NHS Forth Valley

Prescriberfile

From the Primary Care Prescribing Group

Issue 4
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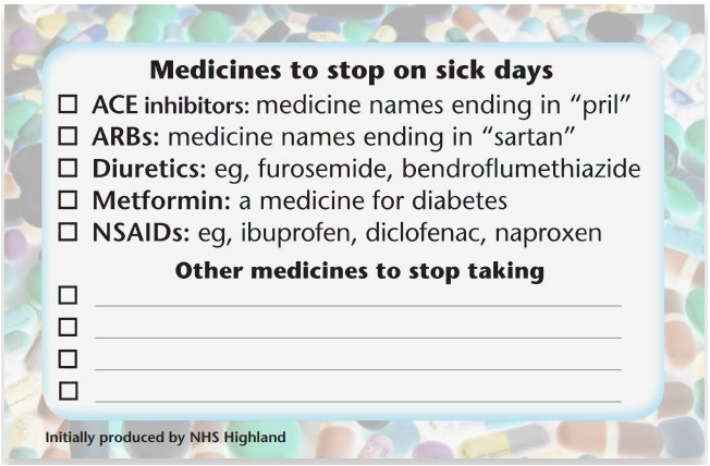
Please circulate to all relevant Staff

Prescribing Safety Advice

Non Steroidal Anti-Inflammatory Drugs (NSAIDs) - Sick Day Rules & Triple Whammy

For patients prescribed or purchasing NSAIDs, ensure they are aware of the 'Sick Day Rules'. Certain medicines, including **NSAIDs, should be stopped during periods of illness that can result in dehydration** (e.g. vomiting, diarrhoea and fever). If a patient is dehydrated and remains on their NSAID, this may impair their kidney function which may lead to kidney failure.

Sick day rule cards (see below) and patient information leaflets can be printed off here.



Clinicians should be mindful of patients prescribed NSAIDs or buying NSAIDs over the counter who are also taking an angiotensin converting enzyme (ACE) inhibitor, or angiotensin II receptor blocker (ARB) and a diuretic. This combination is called a **'Triple Whammy'** and increases the patient's risk of suffering an acute kidney injury. Patient's prescribed an ACEI/ARB + Diuretic + prescribed/purchasing an NSAID should have a clinical assessment with an appropriate clinician to discuss the risks associated with the combination and to discuss alternative treatment options.

Forth Valley Prescribing Advice

Availability of Weight Loss Medications - Semaglutide (Wegovy®) and Liraglutide (Saxenda®)

Semaglutide (Wegovy®) and liraglutide (Saxenda®) are both approved for restricted use by the Scottish Medicines Consortium (SMC) to support weight management in NHS Scotland. There is a **global shortage of these medications** and there is insufficient stock available for these to be prescribed currently.

The NHS Forth Valley Weight Management Service is unable to prescribe semaglutide (Wegovy®) until local clinical pathways have been agreed.

The NHS Forth Valley weight management team cannot accept referrals for semaglutide (Wegovy®) or liraglutide (Saxenda®) until stock of these medicines are available and all the clinical pathways have been agreed in NHS Forth Valley. This may not be until summer 2024.

Further updates will be provided when semaglutide (Wegovy®) and liraglutide (Saxenda®) are available to prescribe within NHS Forth Valley. The NHS Forth Valley Weight Management web pages will be updated to confirm when the pathways are live and when referrals will be accepted for these medications.

For information and support in the meantime to help with weight management, see here.

Forth Valley Guideline Updates

Facilitating Anticipatory Symptom Control for Adults at the End of Life

Guideline for the use of Just in Case Boxes in Community

An updated version of the Just in Case Box guideline is now available on the intranet here. This latest update includes a change to the subcutaneous levomepromazine dose for agitation and has been given a separate line on the updated community Kardex to differentiate between the indications. The number of ampoules provided of levomepromazine will not increase and will remain at 10.

LEVOMEPROMAZINE 25mg/ml INJECTION	2.5 mg	SUB-CUT	Nausea/vomiting	8 hourly
LEVOMEPROMAZINE 25mg/ml INJECTION	5 mg	SUB-CUT	Agitation	2 hourly

An amendment to the Kardex has been made to have words and figures when prescribing doses of opioids, this is for both as required and regular via syringe pump opioids. This change reflects best practice in prescribing and avoids any uncertainty on the prescribed dose.

DRUG AND STRENGTH (Capitals)	DOSE (words and figures for opioid dose)	ROUTE
* MORPHINE SULFATE 10mg/ml INJECTION	**2 mg (TWO)	SUB-CUT

More information can be found at Scottish Palliative Care Guidelines.

New NHS Forth Valley Osteoporosis Guideline

A new osteoporosis guideline has been developed to aid clinicians on referral for DXA scanning, referral to the osteoporosis specialist team, and the management of osteoporosis and prevention of fragility fractures. The guideline reflects SIGN 142 and includes guidance on the most up to date available treatments for osteoporosis. The guideline also includes information on glucocorticoid induced osteoporosis, for example when to start an oral bisphosphonate prior to DXA.

⇒ All referrals and advice requests to the osteoporosis service should be made through SCI Gateway via Rheumatology using the osteoporosis protocol.

⇒ All referrals for DXA should be made through OrderComms directly. Patients referred for DXA must be able to weight bear and safely transfer to the scanner independently. For any DXA related queries, please contact fv.dxascanning@nhs.scot.

There is currently a considerable wait for DXA (9 months) and based on this, the guideline recommends it may be reasonable to consider treatment with oral bisphosphonates in suitable patients who have sustained a low trauma fracture whilst awaiting a DXA scan.

New guideline - Contraception for pregnancy prevention during treatment with medicines of teratogenic potential

Some medicines are known or suspected to have the potential to increase the risk of birth defects and developmental disorders (teratogenic potential) when taken during pregnancy. The product information for these medicines advises that pregnancy should be avoided during treatment, with advice on the need to use contraception including, in some cases, formal Pregnancy Prevention Programmes. Advice given in the product information is not consistent for different teratogenic drugs - in some instances "effective contraception" is recommended and in others "highly effective contraception" or "two methods of contraception" is advised.

The Faculty of Sexual and Reproductive Health (FSRH) advises use of highly effective contraception both during treatment and for the recommended timeframe after stopping the medication for women of reproductive age who are taking known teratogenic drugs or drugs with potential teratogenic effects.

The new FV guideline - Contraception for pregnancy prevention during treatment with medicines of teratogenic potential - provides advice on which forms of contraception are recommended and the importance of discussing the potential risks with patients.

Forth Valley Formulary Updates

Dienogest Tablets

Dienogest tablets are approved in Forth Valley for the management of endometriosis. Dienogest should only be prescribed when use of simple analgesia or the contraceptive pill has been ineffective, not tolerated or not considered appropriate. Dienogest should only be initiated in Primary Care on the recommendation of a specialist. See formulary page here.

Respiratory Prescribing Improvement Initiative (PII) Update

Inhaler Switch PII

A total of 43 GP practices signed up to the 2023/2024 PII project which commenced in May 2023 and is **due to complete on 28th February 2024 (with final claims being submitted by 8th March 2024).** As of 22nd January 2024 a total of 8,032 reviews have been undertaken as part of the project and 7,289 patients have had their inhalers switched.

In order to optimise savings from the project, we ask that practices strive to complete the 'Level 1 Review' component (switches 1-4) of the project as soon as possible. Practice claim forms should be submitted on completion of each inhaler workstream to **kirsty.blair@nhs.scot**.

MHRA Drug Safety Update (Click here for full alerts)

Fluoroquinolone antibiotics: suicidal thoughts and behaviour

Prescribers in NHS FV who prescribe fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) should be alert to the risk of psychiatric reactions (such as confusion, disorientation, anxiety, psychotic reactions and depression) in patients treated with fluoroquinolones, which may potentially lead to thoughts of suicide or suicide attempts. Prescribers should be alert to any patient experiencing mood changes, distressing thoughts, feelings about suicide or self harm at any point during treatment. Fluoroquinolones can exacerbate existing psychiatric symptoms. At the first sign of a serious adverse reaction, including new or worsening depression or psychosis, the fluoroquinolone should be discontinued. Any suspected adverse drug reaction should be reported via the Yellow Card Scheme. Full article available here.

Valproate: Full-pack dispensing of valproate-containing medicines to both male and female patients

Unless there are exceptional circumstances, valproate-containing medicines **MUST** always be dispensed in the manufacturer's original full pack to both male and female patients. This change came into effect on 11th October 2023 following an amendment to the Human Medicines Regulations 2012. Guidance is available on the dispensing of valproate-containing medicines here, and should be referred to by prescribers and community pharmacies if clarity is needed on the new regulations. Community pharmacies must either round up or down the quantity dispensed so that the patient receives their supply in the manufacturer's original full pack whilst also ensuring that they receive an amount that is as close as possible to that prescribed. Valproate-containing medicine must not be re-packaged into any plain dispensing packaging.