

### Prescription Fraud?



Due to the additional challenges placed on practices during the COVID -19 pandemic, some prescriptions have been issued in unusually high quantities and/or with higher frequency to help relieve the pressure on prescribers and pharmacies.

The MOT recommends that practice teams challenge any **Patient** requests of this nature in the future as we've recently become aware of a number of cases where medication such as **Controlled Drugs** were being over-ordered and even potentially **sold** on. We theorise this might be a consequence of supply chains for illicit drugs being disrupted during the pandemic.

If you have any concerns regarding suspected prescription fraud, please contact the MOT or The NHS Counter Fraud Authority for further assistance.

### Etoricoxib

In October 2017 the MHRA advised of a **revised dose recommendation** for Etoricoxib use in **rheumatoid arthritis and ankylosing spondylitis**. [[Drug safety Update](#)]

Etoricoxib (selective COX-2 inhibitor) may be associated with an increased risk of coronary and cerebrovascular thrombotic events, heart failure, hypertension, and oedema (compared with placebo and some non-steroidal anti-inflammatory drugs).

Other important risks to consider with etoricoxib are effects on the gastrointestinal system, particularly those of perforation, ulceration, or bleeding.

Advice for healthcare professionals:

- the cardiovascular and other important risks of etoricoxib (Arcoxia) may increase with dose and duration of exposure. Therefore, the lowest effective daily dose should be used, and the need for treatment should be regularly reassessed
- **the recommended dose is 60 mg once daily**
- in patients with insufficient relief from symptoms, an increased dose of 90 mg once daily may improve efficacy
- once the patient is clinically stabilised, down-titration to 60 mg once daily may be appropriate
- in the absence of therapeutic benefit, other treatment options should be considered
- Etoricoxib 30mg daily, increased to 60mg daily if necessary, is the recommended dose to treat **osteoarthritis**.

**Etoricoxib 120mg is now only recommended for use in the treatment of acute gout for a maximum of 8 days.** [[SPC](#)]

We are aware of some long term prescribing of this strength and will highlight these patients to the practices for review.

### Bath and Shower Emollients

*Coventry and Rugby CCG Guidance*

NHS England has determined that bath and shower preparations for dry and pruritic skin conditions are [items which should not be routinely prescribed in primary care](#). due to a lack of clinical evidence.

Therefore in line with this guidance **Coventry & Rugby CCG does not support the prescribing of these products.**

[BATHE trial](#), conducted in 2018, provided strong evidence that emollient bath additives provide minimal or no additional benefit beyond standard management of childhood eczema.

Although the trial only included children, in the absence of other good quality evidence, it has agreed that it is acceptable to extrapolate this to also apply to adults.

There is currently insufficient evidence of clinical effectiveness to support the use of bath or shower emollient preparations. Application of leave-on emollients (including their use as soap substitutes) should be the mainstay of treatment for eczema.

The effectiveness of adding antiseptic agents to bath emollients has also not been demonstrated. **Preparations containing an antibacterial should be avoided unless infection is present or is a frequent complication. They should only be used short term and repeat prescribing avoided**

The MOT is planning to review all patients currently being prescribed bath and shower emollients in line with CCG guidance.

Please contact your Prescribing Support Team for additional resources relating to these articles or any practice queries.

*Disclaimer:* Every effort is made to provide accurate and current information at time of publishing.