

# Prescriberfile

From the Primary Care Prescribing Group

## Forth Valley Formulary

The NHS [Forth Valley Formulary](#) is now **only** available on the intranet as a PDF file— paper versions are no longer produced. An app is also available for iPhones or iPads—available from the [Apple App Store](#). The PDF and App are updated on a continuous basis to reflect the most up to date decisions of the New Drugs Group (at the time of writing the latest update is February 2016).

Practices are also advised to ensure they are using the latest version of the EMIS Formulary and EMIS Local Advice files which are available from the same [Intranet page](#).

The intranet page provides full [instructions](#) on how to import the Forth Valley formulary and local advice messages and how to assign the EMIS formulary to users.

- The Formulary is no longer available as a hardcopy. Continually updated electronic versions are available on the intranet (PDF and EMIS): available from the 'Clinical Resources' Quick Link on the intranet homepage, searching *formulary* on the intranet, or at <http://preview.tinyurl.com/ForthValleyFormulary>
- An app is also available for iPhones/iPads from the [Apple App Store](#)

## Primary Care Respiratory Support Nurse

Jess Macadam, a Forth Valley Practice Nurse has been appointed to help GP practices maximise inhaler effectiveness and cost-effective prescribing. Her role is to assist with the implementation of the new Forth

Valley respiratory guidelines and help support staff through the revised inhaler choices. Jess will be making contact with practices to discuss respiratory prescribing.

Primary Care Respiratory Support Nurse Jess Macadam can be contacted by telephone 01324-673611 (Tues AM / Fri PM) or email [jess.macadam@nhs.net](mailto:jess.macadam@nhs.net)

## GP Prescribing of GF Foods

The Scottish Gluten Free Food Service (SGFFS) is available through Community Pharmacies **for patients with a confirmed clinical diagnosis of Coeliac Disease or Dermatitis Herpetiformis** (residents in Care Homes are not eligible).

To ensure equity for those patients not eligible for (or who opt out from) the Scottish GF Food Service (SGFFS) via Community Pharmacies:

- GP prescribing of Gluten Free (GF) products should follow the same guidelines for number of GF units and GF product options as the SGFFS.
- GP prescribing of GF products should follow the [FV GF Foods Formulary](#).
- Information on GF units and eligible products is available in the [FV GF Foods Formulary](#).

**Dipipanone and cyclizine** is not recommended by the Consultants in the Pain Clinic in NHS Forth Valley for the treatment of chronic pain. In addition to clinical concerns the product has risen in cost drastically in recent years. Patients prescribed Dipipanone and cyclizine should have their pain management reviewed. Patient-specific advice can be sought from the pain clinic for existing patients prescribed the product for chronic pain.

Volume 24 No. 1

June 2016

Please Circulate to All Staff

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### Key Points of interest:

- Forth Valley formulary is **only** available on the intranet as a PDF or as an app for iPhones/iPads. No paper versions are produced.
- Primary Care Respiratory Support Nurse to support practice with the new Forth Valley respiratory guidelines
- Gluten Free Formulary— GP prescribing should follow the Forth Valley Gluten free formulary
- Dipipanone and cyclizine - not recommended in chronic pain
- Various Drug Safety updates.
- Ellipta® devices have a shelf life of 6 weeks once opened.
- Do not administer live attenuated vaccines to those who are clinically immunosuppressed

## Live attenuated vaccines and Immunosuppression

Live attenuated vaccines should not routinely be given to people who are clinically immunosuppressed (either due to drug treatment or underlying illness). Be alert to in utero and breastfeeding exposure to immunosuppressive treatment. Health-care professionals administering a particular vaccine must be familiar with the contraindications and special precautions before proceeding with immunisation. If in any doubt as to whether the patient may be immunosuppressed, immunisation should be deferred until secondary care specialist advice has been sought. See [April 2016 Update](#) for full information.

The following groups of patients should not receive live vaccines

- patients with evidence of severe primary immunodeficiency
- patients currently being treated for malignant disease with immunosuppressive chemotherapy or radiotherapy, or who have terminated such treatment within at least the last six months
- patients who have received a solid organ transplant and are currently on immunosuppressive treatment
- patients who have received a bone marrow transplant, until at least 12 months after finishing all immunosuppressive treatment, or longer where the patient has developed graft-versus-host disease.
- patients receiving systemic high-dose steroids, until at least three months after treatment has stopped (immunosuppressant doses of prednisolone for adults are considered to be 40mg or more daily for more than one week; and for children 2mg/kg/day for at least one week or 1mg/kg/day for one month)
- patients receiving other types of immunosuppressive drugs alone or in combination with lower doses of steroids until at least 6 months after stopping such treatment
- patients with immunosuppression due to HIV.

- Do not administer live attenuated vaccines to those who are clinically immunosuppressed
- Further information on immunosuppression is given in the [Green Book Chapter 6](#).

## Controlled Drug Requisition Forms

From Monday 30th November 2015 new legislation governing the paperwork to be used for private stock orders for schedule 2 or 3 CDs in the community came into force. However for now, these changes are only applicable to NHS England.

There will be **no change to the existing arrangements for NHS Scotland**. Updates will be provided when any changes are introduced for Scotland.

## Updated Home Office Approved Wording for CD Instalments

The Home Office has introduced a new set of approved wording for Controlled Drug instalment prescribing:

1. *Please dispense instalments due on pharmacy closed days on a prior suitable day.*
2. *If an instalment's collection day has been missed, please still dispense the amount due for any remaining day(s) of that instalment.*
3. *Consult the prescriber if 3 or more consecutive days of a prescription have been missed.*
4. *Supervise consumption on collection days.*
5. *Dispense daily doses in separate containers.*

The Home Office Circular can be found at:

<http://tinyurl.com/jf88pcc>

- Prescribers can use either the new wording **or** the old wording, however the two cannot be used together, and it would be expected that prescribers move to the new wording .
- Forth Valley the Substance Misuse prescribing database is currently being updated and the new wording should be operational soon.
- Locally, GPs engaged in the GP Prescribing Service for oral replacement therapy have been issued with new stamps.
- Instalment prescriptions for other Schedule 2 or 3 instalments on GP10 will need to be reviewed.

### All Ellipta<sup>®</sup> Devices- Be Aware of Short Shelf-life in Use

Ellipta<sup>®</sup> devices have a **shelf life of only 6 weeks once opened**.

- Advise patients to write the date of opening on the device.
- Encourage patients to finish one device before opening a new one.

## Drug Safety Updates

Selected highlights from recent Drug Safety Update Bulletins from the MHRA (<https://www.gov.uk/drug-safety-update>)

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

[www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/email-signup](http://www.gov.uk/government/organisations/medicines-and-healthcare-products-regulatory-agency/email-signup)

Concomitant use of **spironolactone with ACEi or ARB** is not routinely recommended because of the risks of **severe hyperkalaemia**. Use the lowest effective doses of spironolactone and ACEi or ARB if coadministration is considered essential. Monitor serum potassium levels and renal function regularly. Interrupt or discontinue treatment in the event of hyperkalaemia. See [February 2016 Update](#) for full information.

Sodium glucose co-transporter 2 (SGLT2) inhibitors are licensed for use in adults with type 2 diabetes to improve glycaemic control. **Serious and life-threatening cases of diabetic ketoacidosis (DKA)** have been reported in patients taking **SGLT2 inhibitors** (canagliflozin, dapagliflozin or empagliflozin)- **even in those where blood glucose levels were only moderately elevated**. This side effect is rare. Therefore **advise patients of the signs and symptoms of DKA** and for them to seek immediate medical help if these occur; test for raised ketones in patients with symptoms of DKA (even if plasma glucose levels are near-normal). Many of the cases reported concerned off-label use in type 1 diabetics. See [April 2016 Update](#) for full information.

Children exposed in utero to valproate are at a high risk of serious developmental disorders and congenital malformations. **Valproate should not be prescribed to female children, female adolescents, women of child-bearing potential or pregnant women** unless other treatments are ineffective or not tolerated. New communication materials to support discussion of these risks with women of childbearing potential and girls who take valproate are available- For full information and communication materials see [February 2016 Update](#). GPs should have the initial conversation and provide booklet. These women can be referred to neurology or psychiatry services if further advice or change to

## Drug Safety Updates you may have missed...

**Hydroxyzine** –the maximum adult daily dose of hydroxyzine is now 100 mg and 50mg for the elderly. Do not prescribe in **individuals with a prolonged QT interval or risk factors for QT interval prolongation**. Prescribe the lowest effective dose for as short a time as possible. See the [April 2015 Update](#) for full information.

**Codeine containing medicines**, for coughs and colds, are **contraindicated in children under 12** (as it is associated with a risk of respiratory side effects), individuals of any age known to be CYP2D6 ultra-rapid metabolisers, and breastfeeding mothers. Codeine is not recommended for adolescents (12 to 18) who have problems with breathing. See [April 2015 Update](#) and current BNF for further information.

**New high strength insulin products** available on the market which have been developed for patients with large daily insulin requirements. To minimise the risk of medication errors, healthcare professionals and patients need to understand the insulin strength of these products and how to use them correctly. See [April 2015 Update](#) for full information.

**Abasaglar<sup>®</sup> is a biosimilar** medicine based on insulin glargine 100 units/mL and has been **shown to be equivalent to Lantus<sup>®</sup>** in its pharmacokinetic and pharmacodynamic properties. However, as with other biosimilar medicines, some dose adjustment may be needed for some patients. NHS Forth Valley advice is that biosimilar products are prescribed by **brand name**. See [April 2015 Update](#) for full information.

### 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  
Email: [kirsty.peacock@nhs.net](mailto:kirsty.peacock@nhs.net)