NHS Forth Valley

Prescriberfile

From the Primary Care Prescribing Group

Issue 9
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Please circulate to all relevant staff

Prescribing Safety Advice

Glucagon-like peptide-1 (GLP-1) agonists and oral contraception

GLP-1 agonists are indicated for type two diabetes and weight management. They include tirzepatide, semaglutide, exenatide, liraglutide, dulaglutide and lixisenatide. There is a lack of safety data available for use of GLP-1 agonists in pregnancy. Individuals should be advised to use contraception during use of all GLP-1 agonists and informed of the recommended 'washout' period (i.e. the recommended duration between discontinuation of the GLP-1 agonist prior to a planned pregnancy.)[1]

The Faculty of Sexual and Reproductive Healthcare has issued a statement and a patient information leaflet with advice on GLP-1 agonists and oral contraception.

The FRSH statement recommends:

- **Individuals should be advised to use contraception whilst using GLP-1 agonists.**
- Individuals using tirzepatide and oral contraception should switch to a non-oral contraceptive method, or add a barrier method of contraception, for four weeks after initiation and for four weeks after each dose increase.
- There is no need to add a barrier method of contraception when using semaglutide, dulaglutide, exenatide, lixisenatide or liraglutide.
- Individuals who experience severe diarrhoea or vomiting during use of GLP-1 agonists should follow existing FSRH recommendations on missed contraceptive pills.

GLP-1 agonists should also be avoided for a number of weeks prior to a planned pregnancy (washout period) – advice on this can be found in the FSRH statement.

1) FSRH statement: Glucagon-like peptide-1 (GLP-1) agonists and oral contraception. Available at: CEU-statement-GLP-1-agonists-and-contraception.pdf . Accessed 11/04/2025.

Brand prescribing of CDs

Controlled drugs including opioid patches (fentanyl and buprenorphine) and modified release opioids (morphine, oxycodone, tramadol) should be prescribed by brand name.

Brand prescribing is recommended as there can be variability in terms of release profile and in the strengths available between different brands. Below is an example of a recent incident that highlights the importance of brand prescribing.

A clinician was asked to prescribe Butec 5 micrograms generically due to a shortage of Butec at the community pharmacy. However, instead of prescribing buprenorphine 5 microgram patches, the clinician accidentally selected and issued the 52.5 microgram patches. This error was identified and remedied before it reached the patient.

Although prescribing by generic name would have made it easier for the community pharmacy to supply any available buprenorphine 5 microgram patch, it increased the possibility of a prescribing and dispensing error.

If searching for buprenorphine generically on EMIS PCS, the list of products is extensive, including 10 different strengths of buprenorphine patches, ranging from 5 microgram to 70 microgram strength.

In this instance, if the clinician had prescribed by the formulary choice brand of Sevodyne patches, the selection of products within EMIS PCS would have been limited to the low strengths of Sevodyne patches (5, 10, 15, and 20 micrograms).

Although a mistake of this nature is always possible, the risk of incorrect product selection can be reduced by brand prescribing of controlled drugs.

Prescribing Safety Advice (cont.)

Yellow Card Scheme

The Yellow Card Scheme (YCS) is run by the Medicines and Healthcare products Regulatory Agency (MHRA), which safeguards medicines, vaccines, medical devices, blood products and e-cigarettes quality and efficacy in the United Kingdom. Through the YCS, the MHRA collects and monitors information on suspected safety concerns involving healthcare products, like side effects caused by a medicine, or adverse incidents involving medical devices. Reporting safety concerns to the YCS is crucial to allow the MHRA to identify new safety issues as early as possible.

Submissions can be made for medicines, vaccines, medical devices, blood products, and e-cigarettes. This may be to report a side effect, a defective product, a product not of an acceptable quality, and a falsified or fake healthcare product. Reports can be submitted by members of the public or healthcare professionals and can be submitted through the online form on the Yellow Card Scheme website, or through the mobile app.

Example case study reported by a Healthcare Professional

Background information

Nexplanon is a long-acting contraceptive that is inserted under the skin of a woman's upper arm. To be effective, Nexplanon needs to be correctly implanted by someone who is trained. The Medicines and Healthcare products Regulatory Agency (MHRA) received three Yellow Card reports from doctors describing cases in which the Nexplanon implants reached the lung. In some cases, dyspnoea (difficult or laboured breathing), haematoma (solid swelling of clotted blood) and excessive bleeding where it was inserted were reported.

Response

This issue was included in the MHRA Drug Safety Update newsletter and letters were sent to healthcare professionals from the pharmaceutical company, to inform them of this potential risk.

Advice for healthcare professionals included that the implant should only be inserted by healthcare professionals who had been trained and accredited. Extra information was provided on inserting the implant. The advice also recommended the healthcare professional check the location of the implant, immediately after it was inserted and show the patient how to check it was in the right place. The patient should check its position regularly for the first few months. If the implant could not be examined by touch after insertion, healthcare professionals were advised to perform a chest x-ray and surgery or endovascular (inside the blood vessel) procedures.

For further information on the YCS, please visit the website.

Allergies and Excipients

We have recently received a report of an incident involving a patient with a peanut allergy that was prescribed an estriol cream which contained arachis (peanut oil) as an excipient. Unfortunately, the patient had a severe skin reaction following application of the cream.

We would like to remind clinicians that food ingredients may be present in medications in the form of excipients. Examples include peanut, sesame, soya, wheat and colouring agents. It is the responsibility of prescribers and healthcare professionals to ensure that medication prescribed to their patients does not contain ingredients that they are allergic to. It is vital that both drug AND non-drug allergies are clearly documented on the patient's record. Prescribers and dispensing pharmacies should check with patients if they have any known allergies before prescribing or supplying any medications.

The list of excipients for drugs that are licensed in the UK can be checked by visiting www.medicines.org.uk and looking at the list of excipients in the Summary of Product Characteristics (SmPC).

MHRA Safety Updates

Replacement of MHRA Drug Safety Updates

The MHRA has ceased publication of their monthly Drug Safety Updates following the February 2025 publication. As a replacement to this, the MHRA is now issuing monthly Safety Roundups. Similar to the drug safety updates, these roundups contain a summary of the latest safety advice for medicines and medical devices.

You can subscribe to the new Safety Roundup bulletin here.

MHRA Safety Updates (cont.)

Importance of adding outside issued medications to EMIS

A recent MHRA drug safety update highlighted the potential risk of pulmonary aspiration in patients using GLP-1 or dual GIP/GLP-1 receptor agonists who undergo surgery or procedures with general anaesthesia or deep sedation. GLP-1 and dual GIP/GLP-1 receptor agonists are known to cause delayed gastric emptying, which may increase the risk of residual gastric contents despite preoperative fasting.

For patients prescribed GLP-1 and dual GIP/GLP-1 receptor agonists privately, it is essential that they are recorded as 'outside issue' medication on the patient's EMIS record. If you are not sure how to add medicines as an 'outside issue', please speak to your pharmacy team who should be able to advise you on how to do this.

Forth Valley Prescribing Advice

Lidocaine Prescribing

Lidocaine 700mg medicated plasters are licensed for the symptomatic relief of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia, PHN) in adults [1,2].

In 2008 the SMC reviewed lidocaine medicated plasters and issued the following recommendation [3]:

- Lidocaine 5% medicated plaster (Versatis®) is accepted for restricted use within NHS Scotland for the treatment of neuropathic pain associated with previous herpes zoster infection (post-herpetic neuralgia).
- There are only limited comparative data available for lidocaine plasters, the comparative clinical effectiveness remains unclear. It is restricted to use in patients who are intolerant of first-line systemic therapies for post-herpetic neuralgia or where these therapies have been ineffective.

In the recent Achieving Value and Sustainability in Prescribing paper published by the Scottish Government, lidocaine medicated plasters have be deemed to be an item of limited clinical effectiveness [4].

Within NHS Forth Valley, it has been agreed that lidocaine medicated plasters should only be prescribed to individuals:

- Being treated in accordance with Scottish Medicines Consortium (SMC) guidance and are still experiencing neuropathic pain associated with previous herpes zoster infection **OR**
- Being treated in line with the Scottish Palliative Care Guidelines

Use of lidocaine medicated plasters for any indication, other than those listed above, would be considered non-formulary. Prescribing lidocaine plasters for any indication other than the symptomatic relief of neuropathic pain associated with previous herpes zoster infection in adults would be considered off-label.

A prescribing project is currently in development to address the widespread prescribing of lidocaine plasters across Forth Valley. Further details will be released in due course as part of the 2025/26 Prescribing Improvement Initiative (PII) in Primary Care.

1. SPC: Versatis 700mg Medicated Plaster. Available at: https://www.medicines.org.uk/emc/product/290/smpc (accessed: 21/02/2025)
2. SPC: Lidocaine Grunenthal 700 mg medicated plaster. Available at: https://www.medicines.org.uk/emc/product/2469/smpc (accessed: 21/02/2025)
3. SMC: lidocaine 5% medicated plaster (Versatis).Available at: https://scottishmedicines.org.uk/medicines-advice/lidocaine-5-medicated-plaster-versatis-resubmission-33406/ (accessed: 21/02/2025)
4. Achieving Value and Sustainability in Prescribing. Available at: https://www.gov.scot/binaries/content/documents/govscot/publications/advice-and-guidance/2024/12/achieving-value-sustainability-prescribing/documents/achieving-value-sustainability-prescribing/achieving-value-sustainability-prescribing/govscot%3Adocument/achieving-value-sustainability-prescribing.pdf (accessed: 20/02/2025)

Urinary Tract Infections - Change to Preferred Preparation

Changes have been made to local guidelines to reflect a change in the preferred preparation for the treatment of UTIs. Prescribers are encouraged, when prescribing nitrofurantoin, to prescribe the **immediate release 50mg capsules.**

The immediate release 50mg capsules are the most cost effective formulation of nitrofurantoin. Use of the immediate release 50mg capsules rather than modified release or tablet preparations could result in annual savings of around £60,000 across Primary Care in NHS Forth Valley.

Prescribers are reminded that if nitrofurantoin is deemed appropriate, the dose for immediate release preparations should be **50mg four times daily**.

The EMIS PCS drug formulary and Script Switch have been updated to support this change. Further details on the management of UTIs in adults can be found here.

Forth Valley Formulary Updates

New Diabetic Sundries Formulary

The Forth Valley formulary for diabetic sundries has undergone a significant and thorough review. This work was essential to ensure that Forth Valley continues to prescribe cost-effective sundries whilst also ensuring that the diabetic sundries of choice are suitable to meet the needs of both our patients and the services that support them.

Of note, the first line meter for patients with type 2 diabetes is now the AgaMatrix Agile Meter. As part of this year's Prescribing Improvement Initiative (PII) project, practices are being asked to support changes to patient's diabetic sundries to align with the new formulary choice products.

The updated diabetic formulary is available here.

Linzagolix (Yselty®) - Addition to Formulary

Yselty® has been accepted onto the Forth Valley formulary for the treatment of moderate to severe symptoms of uterine fibroids in adult women of reproductive age when conventional first-line treatments (such as tranexamic acid, hormonal contraceptives and intrauterine devices) have failed or are considered unsuitable. Use is restricted to secondary care initiation with ongoing prescribing in Primary Care.

Further details are available at the Scottish Medicines Consortium.

Relugolix with estradiol and norethisterone acetate (Ryeqo®) - Addition to Formulary

Ryeqo® has been accepted onto the Forth Valley formulary for use in adult women of reproductive age for symptomatic treatment of endometriosis in women with a history of previous medical or surgical treatment for their endometriosis. Use is restricted to secondary care initiation with ongoing prescribing in Primary Care.

Further details are available at the Scottish Medicines Consortium.

Forth Valley Guideline Updates

National Guidance - Quality Prescribing for Benzodiazepines and z-drugs A Guide for Improvement 2024-2027

The local Forth Valley 'Guidance on Benzodiazepines: Prescribing and Management of Dependence in Primary Care' has been replaced by the new national prescribing guide for benzodiazepine and z-drugs.

This guide is primarily intended to support healthcare professionals and others in the appropriate prescribing of benzodiazepines and z-drugs; supporting and enabling proactive person-centred reviews, and continuation, reduction and stopping of these medicines where appropriate.

The full guidance can be found here.

Guidance for Opioid Reduction in Primary Care

This new guidance has been produced to support the review and reduction of opioid medication in Primary Care. The guidance contains information on opioid dose conversions, opioid side effects, dependence, alarm bells during opioid treatment, practical guidance on reducing opioids, as well as a raft of useful resources to support patients with managing their pain.

The full guidance is available here.

Guidance for Using Type 2 Diabetes Medications

This guidance is designed for diabetes practitioners to help deliver care to people living with type 2 diabetes. This is a simplified adjunct to available national guidance from the Scottish Government in the form of the quality prescribing strategy 2024 – 2027 which should be familiar to all diabetes-related health care professionals. This guideline includes information on medication, cardio-renal risk reduction, HbA1c targets, side effects, sick day rules, indications for BG monitoring, and referral to secondary care.

The full guidance is available here.

Forth Valley Guideline Updates (cont.)

Unlicensed Medicines Policy

This policy has recently 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. It also lists the steps that must be taken before transferring patient care into Primary Care for patients who have been initiated on unlicensed or off-label medicines in Secondary Care.

The full guidance is available here.

Prescribing Improvement Initiative (PII) Update

Summary of 24/25 PII

The 24/25 PII project has now ended. As part of the PII, practices were asked to review patients and undertake medication changes across 11 different workstreams. In total 5,827 reviews were undertaken, resulting in 4,175 medication changes. The savings generated by the 24/25 PII project amount to £1,162,623.24.

We would like to thank all practices who participated in these workstreams.

Launch of 25/26 PII

The 25/26 PII project launched on 7th April. At present, 10 workstreams are available for practices to undertake. A further 3 workstreams are in development and will be released once finalised.

Product Updates

Moving from the FreeStyle Libre 2 to the FreeStyle Libre 2 Plus Sensors

Abbot, the company that manufactures the FreeStyle Libre 2, are discontinuing their FreeStyle Libre 2 sensors in August 2025. The FreeStyle Libre 2 is being replaced by their new sensor, the FreeStyle Libre 2 **Plus**.

The move to the FreeStyle Libre 2 Plus is being undertaken collaboratively between Primary Care and the diabetes specialists. The diabetes team are sending each patient prescribed a Libre 2 sensor a letter regarding the change, whilst the pharmacy support workers in Primary Care update patient prescriptions with the new sensors.

The Libre 2 Plus sensor can be worn for up to 15 days at a time, meaning that the appropriate quantity for 2-months on prescription is four sensors.

Further information on the FreeStyle Libre 2 Plus can be found here.

New Generics to be aware of

- **Otomize Ear Spray** (Dexamethasone/Neomycin/Acetic acid 0.1%w/w / 0.5%w/w / 2%w/w) will be available as a generic from June 2025. If prescribing Otomize ear spray, please ensure that it is prescribed generically from June 2025.
- The **Ovestin** brand of estriol 1mg/g vaginal cream has been discontinued. If seeking to prescribe estriol 1mg/g vaginal cream, this should be prescribed generically.
- New generics have launched for **Dermovate and ClobaDerm 0.05% cream and ointment**. If seeking to prescribe Dermovate or ClobaDerm cream or ointment, please prescribe generically as clobetasol 0.05% cream or ointment.
- **Dalacin T 1% topical lotion** (Clindamycin 1% aqueous lotion) and **Dalacin C 75mg capsules** (Clindamycin 75mg capsules) have been debranded. If looking to prescribe either of these products, please do so generically.
- **Provera 2.5mg, 5mg, 10mg, 100mg, 200mg, 400mg tablets** have been debranded. If looking to prescribe medroxyprogesterone tablets, please do so generically.
- **Premarin** (conjugated oestrogen) tablets are being replaced with an identical generic product. Both the branded version and the generic version will be available for a short transition period, after which the brand will no longer be routinely available. If looking to prescribe Premarin tablets, please do so generically.