

## Updated Community Pharmacy Smoking Cessation Service

As of 1st July the Smoking Cessation service provided by Community Pharmacies under the Public Health element of the community pharmacy contract has been updated to include provision of Varenicline by accredited pharmacists, via a Patient Group Direction (PGD) to adults.

Varenicline is restricted to those patients who have had previous unsuccessful quit attempts using Nicotine Replacement Therapy. All quit attempts will be accompanied by structured support.

There may be occasions where a patient is unable to answer some of the questions relating to inclusion/exclusion criteria contained in the [PGD](#). In these situations the pharmacist may contact the GP using a standard letter requesting further information to assess the patient's suitability for varenicline.

Once a patient has started using varenicline, the GP Practice will receive written notification of this.

- Varenicline is now available on [PGD](#) via the Community Pharmacy Smoking Cessation Service for patients with previous unsuccessful quit attempts using NRT.
- GPs will be notified by letter from the pharmacy where a patient is using varenicline.
- GPs should add this to the patient's EMIS record as an 'outside' supply annotated with 'Pharmacy Smoking Cessation Service' (see [Prescriberfile Dec 2011](#) for related advice).

## Nitrofurantoin in patients with impaired renal function

The MHRA expert group has considered the issue raised by British Society for Antimicrobial Chemotherapy (BSAC) and others about the broader public health consequences of restricting nitrofurantoin use in patients with impaired renal function (see [Drug Safety Update August 2013](#)).

Their advice is for an amendment to the contraindication against use from CrCl < 60 ml/min to eGFR < 45 ml/min, with additional advice that nitrofurantoin may be used with caution in individual cases as short-course therapy only for the treatment of lower Urinary Tract Infection (UTI) with an eGFR be-

tween 30-44 ml/min to treat resistant pathogens, when the benefits may outweigh the risks of undesirable effects.

The MHRA require to contact each of the 10 UK Marketing Authorisation Holders of nitrofurantoin products to request that they submit applications to MHRA to update their respective Summary of Product Characteristics (SPCs) with regards to this contraindication. This will take a few months to progress so there will be a delay in all of the nitrofurantoin product SPCs carrying the updated advice regarding this contraindication and renal impairment.

- Prescribers should bear the revised advice relating to nitrofurantoin in renal impairment in mind when making a treatment decision for lower UTI on an individual patient basis. The MHRA website indicates that the previous advice is under review.
- Until product SPCs are updated the prescribing will be 'off-label'.

## Generic Desogestrel Now Available—prescribe by generic name

Desogestrel is now available as a generic product and is included in the Scottish Drug Tariff (£3.46 for a pack of 84, in the July 2014 Tariff). Local specialist opinion supports generic prescribing of desogestrel. Practices may wish to update the EMIS record for patients currently prescribed brand name Cerazette® or Cerelle®.

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### Key Points of interest:

- Community Pharmacists can now supply varenicline via PGD to support smoking cessation attempts.
- Nitrofurantoin capsule price has increased significantly.
- Domperidone—now only for nausea/vomiting for up to 7 days. Revised dosages and contraindications.
- An EMIS Disease-based version of the FV Formulary is in development.
- NHS Treatment for Commonwealth Games Family

## Nitrofurantoin capsules – significant price increase

Macrochantin<sup>®</sup> (nitrofurantoin) capsules have recently been discontinued and replaced by a generic 50mg capsule, with a significant price increase imposed by the manufacturer. A 3 day course now costs £5.57. (Scottish Drug Tariff/dm+d Jul 2014).

However, this is still more cost-effective than the generic tablet (£12.11 for a 3 day course).

To ensure clinically appropriate and cost-effective treatment with nitrofurantoin we are recommending the following:

### First-choice cost-effective products:

**Either Nitrofurantoin 50mg CAPSULES** (1 cap QID) (£5.57 for 3 day course)

**OR Nitrofurantoin 100mg MR CAPSULES** (1 cap BD) (MacroBID<sup>®</sup>) are the most cost-effective alternative (£2.52 for a 3 day course).

Choice will depend on patient characteristics and availability of product.

## Domperidone—New Dosage and Contraindications

The May 2014 [Drug Safety Update](#) advised that Domperidone is associated with a small increased risk of serious cardiac side effects. **Use is now restricted to the relief of nausea and vomiting.** The **dosage and duration** of use have been **reduced** (maximum dose 10mg three times daily (over 12 years of age) for up to one week. See [Update](#) for children's dosage). It should no longer be used for the treatment of bloating and heartburn and is now **contraindicated** in those with underlying cardiac conditions and other risk factors (see [Update](#) for details).

Patients should be reassessed at a routine appointment, in light of the new advice.

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

- Re-assess the ongoing need for an anti-emetic and where clinically appropriate consider a trial stop. NB: patients receiving domperidone for either Barretts/Diabetic gastroparesis should not have their therapy discontinued.
- If symptoms recur, consider an alternative agent.
- Where an alternative agent is either ineffective or considered to be clinically inappropriate, **document in the patient notes that a discussion re unlicensed usage/risk/benefit has taken place and that the patient is willing to continue taking domperidone.** 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.

## Development of an EMIS Disease-based Forth Valley Formulary

The Prescribing Support Team are currently developing a disease-based version of the Forth Valley Formulary using EMIS Synonyms. The disease-based formulary (DBF) will allow prescribers to type a disease short code and be presented with the recommended FV Formulary choices, with doses and quantities appropriate to the indication. This will be provided in tandem with the current drug-based EMIS FV Formulary.

The DBF will be built up on an incremental basis—beginning with medication for pain, infections and wound products. Following development and testing we will make this available to all practices. Watch this space over the next few months!

## Commonwealth Games Visitors - the Games Family

During the Commonwealth Games in Glasgow (23rd July - 3rd August) visitors may seek medical care from General Practice. The Scottish Government has issued [guidance](#) on entitlement to NHS treatment for members of the Games Family (GF) (athletes and their supporting teams; technical officials; certain members of the press and broadcasters; the Games Committee; security, etc.). The GF will be entitled to the same levels of free healthcare as those living in countries with which the UK has reciprocal healthcare agreements – applicable from 7th July to 7th August (inclusive). Accredited members of the GF will be issued with a **Games Family Accreditation Pass**.

The [Circular](#) contains more information and links to general advice on the [treating overseas visitors](#).

### 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

For Advice Related to Management of Controlled Drugs:  
Kirsty Peacock, Inspection Officer for Controlled Drugs,  
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