

## MHRA Drug safety update topics

### [Topical testosterone \(Testogel®\): risk of harm to children following accidental exposure](#)

Premature puberty and genital enlargement have been reported in children who were in close physical contact with an adult using topical testosterone and who were repeatedly accidentally exposed to this medicine. To reduce these risks, advise patients to wash their hands after application of topical testosterone, cover the application site with clothing once the product has dried, and wash the application site before physical contact with another adult or child.

### [Metolazone: caution when switching patients between metolazone preparations](#)

Prescribers and dispensers should use caution if switching patients between different metolazone preparations as the rate and extent of absorption of metolazone are formulation dependent. This can impact the bioavailability of the product. Follow good practice in prescribing medicines by considering the licensed formulation (Xaqua®) in preference to unlicensed imported metolazone preparations in new patients. The product information for Xaqua® has been updated to clarify that references to comparative bioavailability with other metolazone products relate specifically to Metenix® and not to any other metolazone preparations.

## Urinary tract infections in adults – updates to NICE QS90

The NICE quality standard on urinary infections in adults was updated on 15th February 2022, following new guidance on antimicrobial prescribing for UTIs. Key recommendations are as follows:

- Women aged under 65 years are diagnosed with a urinary tract infection (UTI) if they have 2 or more key urinary symptoms (dysuria, new nocturia, or cloudy urine) and no other excluding causes or warning signs
- Adults with indwelling urinary catheters do not have dipstick testing to diagnose UTIs. Catheters quickly become colonised with bacteria and give a positive dipstick result. However, this does not indicate that the bacteria are causing an infection in the bladder or kidneys.
- Men and non-pregnant women are not prescribed antibiotics to treat asymptomatic bacteriuria. Unnecessary antibiotic treatment of asymptomatic bacteriuria is associated with increased risk of adverse events and is of no clinical benefit.
- 3-day courses are sufficient for treating uncomplicated lower UTI in non-pregnant women and minimise risk of adverse events and of antimicrobial resistance.
- Men and pregnant women with an uncomplicated lower UTI are prescribed a 7-day course of antibiotics. Men are more at risk of complications from UTIs than women due to anatomical differences and possible outflow obstruction. Pregnant women are at greater risk of harm from a UTI than non-pregnant women.
- Men with a recurrent UTI, and women with a recurrent lower UTI where the cause is unknown or a recurrent upper UTI are referred for specialist advice. Repeated antibiotics without identifying the underlying cause risks missing alternative conditions that may be causing the symptoms and could result in more resistant infections.

## Making evidence understandable - GP Evidence

A new website called '[GP evidence](#)' has been published. It was developed to make the scientific evidence underpinning guideline-recommended treatments easier to access and understand for practising GPs. The website is also applicable to specialist nurses, primary care pharmacists and other healthcare professionals. The site contains evidence-based information on treatment of many long-term conditions (e.g. AF, CHD, CKD, COPD, osteoporosis, stroke, and diabetes), as well as information benefits and harms of those treatments. Practices are encouraged to make use of and share this useful resource.

### Important shortages/supply disruptions

- Abbott has recently identified that certain FreeStyle Libre®2 sensors from lot **KTP005061** may provide erroneously high glucose readings. The sensor glucose reading may be high and out of target range while actual glucose levels may be below or within target range. More information can be found on the [FreeStyle Libre® website](#), including instructions for checking existing sensors and arranging replacements.
- [Medroxyprogesterone \(Provera®\) 2.5mg tablets are out of stock](#) until mid-March 2023. The 5mg and 10mg tablets remain available but cannot support an uplift in demand. Norethisterone 5mg tablets remain available and will be able to support an increase in demand.
- [Lamotrigine 5mg dispersible tablets are out of stock](#) until late March 2023. Branded Lamictal® 2mg & 5mg dispersible tablets cannot support increase in demand. Unlicensed lamotrigine 25mg/5ml oral suspension is available from some Specials manufacturers. Unlicensed 5mg dispersible tablets may also be sourced.
- [Promethazine hydrochloride \(Phenergan® elixir\) 5mg/5ml oral solution sugar free is out of stock](#) until mid-April 2023. The 10mg & 25mg tablets remain available. Alternative sedating antihistamines as a liquid formulation remain available.

### Quick bites

- NICE are inviting healthcare professionals to contribute to an important research project, to better understand views and experiences of NICE from a health or social care perspective. The research will help ensure NICE focus on what matters most and provide guidance that is both useful and usable. To take part, please complete the [survey](#). It should take around 10 to 12 minutes to complete.
- SPS guidance: [suggested resources to help primary care professionals find information to answer travel-related questions about medicines](#)
- [Version 7.8 of MicroGuide](#) SCAN guidance is now available – with updates to several sections relating to children, including community acquired pneumonia, otitis externa, oral candidiasis, bites and UTIs.
- Following a review of the national process for reporting of defective medicines and medical devices, the NHS defect reporting scheme which is collated by the SPS Quality Assurance hub team is discontinued. For all defective medicine/device reports, continue to use the [MHRA Yellow Card Scheme](#).
- The DHSC has confirmed that the HRT prepayment certificate will be available from April 2023 and cost £18.70 a year. It will cover all HRT items that are licensed to treat the menopause in England, a list of which will be published in the online Drug Tariff and as part of the application process for the certificate. However, it is worth noting that people with symptoms of the menopause who are taking multiple medicines may still be better off getting a standard prescription prepayment certificate (PPC).
- NHS England have [updated the Group A streptococcus interim clinical guidance](#). The latest data from UKHSA suggest that cases of group A strep infection are now in line with levels of circulation observed during the last comparably high season, and thus a decision has been made to revert to the NICE guidance on acute sore throat ([NG84](#)). Healthcare professionals should no longer empirically prescribe antibiotics to children presenting with features of GAS infection, in line with the revised guidance linked above.
- The NHS BSA have advised that for paramedics working in GP practices and using SystmOne, an extra zero needs to be added to the HCPC code for prescribing purposes. The HCPC code for paramedics should therefore be entered into SystmOne with the following format: **PA0NNNNN**. More information about configuring SystmOne can be found in the medicines team [prescriber codes guidance](#).
- **A reminder that for non-medical prescribers** joining or leaving your practice or PCN, please let us know – forms and guidance for this purpose can be found on the [GP tenancy website](#).

### REGIONAL MEDICINES INFORMATION SERVICE

If you work in primary care (including community pharmacy), specialist medicines advice can be obtained from SPS via **0300 7708564** or email [asksp.nhs@sps.direct](mailto:asksp.nhs@sps.direct). (Staff in Dorset NHS Trusts should seek advice from their pharmacy teams).