NHS Forth Valley

Prescriberfile

From the Primary Care Prescribing Group

Issue 11
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Please circulate to all relevant staff

Prescribing Safety Advice

Topiramate EMIS PCS Template

A new EMIS template has been produced and shared with GP practices in response to the introduction of new safety measures, including a pregnancy prevention programme, for women of childbearing potential prescribed topiramate.

For further details see here: Topiramate (Topamax): introduction of new safety measures, including a Pregnancy Prevention Programme - GOV.UK.

The use of topiramate is now contraindicated:

- ➔ **in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme are fulfilled** (for all indications)
- ➔ **in pregnancy for prophylaxis of migraine**
- ➔ **in pregnancy for epilepsy** unless there is no other suitable treatment

An EMIS PCS template has been developed to assist GP practices in the completion of the initial and annual risk awareness form. On completion of the template, the following code will be inserted into the patient's records: EMISNQCO82. This code can be used to generate a recall for these patients.

Whilst the use of the template by practices is optional, the new MHRA measures do require completion of an annual risk awareness form. If not already done so, we would encourage all GP practices to review their current systems and practice to ensure they align with the latest MHRA recommendations and guidance.

The template can be found here.

MHRA Safety Update

Short-acting beta 2 agonists (SABA): risks from overuse in asthma and changes in the asthma prescribing guidelines

Excessive use of short-acting beta 2 agonists (SABA) to relieve acute asthma symptoms may mask progression of the underlying disease and contribute to an increased risk of severe, potentially life-threatening asthma exacerbations.

Key Prescribing Points

- **Do not prescribe SABA alone for people of any age with asthma without a concomitant prescription of an inhaled corticosteroid (ICS).**
- Ensure all patients with asthma receive optimal anti-inflammatory maintenance therapy even when their asthma is well controlled and that treatment is individualised to the patient.
- Review and adjust asthma treatment in patients who take more than twice weekly "as needed" SABA.
- Urgently review patients where:
  - ➔ There has been an increase in the number of SABA prescriptions requested, or
  - ➔ Where prescribed anti-inflammatory maintenance treatments have not been collected.
- See here for full MHRA article.

Recommended Alternatives

For people aged 12 years and over with asthma, consider:

- **Anti-inflammatory reliever (AIR) therapy** (e.g. Symbicort 200/6 Turbohaler, Fobumix Easyhaler 160/4.5 micrograms/dose dry powder inhaler, DuoResp Spiromax 160/4.5 micrograms/dose dry powder inhaler)
- **Maintenance and reliever therapy (MART)** (e.g. Symbicort 200/6 Turbohaler, Fobumix Easyhaler 160/4.5 micrograms/dose dry powder inhaler, DuoResp Spiromax 160/4.5 micrograms/dose dry powder inhaler)

See here for up to date asthma diagnosis, monitoring and chronic asthma management guidance.

Forth Valley Prescribing Advice

Progress on 5-Day Prescribing for Respiratory Antibiotics

We're pleased to share encouraging progress in our efforts to meet national antimicrobial prescribing targets. Over the past year, the percentage of amoxicillin prescriptions for 5 days has increased by 11%, while doxycycline prescriptions for 5 days have improved by 20%. This shows a clear reduction in longer prescriptions which is really encouraging.

This upward trend supports our goal of ensuring that:

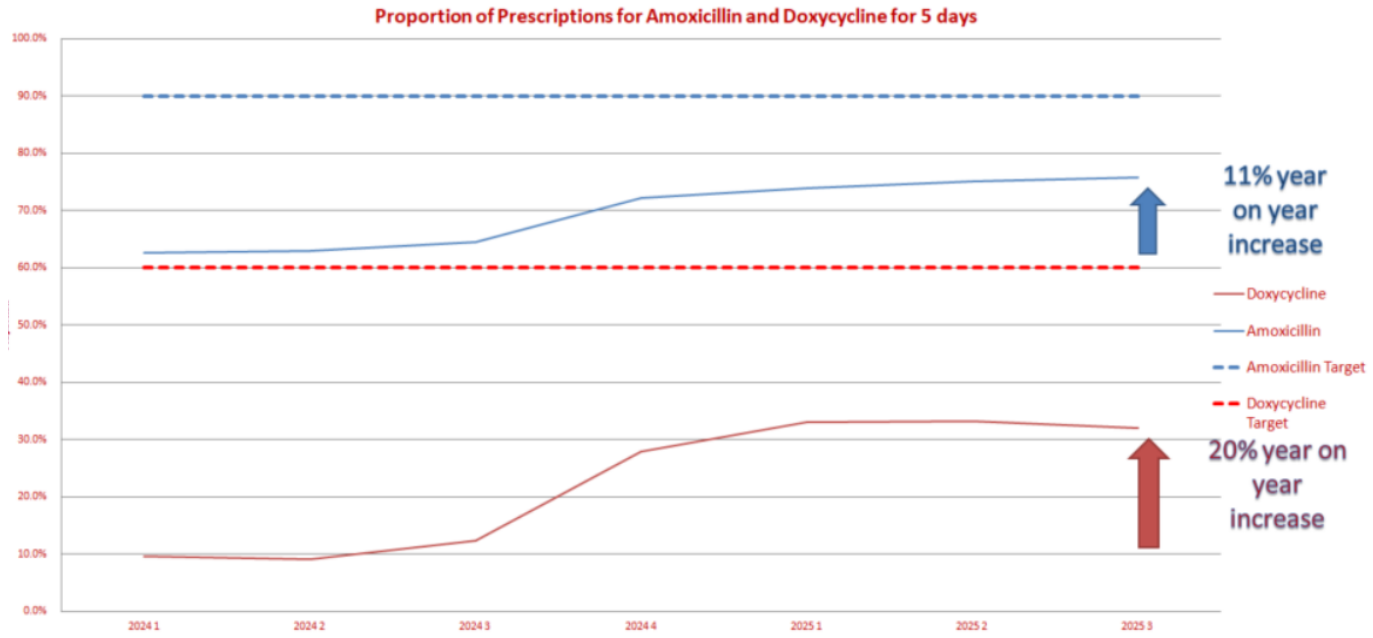
➔ 90% of amoxicillin prescriptions
➔ 60% of doxycycline prescriptions

are for 5-day durations only, in line with local and national antimicrobial guidance.

Currently, we're at:

➔ 75.7% for amoxicillin
➔ 32% for doxycycline

While there's still work to be done, these improvements are a promising step forward. Thank you to all prescribers for your continued efforts in reviewing and optimising antibiotic durations.



Further Changes to Default Antibiotic Durations in EMIS

To support evidence-based prescribing and reduce unnecessary antibiotic exposure, default durations for commonly prescribed antibiotics have been further updated in EMIS PCS.

Recent evidence supports shorter courses for many common infections, showing they are equally effective and safer in terms of resistance development. Following successful implementation of 5-day defaults for respiratory infection antibiotics (e.g. amoxicillin, doxycycline) in late 2024, further changes have now been applied:

New EMIS default durations:

- 3 days: Nitrofurantoin, Pivmecillinam
- 5 days: Flucloxacillin, Penicillin V, Co-trimoxazole

These changes support NHS Forth Valley's antimicrobial stewardship goals and contribute to national targets for reducing antibiotic use. A 5-day course of antibiotics for respiratory tract and skin infection (including IECOPD, CAP, HAP and cellulitis) and 3-days for UTI in non-pregnant females is well supported by clinical data and recommended in NICE guidelines.

Action for prescribers:

Please be aware of these default durations when prescribing and only adjust durations when clinically appropriate in line with local prescribing guidelines, e.g. for UTI in pregnancy or males, pyelonephritis, bronchiectasis exacerbation.

Shorter courses = Effective treatment + Reduced antibiotic resistance risk + Less side effect

Prescribing Improvement Initiative (PII) Update

Update for 25/26 PII

The 2025/26 PII project is now well underway. As of 1st December, a total of 7,776 patients have been reviewed as part of PQI workstreams 1-13. The estimated annual savings from these workstreams is in the region of £700K based on claims received so far.

As a reminder, PQI 11 (review of DPP-4 inhibitors) is due to run until the end of July 2026. Practices are encouraged to undertake this workstream as part of their patient's annual chronic disease review for diabetes. At present **only 16 out of 47 practices signed up for PII have submitted a claim for this workstream.**

New Workstream - SGLT2 inhibitors

In November, we introduced an additional workstream to the PII project, supporting practices to switch from empagliflozin and canagliflozin to the more cost-effective dapagliflozin. This follows dapagliflozin's unexpected patent loss and its addition to the Scottish Drug Tariff, creating a significant cost-saving opportunity.

As of 1st December, 414 patients have been reviewed, with 391 successfully switched to generic dapagliflozin—a 94% switch rate. We appreciate everyone who has taken swift action to begin this important work.

As a reminder, **an enhanced payment rate applies for patients switched to dapagliflozin before 31st January 2026**. The workstream will run until 31st March 2026.

Forth Valley Formulary Updates

Dapagliflozin - 1st line SGLT2 inhibitor

The Forth Valley formulary has been amended to show dapagliflozin as the 1st line SGLT2 inhibitor.

Dapagliflozin is the first of the SGLT2 inhibitors to become available as a generic product.

For any patient requiring initiation of an SGLT2 inhibitor, generic dapagliflozin should now be considered the first line option for all licensed indications.

Liraglutide - changes to preferred brands

Following the discontinuation of Victoza®, the preferred brands of liraglutide on the formulary, for type 2 diabetes mellitus, have been amended to include:

➔ Diavic® 6 mg/ml solution for injection in pre-filled pen
➔ Zegluxen® 6 mg/ml solution for injection in pre-filled pen

Please note:

- Liraglutide should **only be initiated by acute/specialist services**, though it may be continued in Primary Care.
- Liraglutide is a biological medicine. Biological medicines **must be prescribed and dispensed by brand name**.

West of Scotland Formulary

Work is currently underway to develop a new regional formulary for the 5 Health Boards across the West of Scotland, including NHS Forth Valley. Expert groups are shaping the first chapters, with additional chapters planned for the future.

A new digital platform will support condition-based prescribing, facilitating easier access to formulary choices aligned with patient treatment pathways. A new Regional Formulary Committee has recently been established which will support ongoing formulary decisions and chapter development.

For detailed information on the development of formulary chapters, the involvement of members in expert working groups, and the indicative timelines for each chapter's development, please use the following link.

Forth Valley Guideline Updates (full list available on intranet)

The Initial Management of Urinary Incontinence

This guideline has undergone a significant update. The guideline covers assessment of urinary incontinence, non-pharmacological management, treatment options (including pelvic floor physiotherapy, bladder retraining, and medication), advice on containment aids, and information on referral to specialist services.

Full guidance is available here.

Guidance for Prescribing at the Request of a Private Healthcare Provider

This new guidance covers professional responsibilities, the transfer of care from an independent healthcare provider back to the NHS, and shared care between independent healthcare providers and NHS services. Included within the appendices is a template letter for responding to recommendations received from private healthcare providers as well as information that GP practices could choose to adapt and add to their own websites if they wish to do so.

Full guidance is available here.

Update to Primary Care Antimicrobial Prescribing Guidelines

Primary Care colleagues are advised that the NHS Forth Valley antimicrobial prescribing guidelines have undergone a comprehensive update. These changes reflect the latest clinical evidence and are aligned with national antimicrobial stewardship targets within the UK AMR National Action Plan.

Key updates include:

- New sections explaining AWaRe classification of antibiotics and stewardship targets
  - ➔ Promotion of 'Access' antibiotic group e.g. doxycycline, cefalexin, cotrimoxazole
  - ➔ Reduction in 'Watch' antibiotic group e.g. clarithromycin, co-amoxiclav, ciprofloxacin
  - ➔ Shorter durations are safe and effective e.g. 5 days effective for most URTI, LRTI, SSTI
- Revised antibiotic choices and durations across multiple infection types
- Updated quick reference poster.

These updates aim to:

- Ensure prescribing is evidence-based and clinically effective.
- Support NHS Forth Valley's commitment to tackling antimicrobial resistance.
- Help meet national targets for antimicrobial use reduction.

Action for prescribers:

Please familiarise yourself with the updated guidance and ensure prescribing decisions are made in line with current recommendations. Always refer to the latest version of the guidelines.

Check the Primary Care Antimicrobial Prescribing Guidelines website regularly for updates.

Download the NHS Forth Valley Antimicrobial Prescribing toolkit in the Right Decisions Service app for access offline.

Download the Right Decisions app for Android or iOS

Apple app

Android App

Product Updates

New Generics to be aware of

➔ New generics have launched for **Forxiga 5mg & 10mg tablets**. If looking to prescribe this product, please do so generically as dapagliflozin 5mg & 10mg tablets.

➔ New generics have launched for **Epiduo 0.1%/2.5% gel**. If looking to prescribe this product, please do so generically as Adapalene 0.1% / Benzoyl peroxide 2.5% gel.