NEW GUIDELINES

There have been some new additions to the guidelines folder on the Primary Care Medicines Management Guidelines and Policies site on FirstPort. (Some of these guidelines are also available in other sites)

1. **Citalopram and Escitalopram** - prolongation of the QT interval at higher doses and interactions with other drugs that can prolong the QT interval. Some advice from the Mental Health Team Drug and Therapeutics committee. NB Your Locality Prescribing Adviser has a tool that can identify patients taking these drugs at higher doses and/or taking potentially interacting drugs listed in the advice document.

2. **Melatonin shared care agreement for general practice** - an updated document now approved by ADTC.

3. **Diabetes** - there are 3 documents – Self Monitoring of Blood Glucose (SMBG), a Patient Information leaflet on Blood Glucose Monitoring and Diabetes and Driving.

4. **Ischaemic Stroke** - the updated NHSL guideline for the secondary prevention of ischaemic stroke. This takes into account the recent NICE guidance on antiplatelet drugs which has been endorsed by Health Improvement Scotland (HIS).

**NEW TEAM MEMBERS**

The prescribing department is pleased to welcome our 4 new medicines management technicians to the team. There is 1 full time technician per unit and their details are below. You can also contact them by email via the Global system.

<table>
<thead>
<tr>
<th>Name</th>
<th>Unit</th>
<th>Base</th>
<th>Contact details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ryan Edwards</td>
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</tr>
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**LEVOTHYROXINE – TEVA BRAND**

The MHRA has suspended the marketing authorisation for levothyroxine 100 microgram tablets manufactured by Teva. This follows a review by the Commission on Human Medicines (CHM) which concluded that the Teva product might not be interchangeable with other levothyroxine products. Prescribers should be alert that a change in a patient's symptoms and TSH status may be attributed to switching between the Teva product and another product. Most patients are unlikely to notice any difference but patients who experience a significant change in symptoms should have their TSH status reviewed and their dose of levothyroxine adjusted accordingly.

The following patients may require particularly close monitoring:

- Pregnant women, throughout pregnancy but especially in the first trimester. (Pregnant women with thyroid disease are monitored routinely through the antenatal period by specialist services).
- Those with heart disease. (Specialists have intimated that the risk is low. GPs should be vigilant for patients with heart disease showing symptoms which suggest suboptimal treatment and investigate appropriately.
- Those under treatment with TSH suppressive doses of levothyroxine after treatment for thyroid cancer.

These patients should be contacted and, if they are taking Teva tablets, be given an early appointment for a clinical review and blood test. After dose adjustment, TSH should be retested after a period of 6 weeks to confirm blood levels are stabilised within their normal range. Community pharmacies and hospitals have now withdrawn the affected products and are using other brands. For more information see: www.mhra.gov.uk/home/groups/comms-po/documents/news/con143690.pdf

**ANTI MICROBIAL UPDATE**

The Antibiotic Management Team has updated 2 of their policies and these are:

1. Primary Care Antibiotic Policy
2. Antibiotic Quick Reference Guide - otherwise known as the ‘Antibiotic Man’

Both of these documents can be found on FirstPort in the Primary Care Medicines Management Guidelines and Policies site in the folder marked Antimicrobial Information.
**Linezolid**

This antibiotic is now designated as **hospital only for prescribing and dispensing in NHS Lanarkshire.**

General practitioners should **NOT** prescribe linezolid in primary care and any requests to do so must be referred back to the appropriate hospital specialist. The only exception is a specific request, from a consultant microbiologist or consultant in infectious diseases, for the GP to provide a short course of up to 7 days supply in specific circumstances.

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**FORMULARY NEWS**

**New Formulary choice**

**Jext®** adrenaline for the emergency treatment of anaphylaxis. It is available in the 150micrograms and 300micrograms doses as well as other intramuscular injections for self-administration (including EpiPen®). The advantages of Jext® include reduced risk of inadvertent needle stick injury and an extended shelf life of 24 months from date of manufacture. Jext® is the most cost-effective preparation based on the extended shelf life with current product costs. For these reasons Jext® is the preferred choice of intramuscular adrenaline for self-administration for new patients being prescribed adrenaline. However, established patients will require to stay with their current preparation as switching to Jext® would require all patients to be retrained. Training is also essential for any new patients prescribed adrenaline for self-administration. Jext® is bulkier and the release mechanism is different to EpiPen®. For further information on Jext® and anaphylaxis, which may be useful for patients refer to - [http://www.jext.co.uk/](http://www.jext.co.uk/). Patients can register for a service on the website to receive alerts to remind them when their Jext® device is about to expire.

**New Formulary Tab**

We know some prescribers have found it difficult to find the drug they want to prescribe from the Formulary within the Therapy tab so it was decided to develop a guideline to make the process easier.

The guideline has been developed with the help of Pharmacy colleagues and once imported and set up in your system the drugs can be searched for by BNF chapter and then condition. When a drug is chosen the strength, dose etc will automatically populate all of the relevant fields in Therapy.

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**DOMPERIDONE**

McNeil® Products have recently written to prescribers advising of new information regarding cardiovascular risks of domperidone products. They advise that studies have shown that domperidone may be associated with an increased risk of serious arrhythmias or sudden cardiac death. They note the risk is highest in those on daily doses over 30mg or in people over 60 years. They advise domperidone should be avoided in patients taking other drugs known to prolong the QT interval. Prescribers should be cautious using domperidone in patients with known QT prolongation, patients with electrolyte disturbance and those with underlying cardiac diseases such as congestive heart failure.

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**NEW LOOK SITES ON FIRSTPORT**

Both of the Prescribing Departments sites on FirstPort have had a make over.

There is a new look to the Drugs and Prescribing site found under Quick Links - Medical Education (MEDED) – Drugs and Prescribing - or by following the link - [http://www.medednhsl.com/sites/prescribing/resources.asp](http://www.medednhsl.com/sites/prescribing/resources.asp)

There have been new folders and documents added to the Primary Care Medicines Management Guidelines and Policies site found under Quick Links - Manuals and Guidelines or by following the link

[http://firstport/sites/pccpg/default.aspx](http://firstport/sites/pccpg/default.aspx)

**MEPROBAMATE WITHDRAWAL**

Prescribers are reminded that the European Medicines Agency has recommended the suspension of all marketing authorisations for meprobamate-containing medicines for oral use in the European Union, because their risks, particularly the risk of serious side effects affecting the nervous system, are greater than their benefits. To ensure prescribers have enough time to determine the most appropriate treatments for individual patients, the Committee has recommended that the withdrawal of the medicines from the market be carried out gradually, within 15 months of the European Commission decision.

Doctors should stop prescribing meprobamate-containing medicines over the next 15 months and consider alternative treatments in line with national recommendations for the condition being treated.

**GABAPENTIN AND PREGABALIN POTENTIAL FOR MISUSE**

Gabapentin and pregabalin are licensed for the treatment of epilepsy and neuropathic pain. Pregabalin is also licensed for use in general anxiety disorder. Recently there have been reports of the potential for misuse of these drugs in order to enhance mood level, to augment the effects of other drugs, to manage opiate withdrawals and cravings or to substitute other drugs such as cocaine.

Gabapentin and pregabalin are structurally related to the neurotransmitter GABA and it is this common role for GABA-related effects which is believed to cause the potential for these drugs to be misused by patients.

Although some studies focus on people misusing gabapentin with a history of cocaine dependence, anecdotal reports from certain Health Boards across Scotland have highlighted gabapentin misuse by opiate users. While the current evidence around gabapentin and pregabalin misuse is limited, both pharmacists and prescribers should be aware of the potential for misuse of these drugs and be cautious when prescribing either drug, particularly to individuals with a known history of substance misuse.