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# Bite Size Prescribing News

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Rotherham  
Clinical Commissioning Group

### Further information on Valproate medicines in pregnancy including the Pregnancy Prevention Programme.

The Medicines and Healthcare products Regulatory Agency has updated its guidance on the use of Valproate. Valproate medicines must no longer be used in women or girls of childbearing potential unless a Pregnancy Prevention Programme is in place.

The Pregnancy Prevention Programme is a system of ensuring all female patients taking valproate medicines:

- have been told and understand the risks of use in pregnancy and have signed a Risk Acknowledgement Form
- are on highly effective contraception if necessary
- see their specialist at least every year

Hardcopies of the following will be sent to healthcare professionals by the Epilim licence holder shortly. (NB these are not available online yet)

- A Patient Guide,
- A Guide for Healthcare Professionals,
- A Risk Acknowledgement Form – for the specialist and patient to sign at initiation
- A Patient Card – to be given by community pharmacists
- Stickers with warning symbols – for community pharmacists

GPs must identify and recall all women and girls who may be of childbearing potential, provide the Patient Guide, check they have been reviewed by a specialist in the last year and are on highly effective contraception (*in this context, these include the long-acting reversible contraceptives (LARC): copper intrauterine device (Cu-IUD), levonorgestrel intrauterine system (LNG-IUS), and progestogen-only implant (IMP), and male and female sterilisation. If a user-independent form is not used, two complementary forms of contraception including a barrier method should be used and regular pregnancy testing considered*).

READ codes for documentation are:

System One - Advice on risk harm to foetus from maternal Sodium Valproate during pregnancy (Y1b25)

EMIS – Contraceptive advice for patients on valproate for epilepsy (EMISNQCO292)

EMIS – Pregnancy prevention programme form signed by patient (EMISNQPR472)

### Finasteride lowers prostate-specific antigen (PSA) values.

Following a recent incident, it is pertinent to remind all healthcare providers that Finasteride causes a decrease in Serum PSA concentrations by approximately 50% in patients with BPH even in the presence of prostate cancer. In patients treated with Finasteride for six months or more, PSA values should be **doubled** for comparison with normal ranges in untreated men. This adjustment preserves the sensitivity or specificity of the PSA assay and maintains its ability to detect prostate cancer.

### Hydroxychloroquine / chloroquine - dosage and screening recommendations

Recent data has highlighted long-term treatment with hydroxychloroquine (or chloroquine) can affect the retina and vision leading to hydroxychloroquine retinopathy. The risk of developing hydroxychloroquine retinopathy is directly proportional to duration of treatment with the medicine.

Additional risk factors for development of the condition include daily dosage greater than 5mg/kg, if patient is also taking tamoxifen and renal impairment.

Ophthalmology screening is now recommended for all patients taking hydroxychloroquine who are expected to remain on the medicine for more than 5 years. TRFT Rheumatology department are aware of these guidelines, however it may be pertinent to ensure long term patients are attending their yearly reviews. For further details, please see the Royal College of Ophthalmology guidance on hydroxychloroquine and chloroquine retinopathy screening.

