Medicines Safety Bulletin

Issue 4 – June 2022

Welcome to the latest edition of our Medicines Safety Bulletin; a newsletter produced by your local CCG Medication Safety Group. Our aim is to highlight to you medication incidents that have occurred both locally and nationally to promote and support safer practice.

Melatonin liquid – do not use the licensed product in children due to excipients

The licensed melatonin 1mg/ml oral solution (Colonis Pharma Ltd) has a formulary status of 'not commissioned' (Black) in North Yorkshire and Vale of York CCGs. Melatonin 1mg/ml oral solution (Colonis Pharma Ltd) contains the following excipients which may be potentially problematic when used in children and adolescents:

- Propylene glycol 150.37 mg per 1ml dose
- Sorbitol 140 mg per 1ml dose

For further information, see:
https://www.prescqipp.info/umbraco/surface/authorisedmediasurface/index?url=%2fmedia%2f4920%2f245-melatonin-22.pdf

The **TEWV shared care guideline** gives advice on the most appropriate product to choose for various patient groups:
https://www.tewv.nhs.uk/about/publications/shared-care-guideline-melatonin/

Macrolide drug interactions

I. Carefully consider the benefits and risks before prescribing oral azithromycin or other macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine. An observational study in patients with rheumatoid arthritis has shown that co-administration of azithromycin with hydroxychloroquine is associated with an increased risk of cardiovascular events and cardiovascular mortality. For more information: https://www.gov.uk/drug-safety-update/hydroxychloroquine-chloroquine-increased-risk-of-cardiovascular-events-when-used-with-macrolide-antibiotics-reminder-of-psychiatric-reactions

II. Colchicine is contraindicated in patients with renal impairment and taking a strong CYP3A4 inhibitor e.g., clarithromycin. This follows the case in the north of England of a 67-year-old man with an eGFR=23ml/min in whom the addition of a course of clarithromycin to regular colchicine 500mcg bd was thought to be a contributory factor in his death: https://www.medicines.org.uk/emc/product/6415#INTERACTIONS

Sick day rules for patients on long term steroids: following on from the recent prescribing focus on the new emergency steroid card

A leaflet for patients from the Society for Endocrinology explaining sick day rules can be found here:
https://www.endocrinology.org/media/4142/ai-and-exogenous-steroids_pis_final.pdf

A reminder about the importance of correctly recording Red/Hospital-only drugs in the patient record after a recent patient safety incident

There are several medications which are prescribed and/or supplied directly to patients by parties other than the GP practice. These include specialist drugs which are prescribed by secondary care only, or items supplied by addiction/alcohol services. If clinical staff are unaware of the patient's complete, up to date medication list there will be a risk of prescribing errors including potential interactions, inaccurate transfer of care information between different care settings and being unaware of potential side effects and adverse reactions.

Recently it was discovered that a NY CCG Practice had issued a hospital-only drug in error, on three occasions. The error was being made because the drug had been added to the GP clinical system under the 'Repeat medication template' instead of under the 'Hospital drugs template'. The drug in question had not been issued by the hospital for several years and was in fact no longer needed. Fortunately, the drug was never actually dispensed to the patient but on one occasion had accidently gone through the payment processing systems to NHSBSA. Had this been issued to the patient and the patient taken the medication it could have had serious consequences.

This is a reminder that Red/Hospital-only drugs should be recorded under the 'Hospital Drug template' and not the 'Repeat Medication template'. Instructions on how to do this for both SystmOne and EMISWeb can be accessed here: https://northyorkshireccg.nhs.uk/wp-content/uploads/2022/05/S1_EMIS_hospital_drug_recording_NY-CCG.pdf

Please ensure this information is shared with all staff involved in adding medication onto the GP clinical system.

MHRA advice on amiodarone monitoring and patient counselling

The MHRA has issued advice following a report from a Coroner into the death by multi-organ failure of a woman who had been treated with amiodarone for approximately 5 years and who developed pneumonia during treatment.

- amiodarone can cause serious adverse reactions affecting the eyes, heart, lung, liver, thyroid gland, skin, and peripheral nervous system
- review regularly patients on long-term amiodarone treatment – some of these reactions may be life-threatening but onset can be delayed
- check liver and thyroid function before treatment, and at 6-monthly intervals; thyroid function should also be monitored for several months after discontinuation
- although routine lung imaging is not necessary in patients taking amiodarone long-term, make patients aware of the need to seek advice if they have new or worsening respiratory symptoms
- report suspected adverse drug reactions associated with amiodarone on a Yellow Card

Amiodarone has a long plasma half-life of around 50 days, meaning that any adverse effects may persist for a month (or more) after treatment has stopped.

A patient card is available for all patients that take amiodarone. This card includes important information on the most serious and potentially life-threatening side-effects (and their symptoms) that may occur during treatment with amiodarone and reminds patients of the potential for drug-to-drug interactions.

This bulletin has been produced by the North Yorkshire and York CCGs Medicines Management Team on behalf of the North Yorkshire and York Medicines Safety Group. If you have any queries or feedback relating to the bulletin, we can be contacted here: nyccg.rxline@nhs.net

We also welcome any suggestions or ideas you may have for future editions.

The information contained in this bulletin is correct as of June 2022 but as advice and guidelines are subject to change, please ensure that you refer to and adhere to whatever advice and guidelines are currently in place at the time of reading.