9 Oct 2020 CLINICAL SNIPPETS

1. Rivaroxaban dosing with renal impairment altered

The NZF have updated rivaroxaban dosing recommendations in people with renal impairment following an update to the manufacturer's data sheet. **It can now be prescribed with caution to people with creatinine clearance of 15-29 mL/min.** Previously, it was recommended that rivaroxaban be avoided in people with creatinine clearance 15–29 mL/minute who were taking this medicine for prevention of stroke and systemic embolism in atrial fibrillation or for the prevention and treatment of deep vein thrombosis (DVT) and pulmonary embolism (PE). For updated dosing recommendations and further information on prescribing and monitoring rivaroxaban, see the BPAC article.

2. Discontinuation of oxazepam

PHARMAC has announced that the supplier of oxazepam, Douglas Pharmaceuticals, is to discontinue this medicine in New Zealand and an alternative supplier has not been identified. The current brand of oxazepam is the only one approved by Medsafe. Supplies of the 10 mg tablet will run out in mid-October, 2020 and the 15 mg tablets in mid-November, 2020. Once the stock is depleted, PHARMAC will delist the medicine from the Pharmaceutical Schedule. Prescribers should:

- Consider whether a benzodiazepine is still clinically indicated
- Provide advice to patients currently taking oxazepam so that they can change to an alternative medicine or slowly discontinue the oxazepam as it should not be stopped abruptly
- Not start oxazepam as a new treatment option for any patients

A patient information sheet 'Stopping Benzodiazepines and Z Drugs' is available for downloading. Detailed information on withdrawing patients from long-term use of benzodiazepines or zopiclone is available in the 'Beyond Benzodiazepines' manual and other information and support groups include www.benzobuddies.org and www.benzosupport.org.

3. Pharmac supply issues

There is a Pharmac page dedicated to medicine and device supply issues of which there are plenty! Currently issues with supply of **AMLODIPINE** require prescribing of a currently unapproved brand under s29 (patient informed consent required). Similarly there is an unapproved brand of **TERAZOSIN** available for bridging prescribing while patients are transitioned on to another suitable medication (s29). No new patients should be commenced on terazosin after 1 October 2020 as the drug will eventually be delisted.

4. Reminder to avoid fluconazole in pregnant women

Topical intravaginal antifungal treatment is the first-line treatment for vulvovaginal candidiasis in pregnant women. A recent study has concluded that any dose of oral fluconazole during pregnancy

is associated with risk and **it should not be used in pregnant women.** As fluconazole is available as a Pharmacist only medicine, it is also imperative for pharmacists to be aware of the importance of ruling out pregnancy before providing fluconazole.

5. New Zealand Formulary patient information leaflets

The New Zealand Formulary (NZF) has an extensive library of printable patient information leaflets about medicines. Versions in Te Reo Māori are also available for many frequently prescribed medicines including paracetamol, allopurinol, omeprazole, amoxicillin, bendroflumethiazide, fluticasone, metformin and vildagliptin. Further Te Reo Māori versions are usually added with each monthly update of the NZF. Patient information leaflets can be accessed from the leaflet list or from the patient advice section of a drug monograph.

6. From the files…

I have recently reviewed a consumer complaint which alleged the GP had failed to relate the consumer's chronic severe back pain with insertion of a Mirena device, and the GPs prescribing caused the consumer to suffer serotonin syndrome with the patient unaware of the risk of this condition. The consumer's back pain had no obvious physical precipitant such as injury and, in hindsight, had begun within a few days of Mirena insertion. When the device was removed some 18 months later, there was almost immediate resolution of the back pain.

Back pain is listed as a common to very common side effect in the Medsafe Mirena datasheet and common side effects should generally be discussed with the patient as part of the informed consent process.

The consumer was prescribed high doses of tramadol for management of pain (400mg daily). When she was co-prescribed citalopram to manage secondary anxiety and depressive symptoms, she developed severe agitation, sweating and tremors later recognised as **serotonin syndrome**. This resolved with reduction of her tramadol dose and cessation of citalopram. The consumer was concerned she had not been informed of the possibility of developing serotonin syndrome with the combination of medications prescribed.

Prescribing and co-prescribing of serotonergic medications is common. A Medsafe article on serotonin syndrome includes the following recommendations:

- The overall benefit-risk of harm balance for serotonergic medicines remains positive
- Discuss the benefits and risk of harms of treatment with serotonergic medicines, including possible symptoms associated with serotonin syndrome, with patients before commencing therapy, with dose increases or with the addition of another serotonergic agent

A consumer information sheet on serotonin syndrome can be downloaded from the Medsafe website, and further consumer information is available on the Health Navigator website.