



- **Prescribing and dispensing pregabalin**

Following court proceedings NHS England has issued new guidance on pregabalin that comes into force from 17th July 2017, when the patent for pregabalin expires. The guidance advises:

- When prescribing pregabalin for the treatment of any condition, you should prescribe in accordance with your normal practice.
- When dispensing pregabalin for the treatment of any condition, you should dispense in accordance with your normal practice.

The Medicines Management team will be issuing guidance about prescribing of pregabalin to GP practices within the next couple of weeks.

- **New Guidance on Antibiotics in Pregnancy**

There is an increase in concern about the use of antibiotics in pregnancy following new evidence that **certain** antibiotics are associated with an increased risk of spontaneous abortion Ref: Flory TM, Sheehy O, Berard A. *Use of antibiotics during pregnancy and risk of spontaneous abortion. CMAJ. 2017 May; 1(189):625-633* <http://www.cmaj.ca/content/189/17/E625>. The evidence indicates that penicillins, cephalosporins and erythromycin are not associated with increased risks. Tetracyclines, quinolones, aminoglycosides, azithromycin, clarithromycin and high dose metronidazole (2g stat) should be avoided if possible, unless the benefits outweigh the risks. Short-term use of nitrofurantoin is not expected to cause foetal problems (theoretical risk of neonatal haemolysis). Trimethoprim is also unlikely to cause problems unless there is poor dietary folate intake, or the patient is taking another folate antagonist. In patients who present with acute sore throat, are pregnant and have penicillin allergy use erythromycin.

The Public Health England (PHE) guidance on Management of Infection in Primary Care has been updated accordingly <http://www.pathfinder-rf.northants.nhs.uk/nene/therapeutics/guidelines-antimicrobial-prescribing/>

In pregnancy, send MSU for culture and start antibiotics in all with significant bacteriuria, even if asymptomatic. Prescribe treatment options recommended in the guidance. If these are not appropriate seek expert advice.

- **Shortage of Trimethoprim liquid**

There is currently a nationwide shortage of trimethoprim liquid. The usual alternative would be nitrofurantoin, but the liquid formulation is very expensive (£446.95 for 300mls). Older children may be able to take tablets or capsules. PHE guidance recommends cefalexin as second line in children with lower UTI and co-amoxiclav as first line in children with upper UTI. Microbiology in NGH and KGH support these recommendations as the risk of C diff is minimal in this age group. Children with recurrent UTI should be referred. All children presenting with UTI should have an MSU sent before antibiotics are started and prescribing should be adjusted according to sensitivities.

- **Potential confusion with different preparations of insulin aspart – prescribe all insulins by brand name.**

A new faster acting formulation of insulin aspart, Fiasp, has recently been launched <https://www.medicines.org.uk/emc/medicine/33022>. This has caused a potential concern that if patients receive the wrong insulin aspart preparation then they will be at an increased risk of hypoglycaemia. To avoid this occurring it is recommended that all insulin preparations are prescribed by brand. NPAG will be reviewing Fiasp at their next meeting.

- **Instructions on medication for Care Home Residents**

It has been highlighted by some local Care Homes that they are having issues with administering some residents their medication due to the instructions not being sufficiently clear. The NICE guidelines on Managing medicines for adults in social care in the community (NG67) states that care workers should only give a medicine if there is authorisation and CLEAR instructions to give the medication. This echoes NICE quality statement that states "Prescribers responsible for people who live in care homes provide comprehensive instructions for using and monitoring all newly prescribed medicines". It is recommended that prescribers and pharmacists do not use the term "as directed" as care home staff require written confirmation concerning the intention. This is a particular issue with topical treatments as staff need to know how many times a day and the area the preparation is to be applied.

- **Hepatitis A Supply Issue**

It is understood that certain GP practices have had trouble obtaining Hepatitis A vaccine. Please note there was the following information in the June edition of Vaccine Update on Hepatitis A (Adult):

- GSK: Havrix PFS singles are currently available, however, there may be supply constraints between June and July
- GSK: Havrix PFS x 10 packs are unavailable until 2018
- Sanofi Pasteur: limited supplies of Avaxim are available. Contact Sanofi Pasteur for more information
- MSD: VAQTA is unavailable until late June.

If Hepatitis A vaccine isn't available from any of the suppliers and the patient requires the vaccine as soon as possible, then the Hepatitis A+B combination vaccine can be given on the NHS.

This edition is also available on PathfinderRF via the following link

<http://www.pathfinder-rf.northants.nhs.uk/nene>

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