

Please circulate to all relevant Staff

## Prescribing Safety Advice

### Prescribing of Epimax<sup>®</sup> emollient products near the eyes

Prescribers should be aware that certain products in the Epimax<sup>®</sup> emollient range (Epimax Original Cream<sup>®</sup>, Epimax Ointment<sup>®</sup>, and Epimax Paraffin Free Ointment<sup>®</sup>) may cause eye-related injuries if used on, or around the skin of, the eyes. Aspire Pharma, who manufactures the Epimax<sup>®</sup> range, previously issued a [Field Safety Notice \(FSN\)](#) in January 2023 to advise on updated product packaging and to raise awareness of the issue. These products should **NOT** be used on/near the eyes. The product packaging for the three products listed above has been updated to say 'Avoid contact with the eyes, in the event of accidental contact rinse well with water'. At present only the Epimax Original Cream<sup>®</sup> is listed on the Forth Valley formulary. This safety information has been added to both the Forth Valley formulary and to Script Switch.

## Forth Valley Prescribing Advice

### Mycophenolate Prescribing - Generic Prescribing

As per the [Specialist Pharmacy Service's \(SPS\) advice on brand prescribing of medicines](#), the recommendation to prescribe mycophenolate by brand name is no longer considered necessary (updated January 2023). All forms of mycophenolate, both mofetil and sodium salts, should be prescribed generically. This advice has previously been highlighted in [Prescriberfile](#).

In the past, patients have run out of medications due to supply constraints on certain brands. Generic prescribing will help to minimise the risk of supply disruption for patients.

Please note that the different salts (mofetil and sodium) are not interchangeable and care must be taken to ensure that the correct salt is chosen.

### VSL#3 and Vivomixx Probiotics

In 2018 the probiotics VSL#3<sup>®</sup> and Vivomixx<sup>®</sup> were reviewed by the UK Advisory Committee on Borderline Substances (ACBS) and had their ACBS status removed as the evidence did not sufficiently demonstrate that the products were clinically effective.

Probiotics are not regulated as medicines and are therefore not subjected to the same strict regulations. There is insufficient robust evidence to suggest that probiotics are safe or effective for any indication.

The Area Drugs and Therapeutics Committee (ADTC) previously agreed in March 2019 that these preparations should **NOT** be prescribed on the NHS. Local GI consultants and dieticians were made aware of this decision at the time. This Forth Valley stance is available [here](#).

**GPs are asked NOT to prescribe VSL#3<sup>®</sup> and Vivomixx<sup>®</sup>, and to inform patients that they should now purchase these products themselves if they wish to continue.**

### Daridorexant (Quviviq<sup>®</sup>) - Not Accepted to the NHS Forth Valley Formulary

Daridorexant has recently been accepted by the Scottish Medicines Consortium (SMC) for restricted use in Scotland for treatment of adult patients with insomnia characterised by symptoms present for at least 3 months and considerable impact on daytime functioning, in patients who have failed cognitive behavioural therapy for insomnia (CBT-I) or for whom CBT-I is unsuitable or unavailable.

However, the decision has been made **NOT** to add Daridorexant to the FV formulary. This has been discussed with Primary Care, Mental Health, and Care of the Elderly clinicians. Please refer to the [FV formulary](#) for locally accepted treatment options.

## Forth Valley Formulary Updates

### Rybelsus<sup>®</sup> (Semaglutide)

Rybelsus<sup>®</sup>, a oral Glucagon-like peptide-1 receptor agonists (GLP1-RAs), has been accepted onto the [NHS Forth Valley formulary](#). Rybelsus<sup>®</sup> is licensed for the treatment of adults with insufficiently controlled type 2 diabetes mellitus to improve glycaemic control as an adjunct to diet and exercise as monotherapy when metformin is considered inappropriate due to intolerance or contraindications, or in combination with other medicinal products for the treatment of diabetes.

### Vydura<sup>®</sup> (Rimegepant)

Vydura<sup>®</sup>, an oral calcitonin gene-related peptide (CGRP) receptor antagonist, has been accepted onto the [NHS Forth Valley formulary](#) for the acute treatment of migraine with or without aura in adults. NHS Forth Valley neurology advice is that Rimegepant should only be considered following a trial of at least **THREE** different triptans with different routes of delivery (oral, nasal spray, in selected cases wafer/oral lyophilisate or SC injection) including a trial of a triptan in combination with an NSAID/antiemetic, assuming no contraindications or side effects with triptans. Patients should also have inadequate pain relief with NSAIDs, aspirin or paracetamol.

Please note that local prescribing guidance for Primary Care is currently in development and will be made available as soon as possible.

### Oral Nutritional Supplements (ONS) Formulary

The local formulary for ONS products has been updated. The most up to date ONS formulary can be found [here](#).

## Forth Valley Guideline Updates

### The Antimicrobial Guidelines App is Moving!

The app which hosts all of the NHS Forth Valley antimicrobial guidelines is moving on 25th April. The new app will be hosted on [Right Decisions Service](#) and the old app will be shut down. All users of the app should download the new version (available via Apple and Google app stores) to ensure uninterrupted access.

### Unlicensed Medicines Policy

The NHS Forth Valley unlicensed medicines policy has been updated. This policy provides guidance on the use of unlicensed medicines, off-label use of licensed medicines and details the responsibilities of prescribers and the pharmacy service. See full guidance [here](#).

### Prescription Form Guidance - Forth Valley Royal Hospital (eForm, HBP, Green Prescriptions, HEPMA)

This document details the different prescribing methods available to secondary care prescribers and describes the circumstances where each method should be used. This guidance applies to all prescribing within FVRH outpatient clinics and prescribing on discharge from FVRH, as appropriate. This guidance discusses the use of eForms and Hospital Based Prescriptions (HBP) forms which may be of interest to Primary Care and Community based clinicians. See full guidance [here](#).

## Supply Information Update

### Supply Information - Capsaicin Cream

Licensed capsaicin creams (0.075% Axsain and 0.025% Zacin) are currently unavailable until at least January 2025. Patients requiring capsaicin should be reviewed and alternative licensed treatments considered as appropriate. Capsaicin cream will remain on the NHS Forth Valley formulary, however, to prevent confusion, additional information has been added to highlight that it is currently unavailable until January 2025.

## Supply Information - SPS Medicines Supply Tool

Following a review of our processes within the Medicines Management Team, in the interest of working more efficiently, we have taken the decision to discontinue publication of the Forth Valley Supply Bulletin.

The information that we use to populate the supply bulletin originates from the Department of Health and Social Care's (DHSC) Specialist Pharmacy Service (SPS) Medicines Supply tool. Given the rapidly changing supply situation for a growing number of medicines, we would now encourage all staff to instead refer to the SPS Supply Tool directly. This will ensure clinicians have access to the most up to date supply information.

The information on the SPS supply tool is provided by the DHSC and provides substantially more information than was previously published in the Forth Valley Supply Bulletin. This includes information on expected resupply dates, as well as advice on potential alternatives. [Registration](#) for the SPS website is free.

Once successfully registered, you will be able to access the supply tool [here](#). Please consider saving this to your Favourite's bar on your internet browser. For Primary Care clinicians, we will continue to update Script Switch on a regular basis with information from the SPS supply tool to assist prescribers at the point of prescribing.

For supply issues where a centralised response is necessary, we will continue to email out advice as needed. We also intend to publish advice issued centrally (e.g. local memos) on the Supply Information intranet page.

Please note that the information on the SPS supply tool reflects the current supply situation from the manufacturer's perspective. As such, local community pharmacies may be able to source or have existing stock of medicines that are showing as unavailable on the SPS supply tool. **In the event of a supply issue, in the first instance please refer to your local Community Pharmacies to check local stock levels.**

Links to the NHS Forth Valley Supply Information pages have been updated accordingly.

⇒ [Internet Page \(for Community Pharmacy\)](#)

⇒ [Intranet Page \(for Primary Care\)](#)

## MHRA Drug Safety Update (Click [here](#) for full alerts)

### Omacor/Teromeg 1000mg capsules - dose dependent increased risk of atrial fibrillation (AF) in patients with established cardiovascular (CV) diseases or CV risk factors

AF is now listed as a common (may affect up to 1 in 10 people) adverse drug reaction (ADR) for medicines containing omega-3-acid ethyl esters licensed for the treatment of hypertriglyceridemia. If a patient develops AF whilst taking these medicines for the treatment of hypertriglyceridemia, then the medicine should be discontinued permanently. See [here](#) for more details.

### Codeine Linctus (codeine oral solutions) - reclassification to prescription-only medicine (POM)

Codeine linctus is to be reclassified from a pharmacy-only medicine (P) to a POM owing to the risk of dependence, addiction, and overdose. Codeine linctus is only authorised for the treatment of dry cough and is only considered to be effective in the treatment of **chronic cough lasting over 8 weeks**. Evidence that codeine linctus is effective in the treatment of short-term cough is limited.

Patients with a long-term cough should be advised to see a healthcare professional for review of symptoms as they may require a medical assessment to check for other conditions which may be causing the cough.

Codeine is an opioid medicine and is addictive. Recent safety information has revealed that codeine linctus is being used recreationally for its opioid effects, rather than for its intended use as a cough suppressant. The change in status to POM from P is a risk minimisation measure to protect the health of patients in need of treatment, to prevent recreational use and to enable the identification of individuals who may have become unintentionally addicted to codeine. See [here](#) for more information.

## Updated MHRA advice on Fluoroquinolone antibiotics

The MHRA have issued further advice on the risks associated with fluoroquinolone antibiotics (e.g. ciprofloxacin, levofloxacin, ofloxacin). These antibiotics should only be used where alternatives are inappropriate. All prescribers are reminded to follow local antibiotic guidelines and counsel patients appropriately on potential toxicities/side effects (e.g. tendonitis, joint pains, psychiatric symptoms) when prescribing fluoroquinolone antibiotics. See link to [MHRA article](#) and also [Patient Information Leaflet](#).