 7 weeks (if 3 amps in one go is too much volume to administer, may be given as 1 amp 3x per week)

SGLT2 inhibitors: reports of Fournier's gangrene (necrotising fasciitis of the genitalia or perineum)

An EU review has assessed reported cases of Fournier's gangrene across the class of SGLT2 inhibitors. Although diabetes mellitus is a risk factor for the development of Fournier's gangrene, some of the EU post-marketing reports were considered possibly to be related to the use of SGLT2 inhibitors. Fournier's gangrene usually occurs almost exclusively in men. However, around a third of the EU cases reviewed were reported in women. We are also aware of rare occurrences of Fournier's gangrene in patients on SGLT2 inhibitors in the USA.
Up to January 2019, the MHRA have received 6 Yellow Card reports (four in men and two in women) of UK cases of Fournier's gangrene in association with SGLT2 inhibitors.
Warnings about Fournier's gangrene will be added to the product information for all SGLT2 inhibitors. A letter (https://assets.publishing.service.gov.uk/media/5c66c978ed915d4a397873d5/SGLT2-DHPC-Jan-2019.pdf) has also been sent to advise healthcare professionals of the risk.
Patients taking SGLT2 inhibitors should be advised to seek urgent medical attention if they experience severe pain, tenderness, erythema, or swelling in the genital or perineal area accompanied by fever or malaise.
If Fournier's gangrene is suspected, SGLT2 inhibitor treatment should be stopped and treatment started urgently as appropriate.
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/779462/DSU-PDF-Feb-2019.pdf

Fluoroquinolone antibiotics: new restrictions and precautions for use

Disabling, long-lasting or potentially irreversible adverse reactions affecting musculoskeletal and nervous systems have been reported very rarely with fluoroquinolone antibiotics (Ciprofloxacin, Levofloxacin Moxifloxacin Ofloxacin). In the musculoskeletal system, tendonitis and tendon rupture were most commonly reported, and in the nervous system paraesthesia was most commonly reported although pain in extremities, gait disturbance, depression, fatigue, memory impairment, sleep disorders, and impaired hearing, vision, taste, and smell have also been reported.
Tendon damage (especially to the Achilles tendon but also other tendons) can occur within 48 hours of starting fluoroquinolone treatment, but onset of symptoms and signs of the adverse reactions may be delayed several months after stopping treatment.
Advice to prescribers includes:

- Advise patients to stop treatment at the first signs of a serious adverse reaction, such as tendinitis or tendon rupture, muscle pain, muscle weakness, joint pain, joint swelling, peripheral neuropathy, and central nervous system effects.
- Prescribe with special caution for people older than 60 years and for those with renal impairment or solid-organ transplants because they are at a higher risk of tendon injury.
- Avoid use of a corticosteroid with a fluoroquinolone since co-administration could exacerbate fluoroquinolone-induced tendinitis and tendon rupture.

See Drug Safety Update for full guidance (https://www.gov.uk/drug-safety-update/fluoroquinolone-antibiotics-new-restrictions-and-precautions-for-use-due-to-very-rare-reports-of-disabling-and-potentially-long-lasting-or-irreversible-side-effects#contents)