NHS Forth Valley

Prescriberfile

From the Primary Care Prescribing Group

Appropriate prescribing of Sunscreen products

Prescribers are reminded that sunscreen products should only be prescribed on the NHS for indications that are approved by the Advisory Committee on Borderline Substances (ACBS).

Only those products annotated as ACBS in the British National Formulary (BNF) are approved for prescribing on the NHS for skin protection against ultraviolet (UV) radiation in abnormal cutaneous photosensitivity (e.g. genetic disorders, chronic or recurrent herpes simplex labialis) and for photodermatoses such as vitiligo and those due to radiotherapy or due to photosensitivity caused by certain drugs e.g. amiodarone, phenothiazines, or tetracyclines such as demeclocycline. **Other products are classed as toiletries and should not be prescribed.**

In order to manage photodermatoses patients should be advised to:

- Seek shade.
- Wear photoprotective clothing.
- Wear sunglasses and wide-brimmed hats.
- Ensure appropriate application of sunscreens with a SPF over 30 with suitable UVA protection.
  - ⇒ Apply thickly and liberally approximately every 2 hours.
  - ⇒ Application to all areas of the skin including the ears, temples, posterior and lateral neck.

Prescribers should:

- Ensure prescribing of sunscreens is in line with ACBS approved indications.
- If ACBS prescribing criteria are not met then review and stop prescribing the sunscreen; advise the patient to purchase an appropriate sunscreen over-the-counter.
- Remind patients that sunscreens are not a substitute for covering the skin and avoiding sunlight.
- Ensure that patients know how to apply sunscreen products appropriately.

The Forth Valley Formulary sunscreen product of choice is **Sunsense® Ultra SPF 50+**; where ACBS criteria is met. Anthelios® XL SPF 50+ cream was discontinued recently and removed from the Formulary. Uvistat® sun cream SPF 50 is an ACBS approved alternative if the Formulary choice is unavailable. Patients will need to purchase an alternative if the above are not available or considered unsuitable.

Update on Freestyle Libre 2

The Forth Valley Diabetes Team have advised that all patients using Freestyle Libre 1 are eligible to change to Freestyle Libre 2. **No additional consultation is required.**

- If exclusively using a smartphone for monitoring, practices need only change prescription to Freestyle Libre 2 sensors. Users need to ensure their LibreLink App (LibreLinkUp) has the latest update to use Libre 2.
- If using the meter, or a mix of smart device and meter, then the patient should visit https://www.freestylelibre.co.uk/replacement to complete the questionnaire at the bottom of the page to be sent a Libre 2 Meter before the sensors are changed. Alternatively they can phone Abbott Customer Care line on 0800 170 1177.

If a Freestyle Libre device is dislodged or develops a fault, patients should contact Abbott Customer Care for a replacement device. Practices should not issue a further supply of Libre sensors for faulty devices or devices that have been dislodged.

New patients interested in the Freestyle Libre should be referred to the Diabetes Team at FVRH for review/discussion. Most patients who receive Freestyle Libre are prescribed multiple daily Injection / basal bolus therapy with carbohydrate counting; it is unusual for Freestyle Libre to be approved for use without this as a baseline.

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Please Circulate to All Staff

Inside this issue:

Supply issues

For the latest Supply Issues affecting Primary Care and local associated guidance see here

Key Points of interest:

- Sunscreens for ACBS approved indications only.
- No additional consultation required for patients on Freestyle Libre 1 wishing to change to Freestyle Libre 2.
- Formulary changes to Nausea and Labyrinth Disorders, Mental Health, valproate and gliflozins.
- NPT guidance under review
- New EMIS templates available..

Updates to the NHS Forth Valley Formulary

The following changes to the Forth Valley Formulary have been agreed by the New Drugs & Formulary Group. Additions and deletions of medicines are based on formulary submissions, new drug assessment requests or formulary section reviews. ADTC decisions relating to SMC assessments can be accessed here. *ScriptSwitch*® messages to support prescribers in primary care will be added to the clinical system.

Nausea and Labyrinth Disorders

Following a multi-disciplinary review the following Formulary changes were agreed:

- **Metoclopramide** is the first line choice if a *Dopamine Receptor Antagonist* is indicated; domperiodone remains available as a second line option.
- **Ondansetron standard tablets** are the first line choice if a *Serotonin (5HT3) Receptor Antagonists* is indicated. For patients with swallowing difficulties the preferred formulation are the **orodispersible films** as they are more cost-effective than orodispersible tablets.
- **Cyclizine, cinnarizine, prochlorperazine (standard tablets)** remain as Formulary choices when indicated.

Mental Health

In conjunction with Forth Valley Division of Psychiatry and Mental Health Pharmacy the Formulary sections for Mental Health Disorders were recently reviewed.

Key changes for Dementia:

- **Alzest**® as the rivastigmine patch brand of choice.

Key changes for Depression:

- Prescribe fluoxetine **in multiples of 20 mg capsules.** Other formulations of fluoxetine are expensive.

Key changes for Bipolar disorder:

- **Syonell**® as the valproate semisodium brand of choice. Depakote® no longer preferred.

Valproate Formulary restrictions

- Sodium valproate/valproate salts remain formulary for the treatment of epilepsy, mania and bipolar disorder in males.
- Sodium valproate/valproate salts shall only be prescribed for female adults who have the ability to bear children and for children for the treatment of epilepsy.
- Any new initiation for indications other than epilepsy for females who have the ability to bear children (including migraine, mania and bipolar disorder) will be non formulary across NHS Forth Valley and **subject to the IPTR process**.
- All prescribing of valproate in patients of child bearing potential should follow the **MHRA PREVENT** guidance.
- Following a MHRA request pack sizes of valproate containing medicines have **reduced from 100 tablets to 30 tablets** to facilitate dispensing of original packs — **quantities on prescription should be reviewed and aligned to multiples of 30 to ensure only original full packs are dispensed**.

New Formulary indications for SLGT2 inhibitors (gliflozins)

- **Dapagliflozin -** approved as an add-on for the treatment of symptomatic chronic heart failure with reduced ejection fracture in patients who are on optimised therapy but remain symptomatic. Guidance is in development.
- **Canagliflozin -** approved for restricted use to improve renal outcome in patients with Type 2 Diabetes with evidence of diabetic kidney disease (ACR 30 mg/mmol) for those who have suboptimal glycaemic control, BMI ≥30, and an HbA1c of 75mmol/mol. Can be initiated in Primary Care

Guideline news

Near Patient Testing (NPT) guidance review

In March 2020, in conjunction with specialities the current NPT guidance was suspended and temporary modified guidance issued to protect patients and reduce pressure on services during the initial Covid-19 pandemic. In January 2021 the use of the temporary modified guidance was extended for a further 4 months. The NPT group subsequently convened and are currently reviewing the existing and temporary modified guidance. **It is expected that revised NPT guidance will be ratified by end September 2021**. In the interim, until new guidance is available, the ADTC agreed that the temporary modified guidance remains valid.

EMIS templates

Two new EMIS PCS templates are available.

- **Polypharmacy template -** links to external sources have been updated**.**
- **DOAC template** to support practices in the initiation and on-going review of DOACs with links to $CHA_2DS_2VAS_C$ and HASBLED calculator, CrCl calculator and local guidance on the use of DOACs in atrial fibrillation, deep vein thrombosis and pulmonary embolism.

Drug Safety Updates

Selected highlights from recent Drug Safety Update Bulletins from the MHRA (https://www.gov.uk/drug-safety-update). Click on titles in boxes for links to the full MHRA Drug Safety article.

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

Review gabapentinoid prescribing

The MHRA have reiterated the risk of harms with gabapentinoids. Following a European review the product information for pregabalin will include new warnings for respiratory depression. Patients with compromised respiratory function, respiratory or neurological disease, renal impairment; those using concomitant central nervous system (CNS) depressants; and people older than 65 years might be at higher risk of experiencing these events and adjustments in dose or dosing regimen may be necessary. Similar warnings already exist in the product information for gabapentin.

The usage of gabapentoids has increased considerably in the last decade. However, their role in the management of pain is limited. Gabapentinoids are not licensed for non-neuropathic pain, nor is there robust evidence to support their use in non-neuropathic pain. Recent national guidance (NICE, SIGN) reinforce that gabapentinoids have a limited role in chronic pain and should be reserved for specific neuopathic type conditions.

The misuse potential of gabapentinoids is also well recognised. Public Health England advised health professionals should be aware not only of the potential benefits of these drugs to patients, but also that the drugs can lead to dependence and may be misused or diverted. Drug-related deaths in Scotland involving gabapentinoids have risen from 2 in 2008, to 438 in 2019. For NHS Forth Valley 56% (n=42) of drug-related deaths involved gabapentinoids in 2019.

Prescribers are reminded:

- Care should be taken when prescribing gabapentinoids in the management of neuropathic pain.
- Consider whether adjustments in dose or dosing regimen are necessary for patients at higher risk of respiratory depression.
- Extreme care should be taken when co-prescribing gabapentinoids with opioids.
- Caution, with due consideration of first line options, and special care exercised in the substance misusing population is required to help minimise the risk of misuse and diversion.
- Steps should be taken to minimise the risk of abuse.
- Early and ongoing review is essential for all patients prescribed gabapentinoids.

Further resources to support in the prescribing of gabapentoids available at: https://www.therapeutics.scot.nhs.uk/pain/

Possible loss of symptom control on changing levothyroxine tablets

Over a 5 year period the MHRA received a number of Yellow Card 'product substitution issue', 'condition aggravated' or 'drug ineffective' reports with levothyroxine directly from patients; consistent with thyroid dysfunction when their tablets were changed to a different manufacturer's product. There are rare cases noted in UK professional guidelines. New prescribing advice for patients who experience symptoms on switching between different levothyroxine products was issued.

- **Generic prescribing of levothyroxine remains appropriate for most patients.**
- If patients report symptoms when switching levothyroxine tablets, prescribers should confirm medication adherence and consider testing thyroid function.
- If symptoms persist, consider consistently prescribing a licensed tablet from a specific manufacturer that is known to be well tolerated by the patient. This should be prescribed by **brand name —** if there is no brand name, the specific manufacturer required should be included in the directions on the prescription**.**
- If symptoms or poor control of thyroid function persist despite adhering to a specific manufacturer's tablet, consider prescribing levothyroxine oral solution (licensed versions).

Polyethylene glycol (PEG) laxatives and starch-based thickeners

The MHRA have advised that polyethylene glycol (PEG) laxatives (such as Laxido®, Movicol®) and starch-based thickeners **must not be mixed together**. Combining the two compounds can counteract the thickening action and result in a thin watery liquid. **Patients with dysphagia are potentially at greater risk of aspiration of the thinner liquid**. Patients requiring thickened fluids co-prescribed a PEG laxative should have their laxative reviewed and changed to a suitable alternative.

Contact Information:
General Primary Care Prescribing Advice:
Contact your Primary Care Pharmacist; or alternatively
Primary Care Prescribing Support Team on 01324 566722
Email: FV.prescribingsupport@nhs.scot

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.scot