

Prescribing Points



Volume 29 Issue 1 May 2019

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This newsletter is written by the Medicines Optimisation Team, Oxfordshire CCG (OCCG), Jubilee House, Oxford Business Park South, Oxford, OX4 2LH. It is for all health professionals in Oxfordshire and is uploaded to the OCCG website. For queries, contact OCCG.medicines@nhs.net .

Please let us know if you are receiving this newsletter and it is no longer relevant to you by contacting OCCG.medicines@nhs.net .

Repeat Prescribing E-Learning Course

All non-clinical staff can now access the repeat-prescribing e-learning course for free on the [PrescQIPP site](#). The CCG would like to highlight this as a great opportunity to train all members of staff involved in processing prescriptions, including new starters, around safe medication practice in the most consistent and effective way.

The course is designed to be completed in stages and aims to primarily improve medicines safety, as well as improve satisfaction for patients and staff, reduce medicines waste and help make savings. The course does not need to be completed in one sitting. Information on how to access the course is as below:

1. [Register](#) on the PrescQIPP site for new users
2. [Log in](#) to the PrescQIPP site
3. Click on the 'PrescQIPP e-learning' link under the 'Learning' menu, then once on the [E-learning Hub](#) click on 'Access e-learning' on the right hand side
4. Find the course " Practice medicines co-ordinators (PMC) e-learning course" and select 'Access course'

So what?

All members of staff who deal with prescriptions are encouraged to complete this e-learning for training and development purposes. Any question please contact the Medicines Optimisation team at occg.medicines@nhs.net.

Anticoagulation Optimisation and Support Service - Relaunch

Following on from a successful pilot project, a permanent Anticoagulation Optimisation and Support Service has been established. This service is being delivered by specialist anticoagulation pharmacists, with the assistance of a consultant

haematologist. It is available to help support GPs and pharmacists in primary care to optimise anticoagulation. Services available include:

- Email advice line: doacsupport.ox@nhs.net
(please provide as much info as possible e.g. indication for anticoagulation, age, weight, recent eGFR/creatinine, LFTs, FBC, medicines, adherence, alcohol intake, need for dosette box etc.)
- Practice visit from specialist anticoagulation pharmacist to:
 - give education sessions on common pitfalls and practical prescribing points
 - provide a list of patients whose Time in Therapeutic Range (TTR) is < 65%
 - carry out a virtual review for patients on warfarin with low TTR
 - help assess patients with AF and a CHA₂DS₂-VASc ≥1 not anti-coagulated
- Training for community pharmacists to counsel patients on DOACs and support provision of new medicines service (NMS) and Medicines Use Reviews (MURs)

So What?

The Anticoagulation Optimisation and Support Service is now available permanently to support clinicians in primary care to optimise anticoagulation.

Medicinal Cannabis – Guidance for GPs

Cannabis is a Class B drug under the Misuse of Drugs Act 2001. In November 2018, two cannabis-based products- Sativex spray and Nabilone capsules are classified as Schedule 2 Controlled Drugs and can now be legally prescribed. However, due to the limited evidence base and their unlicensed nature, they can only be prescribed by doctors registered on the GMC's specialist register, and who have the relevant specialist knowledge and expertise to patients with unmet/exceptional clinical need on named patient basis.

GPs may be facing increased demands for information or referrals for a range of conditions as a result of the recent legal change. The Royal College of General Practitioners has since published a [quick reference guide](#) which provides practical information to support GPs in holding informed conversations with patients who ask them about cannabis, manage patients' expectations and to make it clear to patients that GPs are not in a position to prescribe cannabis. The guidance gives an overview on legalities of use, the different formulations available, the conditions for which there is some (if limited) evidence of benefit, the issues around safety and monitoring, and also includes signposting to further resources for GPs and patients. OCCG have an interim [commissioning policy](#) statement on prescribing cannabis-based products which will be updated following the publication of NICE guidance in 2019.

On the other hand, cannabidiol (CBD) is legally available as herbal supplement for non-medicinal use and should not be prescribed as a medicine.

So What?

- GPs should not prescribe these products.
- GPs should record them in their clinical systems as hospital supplied drugs if prescribed by a specialist.

Guaranteed Provision of Palliative Care Drugs in the Community

For a number of years, OCCG has arranged with some Pharmacy Contractors to guarantee stocking an agreed selection of routine palliative care drugs in order to overcome difficulties in obtaining these drugs. In order to improve coverage across the county, especially during the weekends, we now have a few more pharmacies signed up to the scheme.

To view the updated list of participating pharmacies and the list of palliative care drugs that these pharmacies are guaranteed to stock, please click on the link [here](#).

Please note that carers and healthcare professionals are not restricted to obtaining palliative care drugs only from the pharmacies taking part in this scheme. Prescriptions for palliative care drugs can be fulfilled by any other community pharmacy. As the drugs listed are commonly prescribed for palliative care, many pharmacies do stock them regularly and it may be worth checking stock availability with other pharmacies too.

So What?

It is recommended to call the pharmacy first to check if there are any issues.

Reclassification of Pregabalin and Gabapentin

Since 1st April 2019, both pregabalin and gabapentin are classified as Schedule 3 Controlled Drugs. As a result there are several prescription requirements which will be legally required in order to allow for pharmacies to dispense these drugs:

- Full dose (as required/directed not acceptable), date on which the script was signed, full address of prescriber, formulation, strength, total quantity or dosage in both words and figures and appropriate date (scripts are only valid for 28 days from the appropriate date on the script)
- Emergency supplies will no longer be permitted
- It is no longer permissible to prescribe these drugs on Repeat Dispensing (RD) prescriptions
- The Department of Health and Social Care has issued strong recommendations that the maximum quantity of Schedule 3 drugs prescribed should not exceed 30 days.

The national roll out of controlled drugs in EPS for EMIS web began on 25 March 2019 and is now complete. The roll out for Vision is also complete. All GP practices using either of these systems are now able to prescribe controlled drugs electronically.

So What?

Ensure your team is aware of the change and inform all patients currently taking pregabalin and gabapentin about the impact this change will have on their prescriptions.

TARGET Antibiotics Toolkit

TARGET Toolkit is the central resource to help improve antibiotic prescribing in primary care, as it aims to help influence prescribers' and patients' personal attitudes, social norms and perceived barriers to responsible antibiotic prescribing. The toolkit contains many useful resources, including patient information and pictorial leaflets for different common, self-limiting infections such as urinary tract infection (UTI) or respiratory tract infection (RTI). The toolkit has recently been updated, for more details please see <https://www.rcgp.org.uk/clinical-and-research/resources/toolkits/target-antibiotic-toolkit.aspx>.

The RTI and UTI patient leaflets can be integrated into EMIS web, which can be printed and shared with patients during consultations. EMIS upload instruction is available on the toolkit website.

So What?

Treating Your Infection leaflets for UTI and RTI can be shared with patients to improve their confidence in self-caring as well as to advise them about backup antibiotics prescription.

Trimovate Cream Relaunch

Following a period of unavailability, Trimovate cream (clobetasone/nystatin/oxytetracycline) has been relaunched as a licensed medicine, at an NHS list price of £12.45 for 30g. GPs can now prescribe trimovate for the treatment and management of steroid responsive dermatoses where candidal or bacterial infection is present, suspected or likely to occur. For more information please see [Summary of Product Specification](#).

So What?

The traffic light classification of Trimovate will be updated on the formulary in the coming weeks.

Flash Glucose Monitoring System (FGS)

The NHS Long Term Plan announced that “the NHS will ensure that, in line with clinical guidelines, patients with type 1 diabetes benefit from life changing flash glucose monitors from April 2019”.

NHS England has since released the national patient criteria for Flash Glucose Monitoring, which is in place from 1st April 2019. OCCG’s [current policy](#) will be updated to align with the new patient criteria; in the meantime the NHSE criteria will be followed. The rest of the policy is likely to remain unchanged. The process for initiating FGS is as follows;

- Initiation of FGS should be by a specialist NHS diabetes service and will be on a 6 month trial basis initially followed by a review to assess its’ benefit and effectiveness.
- If you have a patient who is interested in obtaining a NHS funded Libre, ensure the patient’s expectations are appropriate (see NHSE criteria below) and ask the patient to raise this at their next outpatient appointment with OCDEM.
- Once the GP receives a signed [Patient Agreement Form](#) along with an outpatient clinic letter from the specialist, the GP can prescribe the sensors in line with the ‘GP Responsibilities’ section.

The patient will be assessed by the specialist clinician and must be deemed to meet one or more of the following criteria ([Criteria for NHS England Flash Glucose Monitoring Reimbursement](#)):

1. People with Type 1 diabetes OR with any form of diabetes on hemodialysis and on insulin treatment who, in either of the above, are clinically indicated as requiring intensive monitoring >8 times daily, as demonstrated on a meter download/review over the past 3 months OR with diabetes associated with cystic fibrosis on insulin treatment
2. Pregnant women with Type 1 Diabetes - 12 months in total inclusive of post-delivery period.
3. People with Type 1 diabetes unable to routinely self-monitor blood glucose due to disability who require carers to support glucose monitoring and insulin management.
4. People with Type 1 diabetes for whom the specialist diabetes MDT determines have occupational (e.g. working in insufficiently hygienic conditions to safely facilitate finger-prick testing) or psychosocial circumstances that warrant a 6-month trial of Libre with appropriate adjunct support.
5. Previous self-funders of Flash Glucose Monitors with Type 1 diabetes where those with clinical responsibility for their diabetes care are satisfied that their clinical history suggests that they would have satisfied one or more of these criteria prior to them commencing use of Flash Glucose Monitoring had these criteria been in place prior to April 2019 AND has shown improvement in HbA1c since self-funding.

6. For those with Type 1 diabetes and recurrent severe hypoglycemia or impaired awareness of hypoglycemia, NICE suggests that Continuous Glucose Monitoring with an alarm is the standard. Other evidence-based alternatives with NICE guidance or NICE TA support are pump therapy, psychological support, structured education, islet transplantation and whole pancreas transplantation. However, if the person with diabetes and their clinician consider that a Flash Glucose Monitoring system would be more appropriate for the individual's specific situation, then this can be considered.

The additional criteria around care planning, structured education and engagement with the service as per the original OCCG policy will remain. Continuing prescription for long-term use of Flash Glucose Monitoring post initial 6 months would be contingent upon evidence of agreeing with the above conditions and that on-going use of the Flash Glucose Monitoring is demonstrably improving an individual's diabetes self-management.

So What?

Please ensure that patient's expectations are appropriate and advise them to enquire about their eligibility at the next outpatient appointment with OCDEM.

Travelling with an Insulin Pump or Device

Due to potential damage, insulin pump and Continuous Glucose Monitoring Systems (CGMs) [manufacturers](#) advise that the medical devices should not be exposed to x-ray screening and full-body airport scanners. Regulations allow passengers with these medical devices to ask for an alternative security screening process.

To help increase awareness amongst passengers and security officers, the UK Civil Aviation Authority (CAA) and Airport Operators Association (AOA) are now sponsoring a new Medical Device Awareness Card. The card can be downloaded and printed from the CAA website www.caa.co.uk for free and it covers insulin pumps, CGMs and flash glucose monitoring devices including the Freestyle libre. For more information please refer to www.change.org/p/airport-authorities-standardpolicy-for-insulin-pumps-at-airport-security.

Prescribing Points Diabetes Special Edition

A [special edition of Prescribing Points](#) focusing on diabetes was published in March 2019. Topics included are

- Insulin Prescribing and Dispensing
- SGLT2 Inhibitors – Formulary Change and Prescribing Checklist
- MHRA Drug Safety Alert – SGLT2 inhibitors and Fournier's Gangrene
- DPP-4 inhibitor Switch Protocol
- Insulin Initiation and Adjustment in Type 2 Diabetes Guidance
- Self-Monitoring of Blood Glucose (SMBG) in Type 2 Diabetes Guidance and Patient Information Leaflet
- Freestyle Libre
- MHRA – Medical Device Alert on Freestyle Libre
- Semaglutide and GLP-1 Receptor Agonist Guidelines
- BD Viva Pen Needles

Oral Nutrition Prescribing Updates

[Temporary Lactose Intolerance Patient Leaflet](#) - This advice leaflet has been produced to support parents who have children thought to be suffering from temporary lactose intolerance as a result of a recent gut illness, most likely gastroenteritis.

[Coeliac Disease and Gluten Free Prescribing](#) – Patient information on support for gluten free diets.

[Thickeners – a letter for patients](#). The labelling on Thickeners products and scoops are being changed in order to use the IDDSI descriptors. An editable letter has been drafted for GPs to send to their patients informing them of the changes. Informing patients will ensure patients use the correct scoop size and number of scoops, as recommended by their Speech and Language Therapist. This will reduce the risk of aspiration in patients with dysphagia with the move to the new descriptors.

For more information on IDDSI see <https://iddsi.org/>

Supply Issues

Due to the nature of medicine shortages we are unable to include the full list in this bulletin. The list below shows a few examples of current out of stock medicines. Please contact your local pharmacies to check stock availability, and for other queries relating out of stock medicines please contact occg.medicines@nhs.net.

Adalat (Nifedipine) LA

Adalat LA - Due to issues with manufacturing capacity **Adalat LA 20mg, 30mg and 60mg prolonged-release tablets** will continue to be out-of-stock with resupply to the UK market expected in 2021. Supplies of other nifedipine capsules and tablets remain available currently, including; Adipine (Chiesi), Coracten (UCB), Nifedipress (Dexcel), and Tensipine (Genus). Please note supply of other Adalat preparations are affected too and there have been some product discontinuation:

- Adalat 5mg capsules – discontinued from February 2019.
- Adalat 10mg capsules – discontinued by March 2019
- Adalat Retard 10mg modified release tablets – discontinued November 2018
- Adalat Retard 20mg modified release tablets – discontinued August 2018

UKMI have issued a guidance which provides advice on alternatives: <https://www.sps.nhs.uk/articles/shortage-of-adalat-nifedipine/>.

Hormone Replacement Therapy (HRT) Products

Recently, there have been supply issues with HRT products:

- FemSeven Conti and Sequi patches are experiencing long term supply issues and expect to be out of stock until late 2019.
- Duavive (conjugated oestrogens & bazedoxifene) is being discontinued in December 2019 due to commercial reasons.
- Angeliq tablets (drospirenone & estradiol) (Bayer) are being discontinued with immediate effect.

Elleste Range

- Elleste Solo 1mg, 2mg, Elleste Duet Conti and Elleste Duet 1mg are currently unavailable due to manufacturing issues.
- The resupply date for the Elleste range is expected to be the mid June 2019.
- Mylan have a website showing availability of Elleste and some of their other HRT products: <https://mywayhub.co.uk/range/>
- UKMI have issued advice on equivalent alternatives currently available on the market, if required. Equivalent HRT alternatives for the Elleste HRT range:

| Brand | Ingredient(s) | Current Availability | Equivalent | Ingredient(s) | Current Availability |
|-----------------------|--------------------------------------|----------------------|---------------|--------------------------------------|----------------------|
| Elleste Solo 1mg | estradiol hemihydrate | Out of stock | Progynova 1mg | estradiol hemihydrate | In Stock |
| | | | Zumenon 1mg | | In Stock |
| Elleste Solo 2mg | estradiol hemihydrate | Out of Stock | Progynova 2mg | estradiol hemihydrate | In Stock |
| | | | Zumenon 2mg | | In Stock |
| Elleste Duet Conti | estradiol 2mg/ norethisterone 1mg | Out of Stock | Kliefem | estradiol 2mg/ norethisterone 1mg | In Stock |
| Elleste Duet 1mg | estradiol 1mg/ norethisterone 1mg | Out of Stock | NovoFem | estradiol 1mg/ norethisterone 1mg | In Stock |

The Menopause Service has offered the advice below on adjunctive progesterone in HRT for patients unable to obtain combined HRT products. Please also see the [Oxfordshire HRT Formulary and Treatment Guidance](#) for alternative treatment options.

Combined HRT - Adjunctive progestogen in HRT

One of the following options can be used alongside either oral or transdermal oestrogen for women with uterus to provide endometrial protection:

- **Intrauterine system (Mirena)** - NB Licensed for 4 years for HRT use
- **Medroxyprogesterone acetate (provera) tablets**
 - cyclical regime—10mg for 12 days each 28 day cycle
 - continuous combined HRT—2.5-5mg daily continuously
- **Utrogestan (micronized progesterone) capsules**
 - Cyclical regime—200mg orally at bedtime for 12 days each 28 day cycle
 - Continuous combined HRT—100mg orally daily continuously at bedtime

Labetalol Tablets

All strengths of labetalol tablets are currently out of stock until early – mid May. Patients who do not have sufficient supplies to last until early May and who are unable to obtain supplies of labetalol will need to be switched to an appropriate alternative treatment during this time. As labetalol can be used to treat hypertension in pregnancy, the clinical management plan for this patient group will be different to patients who are not pregnant. UKMi have issued a memo containing advice on management options for patients affected by this supply issue, including the use of alternative anti-hypertensives during pregnancy: <https://www.sps.nhs.uk/articles/shortage-of-labetalol-tablets/>.

Levomepromazine 25mg/ml Injection

Nozinan 25mg/ml injection is currently out of stock and new stock is expected to be available in early May. Supply issue with Nozinan injection has caused an unexpected increase in demand of the generic version of levomepromazine 25mg/ml injection, leading to shortages of the generic product with no stock expected until end of April. As levomepromazine is widely used as a second line agent for terminal agitation and intractable nausea and vomiting, specialist palliative care teams should be consulted on management options, as per guidance issued by UKMi: <https://www.sps.nhs.uk/articles/shortage-of-levomepromazine-hydrochloride-25mg-ml-solution-for-injection/>.

The Department of Health and Social Care (DHSC) recommend that GPs, palliative care networks and community pharmacies to consider the following actions to ensure patients can be managed appropriately:

1. During the period of shortage, new patients should only be started on levomepromazine if other treatment options have been exhausted. This is to try to avoid disrupting existing treatment regimens where possible whilst acknowledging that for some new patients' levomepromazine may be the only option available.
2. Community pharmacies who require stock for existing patients should order Wockhardt stock from Alliance.
3. Community pharmacies having difficulty obtaining stock should contact their local secondary care trusts as they have been asked to support primary care and hospices where possible, to understand if they have stock that can be made available to allow the continuation of treatment in existing patients.
4. Some specialist importers have identified stock they can bring into the UK. Lead times vary between 7-21 days. If community pharmacies are considering ordering unlicensed imports, the community pharmacist will need to inform the prescribing doctor the product being supplied to the patients is an unlicensed product. Please consider placing orders now for 1-2 weeks of stock based on forecasted demand. Currently Clinigen, Waymade, Alium and Mawdsleys have sourced unlicensed supplies from abroad.
5. Community pharmacies unable to obtain levomepromazine injection should liaise with the prescriber to discuss using an alternative product as outlined below:
 - Haloperidol 5mg/1ml solution for injection ampoules (DrugsRUs)
 - Midazolam 10mg/2ml solution for injection ampoules (Hameln, Accord, Roche)
 - Cyclizine 50mg/ml solution for injection ampoules (Advanz)
 - Metoclopramide 10mg/2ml solution for injection ampoules (Hameln, Ennogen)

Discontinuation of Cilest Tablets

Cilest (norgestimate and ethinyl estradiol) - Cilest®250/35 microgram Tablets will be discontinued in July 2019 due to commercial reasons. The expected last sales date by Janssen to the market is projected to be mid-July 2019. Alternative products containing norgestimate and ethinyl estradiol including Cilique and Lizinna - remain available from other suppliers. **Healthcare professionals are advised not to initiate new patients. Patients who are currently taking Cilest should be transferred to an alternative contraceptive product as soon as possible.**

Discontinuation of Creon 40000

Creon 40000 (Pancreatin) will be discontinued from June 2019, due to difficulties in sourcing raw materials. Creon 10000 and Creon 25000 will still be available in the UK, although there is currently a temporary supply issues with Creon 25000 which is expected to resolve in mid April.

Creon capsules are interchangeable so patients can be advised to take more of the lower strength capsules to achieve the higher dose required, without affecting efficacy of treatment. The manufacturer has suggested the following dosing table for patients currently on Creon 40000:

| | | Starting dose | Increase dose if required (E.g.) | Titrated dose | Increase dose again if required (E.g.) | Titrated dose |
|-------|------------------|-------------------|----------------------------------|------------------|--|-----------------|
| | | Patients with PEI | | Meal | | 2x Creon 25,000 |
| Snack | 1 x Creon 25,000 | | 2 x Creon 25,000 | 3 x Creon 25,000 | | |

Discontinuation of Zovirax Eye Ointment

Zovirax eye ointment has been discontinued globally due to repeated challenges in guaranteeing a sustainable product supply. There are no other acyclovir eye ointments on the market but an alternative licensed product Virgan (ganciclovir) is available. UKMi have produced a memo giving advice on possible alternative treatments: <https://www.sps.nhs.uk/articles/shortage-of-aciclovir/>.

Safety Alerts

Effective Pregnancy Prevention for Women Taking Medicines with Teratogenic Potential

The MHRA has issued a [guidance](#) on frequency of pregnancy testing to reduce inadvertent exposures during pregnancy in a woman taking a medicine of teratogenic potential, dependent on the chosen contraceptive method. Effectiveness of various contraceptive methods has been categorised as effective or highly effective, and to avoid inadvertent exposure, it is suggested that pregnancy test should be performed before prescription of a medicine with teratogenic potential is issued. A useful [aide-memoire table](#) has been developed to summarise this guidance for prescribers.

So what?

Refer to the [aide-memoire table](#) for pregnancy prevention advice when prescribing known teratogenic drugs or drugs with potential teratogenic effects to women of reproductive age.

Fluoroquinolone Antibiotics

The MHRA has issued advice on the [new restrictions and precautions for fluoroquinolone antibiotics](#) (e.g. ciprofloxacin, levofloxacin, moxifloxacin and ofloxacin), following an EU-wide safety review due to rare reports of disabling and potentially long-lasting, irreversible side effects mainly affecting the musculoskeletal and nervous systems.

Fluoroquinolones should be discontinued at the first sign of tendinitis (painful swelling, inflammation) and alternative treatment should be considered. A [patient information sheet](#) is available to help healthcare professionals to discuss the new measures and actions patients should take if adverse reactions or tendonitis occurs. In the coming weeks Summary of Product Characteristics (SPCs) for individual antibiotics will be updated to include new restricted indications; in the meantime see EMA document for exact changes made in indications [here](#).

The recommendations for healthcare professionals are as following:

- Do not prescribe fluoroquinolones for non-severe or self-limiting infections, or non-bacterial conditions
- Refer to updated SPCs for some mild to moderate infections, such as in acute exacerbation of chronic obstructive pulmonary disease, unless other antibiotics that are commonly recommended for these infections are not appropriate (see comment below)
- Ciprofloxacin or levofloxacin should no longer be prescribed for uncomplicated cystitis unless other antibiotics that are commonly recommended are not appropriate (see comment below)
- Avoid use on patients who have had previously had serious adverse reactions with a quinolone or fluoroquinolone antibiotic
- Prescribe with special caution for people older than 60 years and for those with renal impairment or solid-organ transplants due to increased risk of tendon injury
- Avoid concomitant use of a corticosteroids and a fluoroquinolone as this could exacerbate fluoroquinolone-induced tendinitis and tendon rupture.

The new EU restrictions are closely aligned with existing UK national guidance (such as the [NICE/Public Health England \[PHE\] guideline](#)) on managing common infections. The new restrictions should not prevent use of a fluoroquinolone for serious or severe infections if this is consistent with UK national guidance or where there are microbiological grounds, and where the benefit is thought to outweigh the risk.

So what?

1. Advise patient to stop treatment at the first signs of a serious adverse reaction, such as tendinitis or tendon rupture, muscle pain, muscle weakness, joint pain, joint swelling, peripheral neuropathy, and central nervous

- system effects, and to contact their GP immediately for further advice – see [patient sheet](#).
2. Report suspected adverse drug reactions to fluoroquinolone antibiotics via the [Yellow Card Scheme](#).

Paraffin-Containing and Paraffin-Free Emollients

MHRA has published [new information](#) on the risk of severe to fatal burns with paraffin-containing emollients, regardless of paraffin concentration. Data also suggests the risk is extended to paraffin-free emollient products. Patients who use these products should be warned not to smoke or go near naked flames because clothing or fabric such as bedding or bandages that have dried residue of an emollient product on them, or emollient-treated skin can rapidly ignite. A similar risk may apply to other products which are applied to the skin over large body areas or in large volumes for repeated use for more than a few days. Warnings, including an alert symbol, are being added to products packaging to provide a visual reminder to patients and their carers about the fire hazard.

So what?

1. Ensure patients and their carers who use these products understand the fire hazards associated with emollient products, regardless of whether it contains paraffin.
2. Warn patients who use these products not to smoke or go near naked flames.
3. Warn patients and their carers about the easy ignition of clothing, bedding, dressings, and other fabric that have dried residue of an emollient product on them.
4. Any fire incidents with emollients or other skin care products should be reported to the [Yellow Card Scheme](#).