NHS Forth Valley

Prescriberfile

From the Primary Care Prescribing Group

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Please circulate to all relevant Staff

Forth Valley Prescribing Advice

Prescribing quantities for patients travelling abroad

For patients temporarily travelling abroad for prolonged periods of time, NHS prescriptions should only be issued to cover a maximum of three months. If the patient is travelling abroad for more than three months, then this will provide them with a sufficient supply to allow them to reach their destination and to organise further supplies of their medicine within their destination. Prescriptions for patients who are currently abroad, should not be issued to friends and family to send onto the patient. For further information see here.

Before travelling abroad with medicines, patients should be advised to check the restrictions for entering a country with the embassy of the country they are planning to visit. For more information see here.

Reminder about Prescribing Responsibilities

Before prescribing a medication, the prescribing clinician should ensure that they are adhering to the professional guidance laid out by their respective governing body. The General Medical Council's (GMC) guidance for 'Good practice in prescribing and managing medicines and devices' states the following:

3. You are responsible for the prescriptions you sign. You are also accountable for your decisions and actions when supplying or administering medicines and devices, and when authorising or instructing others to do so.

76. If you prescribe based on the recommendation of another doctor, nurse or other healthcare professional, you must be satisfied that the prescription is needed, appropriate for the patient and within the limits of your competence.

82. If you are uncertain about your competence to take responsibility for the patient's continuing care, you should ask for further information or advice from the clinician who is sharing care responsibilities or from another experienced colleague. If you are still not satisfied, you should explain this to the other clinician and to the patient, and make appropriate arrangements for their continuing care.

93. Whether you prescribe with repeats or on a one-off basis, you must make sure that suitable arrangements are in place for monitoring, follow-up and review. You should take account of the patients' needs and any risks arising from the medicines.

We would encourage prescribers in Forth Valley to consider the above points if prescribing at the request of other healthcare professionals. Every medicine that is available to be prescribed will have an evidence base recommending its use, and you should be aware of the current evidence supporting the use of a given medicine before taking on prescribing responsibilities. If you are in any doubt over the suitability of a medicine or the evidence behind a recommendation, then you should ask the recommending clinician for further information. If this information does not clearly outline the evidence base for the recommended medicine, or if you deem that to prescribe the medicine remains out with your competency and sphere of knowledge, then you should contact the recommending clinician to advise them of this, and to allow them to make separate arrangements for medication supply.

Supply Information Update

Flexicare Leg and Night Bags

We have been informed that Flexicare products should now be available to order through Alliance/NWOS. Previously there were issues with Alliance advising that certain product lines were discontinued and there were extended lead times for orders placed. This should no longer be an issue as the Flexicare products have now been listed as standard products with Alliance/NWOS wholesalers. If pharmacies have any further problems with Flexicare products then contact David at Flexicare on 07771 908076.

Prescribing Safety Update

Prescribing of Topiramate for migraine in patients of child bearing potential - Safety Reminder

Topiramate is an enzyme inducer and teratogenic. It carries a slightly increased risk of cleft lip & palate, as well as intrauterine growth restriction (IUGR). Topiramate is therefore contraindicated in pregnancy, and careful precautions are needed in patients of childbearing potential.

The Faculty of Sexual and Reproductive Healthcare (FSRH) advises topiramate should only be used by women using **contraceptive methods with a 'highly effective' <1% failure rate, and which are not susceptible to enzyme induction.**

Contraceptive options considered highly effective alongside Topiramate

- Male and female sterilisation
- Copper Intrauterine Device (Cu-IUD)
- Levonorgestrel-releasing Intrauterine System (LNG-IUS)

Depot-medroxyprogesterone acetate (DMPA) is unaffected by enzyme induction, however alone it isn't considered 'highly effective' given a 6% failure rate. If a patient prescribed topiramate wishes to use the DMPA as their preferred contraceptive method, then it **MUST** be used in conjunction with condoms. Any decision to use DMPA plus condoms as the preferred contraceptive method should be discussed with neurology and the patient and should be documented in the patient's record.

Topiramate should **NOT** be used if the only contraceptive methods suitable for the patient are the COCP, the POP, and the progesterone-only implant. Similarly, barrier contraception alone is not recommended given its failure rate with typical use. In these circumstances, if there are no other migraine preventatives suitable for initiation within primary care, the patient should be discussed with neurology for an alternative migraine treatment.

A patient information leaflet regarding topiramate use for migraine prevention with advice on pregnancy and contraception has been produced and is recommended to be provided to all patients with childbearing potential commenced on the drug for migraine. This leaflet can be found by searching 'Forth Valley topiramate' on search engines.

Forth Valley Guideline Updates

Guideline for Headache Management in Adults

An updated version of the headache management in adults guideline is now available on the intranet here. This includes updated safety information for topiramate prescribing in patients of child bearing potential. The latest update to the local headache guideline includes a suggested quality improvement activity around topiramate and contraception which can be found on page 27.

Forth Valley Formulary Updates

Addition of Adcal-D3® Dissolve 1500mg/400unit effervescent tablets

Adcal-D3® Dissolve 1500mg/400unit effervescent tablets have been added to the NHS Forth Valley formulary to replace Calfovit D3® oral powder sachets which have been discontinued. The Adcal-D3® Dissolve can be used for patients who have difficulty swallowing the standard caplets or the chewable tablets. See manufacturer's Summary of Product Characteristics (SPC) for more information on dosing and administration.

Bijuve® 1mg/100mg Capsules (1mg estradiol and 100mg progesterone) **(Non formulary)**

At present Bijuve® is not included on the Forth Valley formulary. As such, it should only be prescribed when alternative formulary choice HRT products are considered unsuitable.

Bijuve® is licensed for continuous combined hormone replacement therapy (HRT) for oestrogen deficiency symptoms in postmenopausal women with intact uterus and with at least 12 months since last menses. The experience in treating women older than 65 years is limited.

MHRA Drug Safety Update (Click here for full alerts)

Hyoscine hydrobromide patches (Scopoderm® Patch) - risk of anticholinergic side effects

There have been a small number of reports of serious and life-threatening anticholinergic side effects associated with hyoscine hydrobromide patches, particularly when used outside the licence. This includes the unexpected death of a child from hyperthermia caused by the hyoscine hydrobromide patch. Healthcare professionals, patients, parents and carers should be aware of the signs and symptoms of serious side effects and the need to seek medical help if they occur. Serious anticholinergic side effects can include hyperthermia, urinary retention, delirium, hallucinations, seizures, coma, and respiratory paralysis. See full article for advice for healthcare professionals to provide to patients, parents, and carers. Any suspected adverse drug reactions should be reported to the Yellow Card Scheme.

Fluoroquinolone antibiotics - risk of disabling and potentially long-lasting or irreversible side effects

Healthcare professionals prescribing fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) are reminded to be alert to the risk of disabling and potentially long-lasting or irreversible side effects. Do not prescribe fluoroquinolones for non-severe or self-limiting infections, or for mild to moderate infections (such as in acute exacerbation of chronic bronchitis and chronic obstructive pulmonary disease) unless other antibiotics that are commonly recommended for these infections are considered inappropriate. Fluoroquinolone treatment should be discontinued at the first signs of a serious adverse reaction, such as tendonitis or tendon rupture, muscle pain, muscle weakness, joint pain, joint swelling, peripheral neuropathy, and central nervous system effects. Prescribers should consider providing patients with the following patient information sheet if prescribing fluoroquinolone antibiotics. See full article for more information.

Methotrexate - precautions in the sun to avoid photosensitivity reactions

Photosensitivity reactions are known side effects of methotrexate treatment and can occur with both low-dose and high-dose treatment. Reactions can manifest as severe sunburn such as rashes with papules or blistering, with some patients reporting swelling; rarely, photosensitivity reactions have contributed to deaths from secondary infections. Healthcare professionals, including those prescribing and dispensing methotrexate, should remind patients to take precautions to protect themselves from the sun and UV rays.

Patients should be advised to:

- Avoid exposure to intense sunlight (especially between 11 am and 3 pm)
- Avoid UV rays (for example, using sunbeds or tanning equipment) while taking methotrexate
- Use a sun protection product with a high protection factor when exposed to the sun
- Wear a hat and clothes that cover your arms and legs when in the sun

See full article for more information.

With regards to the prescribing of sunscreen products for patients on methotrexate who are at risk of photosensitivity reactions, the BNF advises that sunscreen products are regarded as drugs when prescribed for skin protection against ultraviolet radiation and/or visible light in those with increased risk of ultraviolet radiation causing adverse effects due to medical therapies. Therefore, the prescribing of sunscreen to patients on methotrexate to prevent photosensitivity reactions would be permitted. See BNF here for more information. See NHS FV formulary for preferred sunscreen preparations.

Scottish Drug Tariff

Change to the Stoma Drug Tariff

The Scottish drug tariff contains a list of appliances, dressings, and medicines that are approved for prescribing within NHS Scotland. The drug tariff is broken down into different 'Parts' which contain lists of prescribable products. Previously 'Part 6' of the Scottish drug tariff contained a list of prescribable stoma appliances. However, stoma supplies are now managed and maintained by National Procurement and 'Part 6' of the Scottish drug tariff no longer lists the prescribable items in NHS Scotland. To aid prescribers in identifying which stoma products are prescribable in NHS Scotland, we have produced a handy flowchart detailing the new process for checking the stoma drug tariff. This flowchart should be followed when prescribing any stoma products.