

# Prescriberfile

From the Primary Care Prescribing Group

## Community Pharmacy Gluten Free Food Service

The new [Scottish Gluten Free Food Service \(SGFFS\)](#) through Community Pharmacies is now live for patients with a confirmed clinical diagnosis of Coeliac Disease or Dermatitis Herpetiformis (residents in Care Homes are not eligible).

- Enrolment in the Community Pharmacy SGFFS is voluntary
- Information and documentation to assist in the identification of eligible patients and inclusion in the SGFFS has been emailed directly to GP Practices by the Community Dietitians (Contact Details: Jo Stewart, Tel: 01786 434046/ 434456, Email: joanna.stewart@nhs.net)
- The SGFFS is designed to improve patient access to suitable GF products and includes an annual health check by the Pharmacist for adult patients.
- Once enrolled, all of a patient's GF supplies will be from their nominated pharmacy (none on GP10).
- GPs should ensure that any patient enrolled on the SGFFS has any GF items removed from their EMIS record to avoid inadvertent issue of prescriptions.

(an initial one month supply should be issued at the time of completing the registration form, and noted on the registration form, to allow the patient time to register with the pharmacy of their choice)

- To ensure equity of supply for those patients who are ineligible for the SGFFS or who opt-out, **GP prescribing of GF products should follow the same guidelines for number of GF units and product options as the Community Pharmacy SGFFS** (see [FV GF Formulary](#) for details)
- The SGFFS is being run as a national pilot scheme - initially until 31st March 2015

### Dapaglifozin (Forxiga®) – Specialist initiation only

Prescribers are reminded that Dapaglifazon (Forxiga®) is included in the Forth Valley Formulary for **initiation on Specialist recommendation only**. The product should be used in line with the Scottish Medicines Consortium (SMC) restriction:

*“For use in adults aged 18 years and older with type 2 diabetes mellitus... restricted to use in combination with insulin, when insulin with diet and exercise, does not provide adequate glycaemic control.”*

### Medicines Information – Joint Service with NHS Lanarkshire

A new joint Medicines Information (MI) Service for NHS Lanarkshire and NHS Forth Valley launched in January - this is a new venture for all parties involved.

- One of the functions of the MI Service will be a Medicines Enquiry answering service.
- In the first instance, non-pharmacist enquirers in Primary Care are asked to contact their Primary Care Pharmacist and Hospital Staff are asked to contact their ward clinical pharmacist as this may be more appropriate in many circumstances.
- The MI Service is available to assist where more specialist information is required.

#### Contact Details for the new MI Service:

Medicines Information, Pharmacy Department, Hairmyres Hospital, East Kilbride.

Phone: 01355 584879

Email: [medicines.information@lanarkshire.scot.nhs.uk](mailto:medicines.information@lanarkshire.scot.nhs.uk)

Volume 22, No. 1

March 2014

Please Circulate to All Staff

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#### Key Points of interest:

- Community Pharmacy Gluten Free Food Service is now live
- New joint Medicines Information Service with NHS Lanarkshire
- Instalment prescriptions for CDs—remember to include **quantity per instalment**
- Various Drug Safety Updates
- Metoclopramide restricted to short-term use. Local advice on reviewing patients.

## Instalment Prescribing of Controlled Drugs – Reminder of Prescription Requirements

Prescribers are reminded that in addition to the usual legal requirements for Controlled Drug (CD) scripts, prescriptions for instalment dispensing of Schedule 2 and 3 must specify the **quantity per instalment** as well as the interval between instalments, for example:

### **Morphgesic MR Tablets 10mg**

**Directions: One tablet twice daily. Dispense 14 tablets weekly**

**Send: 56 (fifty-six) tablets**

- Information on prescription requirements, including instalment prescriptions, for CDs is included in the '[Guide to good practice in the management of controlled Drugs in Primary Care – Scotland](#)' available on the Accountable Officer page on the Intranet.
- Where instalment prescribing of a CD is directed, if a patient misses their pickup the whole instalment is forfeit unless the prescriber has included additional Home Office approved wording (see [the Guide to good practice](#) for information).

## Drug Safety Updates

Selected highlights from recent Drug Safety Update Bulletins from the MHRA (<http://www.mhra.gov.uk>)

**Prescribers are encouraged to subscribe directly to the Drug Safety Updates Bulletin which is only available by email.**

Use of **Nitrofurantoin** for Urinary tract infections is **contraindicated** in patients with **<60ml/min creatinine clearance**. Prescribers should be aware of a patient's current renal function when prescribing, especially for elderly patients. The [August 2013 Update](#) also includes a reminder of the established risks of nitrofurantoin.

**Insulin degludec** (Tresiba ▼) is available in **two strengths**: 100 units/mL; and 200 units/mL. **The 200 units/mL strength is higher than that of other existing basal insulin products** in the UK. **Ensure the correct insulin product and strength is prescribed and dispensed.** The dose-counter window of the Tresiba® FlexTouch pen device shows the number of units that will be injected, irrespective of strength. See the [April 2013 Update](#) for more information. The product is not approved by the Scottish Medicines Consortium.

**Mefloquine**: the risk of **neuropsychiatric side-effects** is well established, however a recent review of prescribing information has led to **strengthened warnings** to help minimise risks. Mefloquine **must not be used for chemoprophylaxis in patients with either a history of, or active psychiatric disturbances** such as depression, anxiety disorders, schizophrenia or other psychiatric disorders. See the [November 2013 Update](#) for further advice including actions where these side-effects occur.

The [November 2013 Update](#) noted new evidence on neurodevelopmental delay in children following maternal use of **sodium valproate** and reminded prescribers that sodium valproate **should not be used during pregnancy and in women of childbearing potential unless clearly necessary**. Women of childbearing potential should not start treatment with sodium valproate without specialist neurological or psychiatric advice as appropriate depending on the indication. **Further information is included in the article and local advice will be issued in due course.**

**The newer oral anticoagulant agents (dabigatran, apixaban and rivaroxaban)** have all had **additional contraindications** applied to them by the MHRA **in patients with conditions which put them at significant risk of major bleeding**. The following contraindications apply to all three new agents, for all doses and indications:

- A lesion or condition, if considered a significant risk factor for major bleeding (see the [Oct 2013 Update](#) for details of conditions).
- Concomitant treatment with any other anticoagulant agent.

Prescribers are advised by the MHRA to take special care should be taken when deciding to prescribe these agents in patients with other conditions, procedures or concomitant treatments which may increase the risk of major bleeding. Renal function should also be taken into account.

Prescribers are reminded that there is **no specific antidote available** for any of these three new oral anticoagulants. The Summaries of Product Characteristics provide information specific to the individual products.

Forth Valley guidance suggests Rivaroxaban as first-line therapy in Deep Vein Thrombosis and Pulmonary Embolism. Warfarin remains the first-line choice of anticoagulant in Atrial Fibrillation (see [ADTC News January 2014](#)).

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## Drug Safety Updates Continued

**Co-cyprindiol:** following a Europe-wide review the [June 2013 Update](#) advised that the balance of benefits and risks remains positive in women of reproductive age for the treatment of:

- skin conditions related to androgen sensitivity (eg, severe acne with or without seborrhoea)
- hirsutism

Co-cyprindiol provides effective contraception in these women. An additional hormonal contraceptive should **not** be used in combination with co-cyprindiol.

The need to continue treatment should be evaluated periodically by the treating physician.

The risk of venous thromboembolism is rare but this remains an important side effect, and healthcare professionals should be vigilant for signs and counsel patients to remain vigilant for signs and symptoms.

## Metoclopramide—Restricted to Short-term Use

In a [recent MHRA bulletin](#)<sup>1</sup>, the benefits and risks of metoclopramide were reviewed following concerns over side effects and efficacy and found that the risks of neurological effects, eg extrapyramidal disorders and tardive dyskinesia outweigh the benefits in long-term or high-dose treatment.

The MHRA issued advice that metoclopramide should only be prescribed for **short-term use (up to five days)**. Those on **long-term therapy should be reviewed with advice sought from the clinician who initiated therapy if required**.

A small scale audit in four GP practices in Forth Valley suggests that a proportion of long-term metoclopramide users still exist (the majority in the small sample having been initiated by primary care prescribers, with the main indication being GORD).

### Local advice from secondary care gastroenterology and endocrinology colleagues for patients on long-term metoclopramide is:

- Re-assess the ongoing need for an anti-emetic and where clinically appropriate consider a trial stop. NB: patients receiving metoclopramide for either Barretts/Diabetic gastroparesis should not have their therapy discontinued.
- If symptoms recur, consider an alternative agent. NB FV gastroenterologists/endocrinologists do not endorse an en-masse switch to domperidone in view of the ongoing [EMEA evaluation](#)<sup>2</sup> into the cardiovascular safety of domperidone.
- Where an alternative agent is either ineffective or considered to be clinically inappropriate, document in patient notes that a discussion re unlicensed usage/risk/benefit has taken place and that the patient is willing to continue taking metoclopramide. If the prescribing was initiated in secondary care and the patient is not keen to continue with an unlicensed usage then consider re-referral to the initiating specialist for advice on an alternative therapy.

	<i>Nausea and vomiting</i>	<i>GI motility disorders/delayed gastric emptying</i>
Betahistine	✓	
Cinnarizine	✓	
Domperidone	✓ (1st line)	✓
Hyoscine hydrobromide	✓	
Prochlorperazine	✓ (2nd line)	

*Table: Alternative oral anti-emetic agents included in the NHS FV Formulary for use in primary care which may be an alternative to metoclopramide for some patients, depending on the original indication for the drug. See BNF and Summaries of Product Characteristics for full prescribing information.*

*No anti-emetic is specifically listed in the FV formulary for the treatment of dyspepsia/GORD*

### References

1. Metoclopramide: risk of neurological adverse effects—restricted dose and duration of use. [MHRA Drug Safety Update, August 2013](#).
2. European Medicines Agency. Review of domperidone containing medicines. <http://tinyurl.com/mbmb2y3>

### Contact Information:

General Primary Care Prescribing Advice:  
Contact your Primary Care Pharmacist; or alternatively  
Primary Care Prescribing Support Team on 01786-431200  
Email: [FV-UHB.prescribingsupport@nhs.net](mailto:FV-UHB.prescribingsupport@nhs.net)

For Advice Related to Management of Controlled Drugs:  
Kirsty Peacock, Inspection Officer for Controlled Drugs,  
NHS Forth Valley, Forth Valley Royal Hospital Tel:01324-566743  
Mobile:07788-145722 Email: [kirsty.peacock@nhs.net](mailto:kirsty.peacock@nhs.net)