

Please circulate to all relevant staff

## Prescribing Safety Advice

### Medicines Sick Day Guidance—A reminder of SADMAN

Patients should be advised that if they are unwell with any of the following:

- Vomiting or diarrhoea (unless only minor)
- Fevers, sweats and shaking (unless only minor)

That they should stop taking the medicines listed below and should only restart when they are well (after 24 - 48 hours of eating and drinking normally). Please note that the below list is not exhaustive and there may be other medicines that patients should be advised to withhold.

**SGLT2 inhibitors** - when dehydrated these medicines can cause euglycaemic ketoacidosis. In addition to withholding their SGLT2i, these patients should be counselled that if they experience abdominal pain or vomiting, then they should seek urgent medical advice and should have their ketones checked <sup>(1)</sup>

**ACE inhibitors** - when dehydrated these medicines may impair kidney function which could lead to kidney failure <sup>(2)</sup>

**Diuretics** - can cause dehydration or make dehydration more likely in an ill patient <sup>(2)</sup>

**Metformin** - dehydration increases the risk of lactic acidosis, a serious and potentially life-threatening side effect of metformin <sup>(2)</sup>

**ARBs** - when dehydrated these medicines may impair kidney function which could lead to kidney failure <sup>(2)</sup>

**NSAIDs** - when dehydrated these medicines may impair kidney function which could lead to kidney failure <sup>(2)</sup>

1) [NHS Forth Valley Guidance for Using Type 2 Diabetes Medications](#) (accessed 08/07/2025)

2) [Sick Day Rules – Effective Prescribing and Therapeutics](#) (accessed 08/07/2025)

### Prescribing buprenorphine patches by brand name

Following a recent significant event, we would like to remind prescribers about the importance of prescribing buprenorphine patches by brand name.

Different brands of buprenorphine patches vary in their licensing and their duration of use. The Forth Valley preferred brand of buprenorphine patch is [Sevodyne](#)<sup>®</sup>. Sevodyne<sup>®</sup> is a 7-day patch which is available in 5 microgram, 10 microgram, 15 microgram, and 20 microgram strengths. Sevodyne<sup>®</sup> is licensed for use in adults for the treatment of non-malignant pain of moderate intensity when an opioid is necessary for obtaining adequate analgesia.

Please be aware that buprenorphine is available in higher strength patches, however, these are non-formulary within Forth Valley. Higher strength patches, such as the 35 microgram, 52.5 microgram and 70 microgram patches are **NOT** 7-day preparations. Depending on the brand of the higher strength patch, they may be either 4-day or 3-day patches. Extra care should be taken when reviewing any prescription for any brand other than Sevodyne<sup>®</sup> to ensure that the prescribed dosing interval is correct.

Prescribing by brand ensures consistency for the patient and reduces the risk of prescribing and dispensing errors.

## Prescribing Safety Advice (cont.)

### Accuracy of HIV medicines on ECS

A recent quality improvement initiative within NHS Forth Valley has identified significant concerns regarding the accuracy of antiretroviral (ARV) medication records on the Emergency Care Summary (ECS). **The audit revealed that over 50% of patients had either outdated regimens or no ARV regimen recorded.**

This level of inaccuracy poses serious risks, including:

- Potentially serious drug interactions
- Delays in treatment
- Poor clinical outcomes for patients living with HIV

Accurate ECS records are essential for delivering safe and effective care for patients. To address these issues, the following actions are recommended:

- Raise awareness among GP practice teams about the importance of accurate and up-to-date ECS entries for ARV medications
- Enhance clarity in HIV clinic letters especially when changing ARVs to support accurate transcription
- Share discrepancies with relevant teams, where patients have consented to share their HIV status with their GP
- We will aim to repeat the audit in six months to assess progress

Within Primary Care, **ARV medications should be added as outside issues on EMIS PCS.** This has been discussed with the Sexual Health Team who support this approach. These medicines should be added to the patient's medical record to assist with identification of drug interactions and to ensure the medication is listed on the patient's ECS.

As a reminder, when adding outside issued medicines to EMIS PCS:

- ➔ Ensure the item is added as a repeat with a quantity of '1'.
- ➔ Ensure the dosage is 'Hospital Only' or 'Supplied Elsewhere' - do not include any specific dosage information as this may change over time and could lead to errors
- ➔ Ensure that the item is issued as an 'outside issue'. If you are unsure how to do this, then speak to a member of the Primary Care pharmacy team.

## Forth Valley Prescribing Advice

### Sunscreen and ACBS criteria

The Forth Valley [formulary](#) sunscreens of choice are Anthelios® Sunscreen Lotion SPF 50+ and Uvistat® Suncream SPF 50.

Sunscreen products are only prescribable on the NHS in line with the advice issued by the [Advisory Council on Borderline Substances \(ACBS\)](#). Any NHS prescription for sunscreen products must meet the ACBS criteria and must be endorsed ACBS. ACBS status is applied in certain circumstances to some food and toilet preparations where the products have characteristics of drugs. The ACBS advises on the circumstances in which these substances may be regarded as drugs.

The Forth Valley formulary sunscreens can only be prescribed to patients who meet the following conditions:

*When prescribed for skin protection against ultraviolet radiation and/or visible light in abnormal cutaneous photosensitivity causing severe cutaneous reactions in genetic disorders (including xeroderma pigmentosum and porphyrias), severe photodermatoses (both idiopathic and acquired) and in those with increased risk of ultraviolet radiation causing adverse effects due to chronic disease (such as haematological malignancies), medical therapies and/or procedures.*

**In patients who do not meet the above criteria, sunscreen products should not be prescribed on the NHS and the patient should be directed to purchase suitable products over the counter.**

For further details about borderline substances see [here](#).

## Forth Valley Formulary Updates

### Change from Alogliptin to Sitagliptin

Alogliptin has been removed from the Forth Valley formulary. The formulary choice first line DPP-4 inhibitor is now listed as sitagliptin.

### Vibegron (Obgemsa®) - addition to formulary

Vibegron has been accepted onto the Forth Valley formulary for the symptomatic treatment of adult patients with overactive bladder (OAB) syndrome. Vibegron offers an additional treatment choice in the therapeutic class of beta-3 adrenergic receptor agonists in this setting.

Vibegron use is restricted to secondary care initiation, but can be continued in Primary Care.

### Rimegepant (Vydura®) - addition to formulary

Rimegepant has been accepted onto the Forth Valley formulary for the preventive treatment of episodic migraine in adults who have at least 4 migraine attacks per month, but fewer than 15 headache days per month and who have had prior failure on three or more migraine preventive treatments.

Rimegepant use is restricted to secondary care initiation, but can be continued in Primary Care.

### Other Changes

→ The preferred brands of sodium hyaluronate have been updated as follows:

Generic Name	Previous Formulary Brands	New Formulary Brand
Sodium hyaluronate 0.1% eye drops preservative free	VIZhyal 0.1% Hylo-Tear 0.1%	→ Xailin Tears 0.1% HA
Sodium hyaluronate 0.2% eye drops preservative free	Hylo-Forte 0.2% Evolve HA 0.2%	→ Xailin 0.2% Plus
Sodium hyaluronate 0.4% eye drops preservative free	VIZhyal 0.4%	→ Ocufresh Intense Relief 0.4%

→ Following the discontinuation of the brand Victoza® (liraglutide). The new formulary brands for liraglutide 6mg/ml solution for injection 3ml pre-filled disposable devices are [Diavic®](#) and [Zegluxen®](#). Please note that as liraglutide is a [biological medicine](#), it must be prescribed and dispensed by brand name.

→ Phosex® (calcium acetate) 1g tablets have been discontinued and hence removed from the Forth Valley formulary.

## Product Updates

### New Generics to be aware of

→ New generics have launched for **Dalacin 2% cream**. If looking to prescribe this product, please do so generically as Clindamycin 2% vaginal cream.

→ New generics have launched for **Dymista (137micrograms/dose / 50micrograms/dose) nasal spray**. If looking to prescribe this product, please do so generically as Fluticasone propionate 50micrograms/dose / Azelastine 137micrograms/dose nasal spray.

→ **Otomize Ear Spray has been discontinued**. Otomize Ear Spray should now be prescribed generically as Dexamethasone/ Neomycin sulfate/ Acetic acid 0.1%w/w / 0.5%w/w / 2%w/w Ear Spray.

## Forth Valley Guideline Updates

### Guidelines for the Management of Hyperlipidaemia

This is a new guideline covering primary and secondary prevention in Atherosclerotic Cardiovascular Disease (ASCVD), primary and secondary prevention in heterozygous familial hypercholesterolaemia, the management of hypertriglyceridemia, and prescribing information on statins.

Of note, this guideline covers the use of injectable Lipid Lowering Therapy (LLT) which may be recommended by the lipid clinic, and some of which may be continued within Primary Care by the GP.

For more information, see full guidance [here](#).

### Guidance on Prescribing Melatonin for Sleep Disturbance in Children & Young People

This guideline has undergone a significant update. The guideline now reflects the current Forth Valley formulary preferred melatonin formulations. In addition, the guideline provides clear guidance on initiation, ongoing monitoring, and discontinuation of melatonin.

Crucially, the guideline now lists the roles and responsibilities of the specialist service, Primary Care, and the patient/carer/guardian.

For more information, see full guidance [here](#).

### Management of Recurrent Vulvovaginal Candidiasis (Adults)

This is a new guideline covering the management of recurrent vulvovaginal candidiasis in adults, it includes information on the lab process for swabs and also on the various treatment options for recurrent vulvovaginal candidiasis.

For more information, see full guidance [here](#).

## Prescribing Improvement Initiative (PII) Update

### Update for 25/26 PII

All workstreams for the 2025/26 PII project are now active. At present, 37 out of 47 practices have submitted a claim for 1 or more workstreams.

### Educational Session to Support PQI 11 (DPP-4 inhibitors)

As part of this year's Prescribing Improvement Initiative (PII) in Primary Care, practices are being asked to review DPP-4 inhibitor prescribing, with a focus on deprescribing where possible or switching to sitagliptin when appropriate. Guidance for this workstream has already been shared with practice managers.

The intention is for this review to be incorporated into patients' annual diabetes review appointments. The workstream will run from 18 July 2025 to 31 July 2026, allowing a full annual review cycle. To support this, an educational session has been arranged:



Date: 3 September 2025



Time: 13:00–13:45



Platform: Microsoft Teams (session will be recorded for those unable to attend)

Speakers: Helen Laing (Advanced Primary Care Pharmacist with special interest in diabetes)  
and Andrea Davidson (Lead Practice Nurse, Forth Valley)

The session will cover the clinical aspects of the workstream. This session is open to all Primary Care clinicians involved or interested in diabetes care.

An email invite has been sent out for this event to all GPs, Practice Nurses, and members of the Primary Care Pharmacy Team. However, if you have not received this invite and would like to attend, please email [fv.prescribingsupport@nhs.scot](mailto:fv.prescribingsupport@nhs.scot).