Prescriberfile

Issue 13

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From the Primary Care Prescribing Group

NHS Forth Valley

Please circulate to all relevant staff

Forth Valley Prescribing Advice

Procedure Pads - Reminder

The use of procedure pads (e.g. Tena and Robinson pads) for the management of incontinence is not supported within NHS Forth Valley. These products are not designed for continence management, and their use may increase the risk of skin damage, pressure ulceration, fungal skin infections and leakage due to inadequate absorbency.

The NHS Forth Valley Tissue Viability Service, Forth Valley Bladder and Bowel Service, and Primary Care Prescribing Group do not support the prescribing or use of procedure pads as incontinence appliances.

Primary care clinicians should not prescribe or recommend Tena or Robinson procedure pads for the management of continence problems.

Prescribing of these products is monitored centrally and prescribers may be asked to provide a clinical justification where they are prescribed.

Patients should be advised to consider purchasing body-worn continence pads or a Kylie sheet/washable furniture protector (not for use on pressure-relieving mattresses or cushions). These products are widely available for purchase from supermarkets and community pharmacies.

Patients requiring further assessment should be referred to the Bladder and Bowel Service via SCI Gateway (ambulant patients only). Housebound patients should be referred to the District Nursing service.

Manufacturer-Specific Prescribing

Prescribers should be aware that community pharmacies are not obliged to supply a particular manufacturer's product when a prescription is written generically with a supplementary note or with a manufacturer's name in brackets and may not always be able to source it.

Requests for a specific manufacturer's product should only be made where there is a clear and clinically justifiable reason, such as a documented allergy to an excipient or where continuity of a particular manufacturer's product is clinically important.

Where the supply of a specific manufacturer's product is considered clinically necessary, this should be discussed with the patient's community pharmacy in advance to establish whether it can be sourced. Patients should not be assured that a particular manufacturer's product will be supplied unless this has been confirmed by the dispensing pharmacy.

Requests based solely on patient preference should be avoided, as they can lead to supply difficulties, increased workload and additional expense for community pharmacies, and inconvenience and disappointment for patients, as supply of the requested product cannot be guaranteed.

Choice of Formulation

Prescribers are reminded to use standard tablets or capsules where patients can safely swallow solid oral dosage forms. Liquid, dispersible and orodispersible formulations should only be prescribed where there is a clear clinical need, as these products are often associated with higher costs and shorter shelf-lives.

Omeprazole and lansoprazole dispersible/orodispersible formulations should not be prescribed routinely. Standard capsule formulations should be used for patients who are able to swallow solid oral dosage forms.

Prescribing Safety Advice

Steroid Emergency Cards

Following the issuing of the National Patient Safety Alert "Steroid Emergency Card to support early recognition and treatment of adrenal crisis in adults" (NatPSA/2020/005/NHSPS) in England in Aug 2020, HIS issued their endorsement of a new Steroid Emergency Card (SEC) in July 2021, with accompanying information which identified the groups of adults at risk of adrenal crisis when using steroid therapy.

The wide-ranging nature of the medicines involved meant a number of different specialties had patients who qualified for this card. These included endocrinology, rheumatology, gastroenterology, respiratory, dermatology, ENT and ophthalmology.

Points for consideration included:

- New patients - specialties having an awareness of who may qualify for new card, and having a supply available
- Existing Patients - specialties considering whether it was necessary to review any existing patients and if any needed a card issued
- Supplies of the SEC - initial and ongoing, including role of community pharmacy and primary care

The groups identified to receive the new SEC were:

1. ALL individuals with primary Adrenal Insufficiency (AI) and those with hypothalamo-pituitary damage who are steroid dependent
2. Individuals on exogenous steroids whether oral, topical or inhaled may also need the new SEC. This is a complex area given the different types and wide-ranging use of steroids in everyday clinical practice, which include:
   - Oral or Inhaled High-dose steroids (+/- other routes)
   - Oral or Inhaled Lower doses of steroids + Other Routes
   - Nasal/Other steroids which have high suppression potential
   - Potent or very potent topical steroids

Further information which has been endorsed by the Society for Endocrinology, and describes in detail affected patient groups, is available here.

BNF guidance updated to reduce co-sleeping risk

The BNF and BNFc guidance on medicines that cause drowsiness has been updated to help reduce the risk of co-sleeping-related infant deaths.

Patients who are parents or carers of babies aged up to 12 months should be counselled on the risks of co-sleeping (sleeping with a baby on a bed, sofa, chair, etc.) when prescribed medicines carrying dispensing labels 2, 3, or 19.

Label 2: Warning: This medicine may make you sleepy. If this happens, do not drive or use tools or machines. Do not drink alcohol

Label 3: Warning: This medicine may make you sleepy. If this happens, do not drive or use tools or machines

Label 19: Warning: This medicine makes you sleepy. If you still feel sleepy the next day, do not drive or use tools or machines. Do not drink alcohol

Examples of medicines carrying these labels include diazepam, amitriptyline, mirtazapine, pregabalin, gabapentin, zopiclone, and codeine, although this is not an exhaustive list.

Further information on safer sleeping and co-sleeping can be found on the Lullaby Trust website.

MHRA Safety Update

Finasteride and Dutasteride - Psychiatric and Sexual Adverse Effects

Finasteride is associated with depression, suicidal ideation and sexual dysfunction which may persist after treatment is stopped. As dutasteride works in a similar way to finasteride, these warnings have been extended to dutasteride as a precaution.

Patients should be informed of these risks when treatment is initiated and advised to read the patient information leaflet and patient card supplied within finasteride packs.

Patients prescribed finasteride 5 mg or dutasteride should be advised to seek medical advice as soon as possible if they develop depression, low mood or suicidal thoughts.

Patients prescribed finasteride or dutasteride who experience sexual dysfunction should be encouraged to discuss this with their healthcare professional.

Patients receiving finasteride 1 mg privately for hair loss (not prescribable on the NHS) should stop treatment immediately if they develop depression or suicidal thoughts and contact their healthcare professional as soon as possible.

See here for more information.

Semaglutide and Sudden Vision Loss

Non-arteritic anterior ischemic optic neuropathy (NAION), a condition that can cause sudden deterioration in vision, has been very rarely reported in association with semaglutide used for type 2 diabetes, weight management and cardiovascular risk reduction.

Patients reporting sudden visual loss (including partial visual loss), blurred vision or clouding of vision while receiving semaglutide should be referred urgently for ophthalmology assessment. NAION typically causes sudden, painless vision loss in one eye that is often described as a blurring or cloudiness of vision.

Privately prescribed semaglutide may not appear on the patient's medical record, if a patient presents with the above visual symptoms, enquire about current or recent semaglutide use.

Where a patient is known to be receiving semaglutide, or any other GLP-1 receptor agonist, via a private prescriber this should be recorded as an outside prescription within EMIS/Vision.

See here for more information.

GLP-1 Receptor Agonists, Dual GLP-1/GIP Receptor Agonists - Pancreatitis

Pancreatitis (inflammation of the pancreas) is a possible side effect of GLP-1 receptor agonists and dual GLP-1/ GIP receptor agonists, including dulaglutide, exenatide, liraglutide, semaglutide and tirzepatide. In rare cases this can have serious or fatal outcomes.

Clinicians should remain vigilant for signs and symptoms of acute pancreatitis in patients receiving GLP-1 receptor agonists or dual GLP-1/ GIP receptor agonists. For any patient presenting with these symptoms, enquire about the use of these medicines, as they may be receiving them via a private prescription.

Advise patients to seek urgent medical attention if they develop severe, persistent abdominal pain, that may radiate to the back, and may be accompanied by nausea and vomiting. If pancreatitis is suspected, treatment with the GLP-1 or GLP-1/GIP receptor agonist should be discontinued immediately.

See here for more information.

Prescribing Improvement Initiative Update

End of PII 2025/2026

All workstreams within the 2025/26 Prescribing Improvement Initiative (PII) have now concluded.

The programme resulted in **12,850 patient reviews** across the 14 workstreams and is expected to deliver approximately **£1.8 million in recurring savings per annum**, helping to improve prescribing efficiency whilst maintaining high-quality patient care.

The **SGLT2 inhibitor workstream** was particularly successful, achieving a **93% switch rate** to dapagliflozin.

Thank you to all GP practices and pharmacy teams whose engagement and support contributed to the successful delivery of the programme.

Access to Medicines

Prucalopride

Prucalopride is licensed for the symptomatic treatment of chronic constipation in adults in whom laxatives have failed to provide adequate relief. Historically, prescribing within NHS Forth Valley was restricted to patients meeting locally approved PACS2 criteria, reflecting the Scottish Medicines Consortium's (SMC) previous not recommended advice.

Following review, and in light of the availability of generic preparations and current SMC advice, the requirement to comply with the local PACS2 criteria has been removed.

Prucalopride remains **non-formulary** and should only be considered where formulary treatment options are unsuitable or ineffective. Where prescribed, prucalopride should be prescribed generically.

As per the Summary of Product Characteristics (SPC), patients prescribed prucalopride should be reviewed regularly to assess ongoing benefit. If treatment is ineffective after 4 weeks, the patient should be re-assessed and the need for continued treatment reconsidered. As efficacy beyond 3 months has not been demonstrated in placebo-controlled studies, treatment should be reviewed at regular intervals.

Product Updates

Changes to product licensing

➔ **Nexplanon ® 68mg implant (Etonogestrel 68mg implant)**

- The licensed duration of the Nexplanon contraceptive implant has been extended from 3 years to five years following new clinical evidence demonstrating continued safety and effectiveness beyond the previously licensed period.
- See here for further information from the College of Sexual & Reproductive Healthcare.

Forth Valley Formulary Updates

Addition, deletions & changes

- **Xaggitin XL® (methylphenidate modified release) tablets have been removed** from the NHS Forth Valley formulary. **Atenza XL® is now the preferred formulary choice**.
- **Systane Balance® eye drops have been added to the NHS Forth Valley formulary** for the management of Meibomian Gland Dysfunction and other severe dry eye conditions. Prescribing is restricted to specialist initiation, but treatment may be continued in primary care.

Forth Valley Guideline Updates (full list available on intranet)

Guideline for the Diagnosis and Treatment of Non IgE mediated Cow's Milk Protein Allergy (CMPA) and mild to moderate IgE mediated CMPA in Infants

This updated guideline supports the early recognition, diagnosis and management of Cow's Milk Protein Allergy (CMPA) in infants and is intended for use by both primary and secondary care healthcare professionals.

Care Home Repeat Prescribing Good Practice Guide

This updated guideline is intended for use by care homes, GP practices and community pharmacies. It outlines the medicines ordering process, highlights common challenges and promotes good practice to support the timely and accurate supply of medicines to care home residents.

Heart Failure Clinical Guidelines and Service

This new guideline provides updated guidance on the diagnosis, referral and management of heart failure, including diagnostic pathways, medical and device therapies, non-pharmacological management and long-term follow-up. The guideline is intended for use across both primary and secondary care.

Guideline for the use of Cognitive Enhancing Drugs

This updated guideline provides advice on the appropriate use, prescribing and monitoring of cognitive enhancing medicines for patients with dementia. It includes guidance on initiation, review and discontinuation of treatment, and clarifies the responsibilities of specialist and primary care services.

Catheter Care Guidance

This updated guideline provides guidance on the safe insertion, maintenance and removal of urinary catheters. It includes recommendations to reduce catheter-associated urinary tract infections (CAUTIs), promotes appropriate catheter use, and supports the safe management of both urethral and supra-pubic catheters across NHS Forth Valley.