Dabigatran supply issues?

We have received a number of reports that pharmacies are unable to obtain supplies of Dabigatran. The manufacturer (Boehringer Ingelheim) has confirmed that there is no manufacturing problem or stock issue, however pharmacies are only able to obtain stock via Phoenix distribution services.

Adrenaline auto-injectors: updated advice after European review

The European Medicines Agency (EMA) has completed a review of all adrenaline auto-injectors approved in the EU. The review concluded that:

- Due to uncertainties about the site of drug delivery and the speed of adrenaline action within the body, it is recommended that healthcare professionals prescribe 2 auto-injectors, which patients should carry at all times.
- The needle length of the device is now stated in the product information because this may be an important factor for the prescriber to consider when choosing a suitable auto-injector

Existing patients with adrenaline auto-injectors should be made aware of this advice and additional auto-injectors should be prescribed where appropriate.

TRFT is also following this advice by discharging newly diagnosed patients with four auto-injectors i.e. two to carry and two to keep at home.

Atovaquone/Proguanil combination tablet (Maloff Protect®) available to buy at Pharmacies

Maloff Protect (250 mg atovaquone and 100 mg proguanil hydrochloride) will be sold at pharmacies after a discussion with the pharmacist. They will be made available to adults aged over 18, weighing more than 40kg, travelling to areas affected by malaria and where the malaria parasite is not resistant to the Maloff Protect ingredients.

Pharmacists will be able to advise if Maloff Protect is suitable to protect from malaria depending on which countries are being visited, pre-existing medical conditions, and any other medicines being taken.
More evidence on the link between Gastric acid suppression and Clostridium difficile infection (CDI).

A large systematic review and meta-analysis of observational studies has attempted to clarify whether medicines that suppress gastric acid increase the risk of recurrence of Clostridium difficile infection (CDI)\(^1\). Gastric acid suppression has been linked to both primary and recurrent CDI, but studies examining the association have found conflicting results. The review included 16 observational studies with a total of 7,703 patients with CDI. The rate of recurrent CDI in patients with gastric acid suppression was 22.1% (892/4,038 patients) compared with 17.3% (633/3,665) in patients without gastric acid suppression. Although this is a meta-analysis of observational studies, it does add some weight to a possible association between PPIs and recurrence of CDI. Public Health England guidelines recommend that consideration be given to stopping or reviewing the need for PPIs in patients with or at high risk of CDI.


Combined use of and DPP-4 inhibitors and GLP-1 agonists.

There have been a number of reports of patients being prescribed a DPP-4 inhibitor (e.g. Linagliptin) and a GLP-1 agonist (e.g. Dulaglutide) for the management of Type 2 diabetes. Both of these classes of medication act by increasing the amount of the incretin hormone GLP-1 in the body, and should be prescribed in an either/or manner. There is currently no evidence to support co-prescribing these two groups of medications and clinicians are asked to review patients on both of these together. Further information can be found in the Diabetes guidelines in the Top Tips section of the CCG website.

Quinapril stock shortages

Although never prescribed in large quantities in Rotherham, quinapril is out of stock everywhere in both generic and branded forms. Consider switching to an equivalent dose of Lisinopril at 50% quinapril dose. It should be remembered though that there is no exact equivalent so patients will have to be reviewed 2-4 weeks post switch.

Total items Quinapril in past 12 months

![Graph showing total items Quinapril in past 12 months for different locations.](https://example.com/graph.png)