NHS Forth Valley

Prescriberfile

From the Primary Care Prescribing Group

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MHRA Drug Safety Update (Click here for full alerts)

Isotretinoin (Roaccutane®▼) - Sexual and Psychiatric side effects

Primary care clinicians should be aware that isotretinoin can result in sexual dysfunction and worsening mental health. There have been reports of long-lasting sexual dysfunction where symptoms have persisted despite discontinuation of isotretinoin. Reported sexual side effects include erectile dysfunction, decreased libido, vulvovaginal dryness, orgasm difficulties, and genital hypoaesthesia. Reported psychiatric side effects include depression, anxiety, and psychotic symptoms, in addition to cases of suicide by patients on isotretinoin. Although isotretinoin should only be prescribed by specialist services, primary care clinicians should remain vigilant for suspected psychiatric or sexual side effects. Any suspected side effects should be reported to the MHRA via the Yellow Card Scheme.

Janus Kinase (JAK) inhibitors - New warnings

JAK inhibitors used to treat chronic inflammatory disorders have demonstrated an increased incidence of malignancy, major adverse cardiovascular events, serious infections, venous thromboembolism (VTE) and mortality compared to those treated with tumour necrosis factor (TNF)-alpha inhibitors. The NHS FV formulary choice JAK inhibitors are Filgotinib (Jyseleca®), Updacitinib (Rinvoq®), and Tofacitinib (Xeljanz®). Primary care clinicians should remain vigilant for patients on these treatments reporting any new growths on their skin or changes to moles as these could require further investigation for possible skin cancer. Prescribers should also consider the VTE risk if considering co-prescribing combined hormonal contraceptives or hormone replacement therapy to patients prescribed JAK inhibitors. See full article for further details.

Nitrofurantoin - Reminder of pulmonary and hepatic adverse drug reactions

Patients and carers should be advised to be vigilant for new or worsening respiratory symptoms while taking nitrofurantoin. Pulmonary reactions may occur with short or long-term use of nitrofurantoin and increased vigilance for acute pulmonary reactions is required in the first week of treatment. Patients on long-term treatment should be closely monitored for new or worsening respiratory symptoms, especially if elderly. Clinicians should be vigilant for signs of liver dysfunction in patients taking nitrofurantoin for any duration, particularly those on long-term treatment, and monitor patients periodically for signs of hepatitis and for changes in biochemical tests which would indicate hepatitis or liver injury. Nitrofurantoin should be immediately discontinued if new or worsening symptoms of pulmonary damage or hepatitis occur.

Febuxostat - Caution in patients with history of major cardiovascular disease

Previous MHRA advice from July 2019 advised healthcare professionals to avoid febuxostat treatment in patients with pre-existing major cardiovascular disease unless no other therapy options were appropriate. A more recent study has resulted in an amendment to this advice as follows. Febuxostat should be used **cautiously** in those with pre-existing major cardiovascular diseases, particularly in those with evidence of high urate crystal and tophi burden or those initiating urate-lowering therapy.

Prescribing Safety Update

Clopidogrel and Proton Pump Inhibitors (PPIs)

Clopidogrel is a pro-drug activated by the enzyme CYP2C19. Omeprazole and esomeprazole are inhibitors of this enzyme meaning concurrent use can reduce plasma levels of activated clopidogrel. The combined use of clopidogrel with omeprazole or esomeprazole should be avoided due to this significant interaction.

Other PPIs can inhibit CYP2C19 to a lesser extent, though clinically significant interactions have not been observed. For patients requiring to be on clopidogrel with a PPI, they should be commenced on lansoprazole. If a patient is to newly commence clopidogrel and is already taking omeprazole or esomeprazole, then they should be changed to a more suitable PPI. See full article on SPS site.

Forth Valley Formulary Updates

Amendment to Leg and Night Bag formulary

The NHS FV first line choice of leg and night bags, the Careline+ range, has been discontinued. Following a review of the available options for leg and night bags, the new NHS FV 1st line product range for leg and night bags has been changed to the Flexicare range of products. This change has been agreed with the FV district nursing team. The most recent EMIS formulary update (version 28) saw these added to the formulary. New patients requiring leg or night bags and patients on discontinued lines should be started on products as per the new formulary choices. See formulary options here.

Amendment to Sunscreen Preparations

The NHS FV choice of sunscreen has been updated to include **Anthelios® Sunscreen Lotion SPF 50+** and **Uvistat® Suncream SPF 50**. The previous formulary choice of Sunsense® Ultra SPF 50 has been discontinued, and has therefore been removed. Prescribing of sunscreen products should be in accordance with ACBS advice. For more information on when sunscreens are appropriate to prescribe, see here.

Amendment from Sandocal® Tablets to Calvive 1000® Effervescent Tablets

The product formerly known as Sandocal® has undergone a name change to Calvive 1000® Effervescent Tablets. See Summary of Product Characteristics for product details. The FV formulary has been updated to reflect this change.

Addition of Roxadustat (Evrenzo®)

Roxadustat has been added to the FV formulary as a 2nd line option in patients where an Erythropoiesis-stimulating agent (ESA) (darbopoetin, epoetin) is considered inappropriate e.g. needle phobia, intolerance of ESA's or when patients are likely to be prescribed >120mcg/week of darbopoetin. Roxadustat will be initiated by renal physicians and continued to be supplied via acute until the patient's dose is stabilised. At which point, ongoing prescribing can be transferred to Primary Care. **Ongoing monitoring/review will remain the responsibility of the renal team.** The frequency of dosing is 3x weekly and not daily.

Addition of Bempedoic acid (Nilemdo®) (Nustendi®)

Bempedoic acid +/- ezetimibe has been added to the FV Formulary as a 3rd line option as an alternative to Proprotein Convertase Subtilisin/Kexin type 9 (PCSK9) inhibitors where PCSK9 inhibitors are considered inappropriate. Bempedoic acid is to be **initiated/recommended by the lipid clinic** and then continued in Primary Care.

Bempedoic acid is approved for use in combination with ezetimibe in patients who are:

- statin intolerant or for whom a statin is contra-indicated **AND**
- where ezetimibe alone does not appropriately control LDL-C **AND**
- where PCSK9 inhibitors are not appropriate.

Scottish Drug Tariff

New Additions added to July 2023 Drug Tariff

The Scottish Drug Tariff contains a price list of unbranded medicinal products and ingredients. The list is updated nationally on a monthly basis. Prices fluctuate according to market conditions. Community pharmacies are paid inline with drug tariff prices for items on the tariff. Prices listed generically on the drug tariff are generally more cost-effective than equivalent branded products. Not all products are listed on the drug tariff, however, where a medicine is on the drug tariff, prescribers are encouraged to prescribe the medicine generically, with the exception of certain medicines where prescribing by brand is important e.g. buprenorphine patches which comes in a 3-day, 4-day and a 7-day patch depending on the brand prescribed.

New items have been added to the July 2023 drug tariff. Below is a list of key additions to the July 2023 drug tariff that should now be prescribed **generically** and the brand names associated with each.

Originator Brand	**Generic Name**
Dovobet gel	—> Calcipotriol 0.005% / Betamethasone dipropionate 0.05% gel 60 gram
Eliquis	—> Apixaban 2.5mg tablets and Apixaban 5mg tablets
Vagifem or Vagirux	—> Estradiol 10microgram pessaries
Toviaz	—> Fesoterodine 4mg and 8mg modified-release tablets
Januvia	—> Sitagliptin 25mg, 50mg and 100mg tablets
Various brands	—> Venlafaxine 75mg, 150mg and 225mg modified-release tablets
Various brands	—> Venlafaxine 225mg modified-release capsules
Resolor	—> Prucalopride 2mg tablets

To ensure prescribing is cost-effective. The above named products should now be prescribed generically where possible. Scriptswitch has been updated to remind prescribers of the above changes.

Medicines Information Service

How to access the Joint Medicines Information Service within NHS Forth Valley

NHS Forth Valley and NHS Lanarkshire share a medicines information service which is based at Hairmyres Hospital. This service is provided by a team of two trained medicines information pharmacists and one technician. They answer questions on all aspects of drug therapy including:

- Choice of therapy
- Dose/administration
- Supply/availability
- Drugs in pregnancy/breastfeeding
- Adverse drug reactions
- Drug interactions

All healthcare professionals across Forth Valley can contact the service for advice and support. Practice pharmacists should be the first point of contact for primary care clinicians. If further advice or information is needed however, then the Medicines Information team should be contacted.

For urgent enquiries they are contactable by telephone on 01355 584879.

For non-urgent enquiries they are contactable by email at medicines.information@lanarkshire.scot.nhs.uk

This service is available Monday to Friday 09.00 – 17:00 (excluding public holidays).