NHS Forth Valley

Prescriberfile

From the Primary Care Prescribing Group

Safe prescribing of alfentanil

Alfentanil is an injectable opioid (schedule 2 controlled drug) prescribed following specialist palliative care advice. It is a potent opioid; 1 mg subcutaneous alfentanil is equivalent to 30 mg oral morphine. Alfentanil is administered as single subcutaneous injections or as a continuous subcutaneous infusion via a syringe pump.

There are **two different** strengths of alfentanil ampoules, with a **ten-fold difference** in strength.

Product packaging has been improved to aid selection. However, **vigilance** should be exercised when prescribing, dispensing and administering alfentanil to ensure correct product selection.

A clinical memo with further info has been issued locally and is available here.

- Alfentanil is to be prescribed following specialist palliative care input only.
- There are **two strengths** of alfentanil ampoules, 1mg/2ml and 5mg/ml, with a **ten-fold difference in strength**.
- The expected preparation for use in Primary Care palliative care patients is the lower strength 1mg/2ml ampoule.
- Ensure correct ampoule strength is selected when prescribing, dispensing, and administering alfentanil.

New pre-hospitalisation COVID-19 treatments

In late December, in line with a UK-wide access policy, monoclonal antibodies (sotrovimab) and antivirals (molnupiravir) were introduced for those patients most at risk of becoming unwell from Covid-19.

Both treatments are expected to reduce the severity of the disease and the rate of admissions to hospital in the ultra-high risk group. Patients in this ultra high risk group have been sent a letter, advising them to contact a Forth Valley centralised number, should they get a positive Lateral Flow or PCR test result.

To be most effective, these treatments need to be administered as soon as practically possible after receiving a positive PCR test and symptom onset. The access arrangements in Scotland can be found on NHS Inform.

Greener prescribing

There is increasing awareness and willingness to address the environmental impact and sustainability of medicine choices. The carbon footprint of inhalers is an area of topical interest.

- Formulary review of the inhaler choice for Asthma/COPD will take place early in 2022.
  ⇒ This will include consideration of environmental impact/carbon footprint
- **Practices are asked to await the outcome of the formulary review before considering changes to inhaler choices**
- Pending the Formulary review Practices wishing to reduce the environmental impact of asthma/COPD prescribing are advised to focus on optimising therapy in priority groups to optimise treatment and reduce wastage. Contact the Prescribing Support Team (fv.prescribingsupport@nhs.scot) or your Practice Pharmacist for advice.

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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:

- Risk of error and harm with alfentanil ampoules. Only the lower strength (1mg/2ml) to be prescribed and dispensed to palliative care patients in Primary Care.
- New Pre-hospitalisation COVID-19 Treatments
- Formulary review of inhaled devices planned for early 2022.
- Review amiloride prescribing.
- Duloxetine 20 mg and 40 mg for urinary symptoms only.
- Ispaghula husk (Fybogel®) is the first line Formulary choice alternative to methylcellulose (Celevac®).

Reduce harm, waste and unwarranted variation

Amiloride—limited clinical effectiveness and high cost

Amiloride is a weak diuretic with potassium-sparing activity. Amiloride monotherapy for the treatment of oedema is not routinely recommended nor is it recommended as a first line antihypertensive agent. Used as a single agent, amiloride can cause hyperkalemia especially in patients with renal impairment. Amiloride may be a treatment option when used as an adjunct to thiazide or loop diuretics for hypertension/congestive heart failure/ascites for potassium conservation but often other effective treatment options are available.

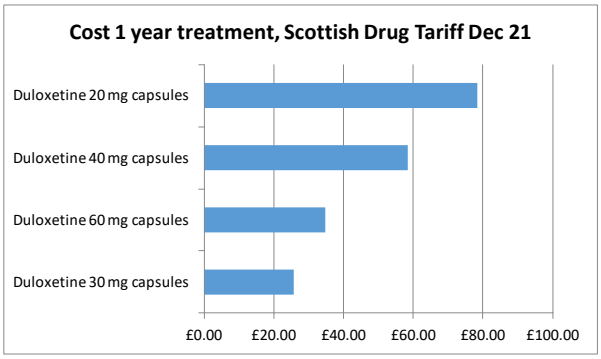
The current Scottish Drug Tariff (Dec 2021) price for amiloride 5 mg tablets is £33.95 for 28 tablets, three times that of the amiloride/furosemide combination tablet, co-amilofruse 5/40 mg, and more than six times that of spironolactone 50 mg tablets (comparison does not imply therapeutic equivalence).

It is recommended that

- patients prescribed amiloride whether as monotherapy, or as an adjunct to thiazide or loop diuretics, be reviewed to determine if
  - ⇒ amiloride could be discontinued,
  - ⇒ ongoing use of amiloride is appropriate,
  - ⇒ an alternative treatment choice would be appropriate.
- Where amiloride is continued as an adjunct to thiazide or loop diuretics, consideration should be given to changing the prescription to the more cost effective fixed dose combination tablets of co-amilofruse or co-amilozide, for patients prescribed the components individually and where the equivalent dose can be achieved, to reduce the burden of polypharmacy.

Duloxetine—appropriate strength choice

Duloxetine 20 mg and 40 mg capsules are licensed for stress urinary incontinence. Duloxetine 30 mg and 60 mg capsules are licensed for all other indications (major depressive disorder, diabetic peripheral neuropathic pain, generalised anxiety disorder). All strengths are available as generics; however, the cost of duloxetine 20 mg and 40 mg capsules have diverged from 30 mg and 60 mg capsules.



A recent Forth Valley wide audit (n=158) demonstrated that only 10%.of patients prescribed duloxetine 20 mg or 40 mg capsules were for their licensed indication; 84% were prescribed duloxetine 20 mg or 40 mg capsules for indications for which 30 mg and 60 mg capsules are licensed.

Key points:

- Ensure new patients are prescribed the strength of capsule appropriate to the indication:
  - ⇒ urinary symptoms—20 mg or 40 mg capsules,
  - ⇒ other indications—30 mg or 60 mg capsules.
- Review existing patients prescribed duloxetine 20 mg or 40 mg capsules for non-urinary symptoms and where appropriate give consideration to utilising 30 mg and 60 mg capsules e.g.
  - ⇒ when patients symptoms are not optimally managed,
  - ⇒ where the total daily dose can be achieved using multiples of 30 mg or 60 mg capsules,
  - ⇒ in non-urinary indications, dose titrate in 30 mg increments where possible.

Methylcellulose (Celevac®) discontinued

The UK licensed preparation of methylcellulose (Celevac®) tablets was discontinued in 2020. We are aware that GP Practices have received requests from other Health Boards to prescribe alternative products, local advice is as follows:

- Ispaghula husk (Fybogel®) is the first line Formulary choice, with Sterculia BP (Normacol®) as an alternative non-formulary choice.
- Psyllium husk (Solgar Psyllium®) is not a licensed medicine. It is regarded as a Pay and Report food/nutritional type supplement. **Forth Valley ADTC does not generally support the prescribing of Pay & Report items and patients would be expected to purchase**.
- Optifibre® powder is a borderline substance, any requests to prescribe must be in line with ACBS indications.

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,
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