

NHS Borders Prescribing Bulletin

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September 2022

Focus on fosfomycin

Fosfomycin is a phosphonic acid bactericidal antibacterial that acts by inhibiting an enzyme required for the synthesis of bacterial cell walls.

Place in Therapy

Fosfomycin has activity particularly against *E coli* and, to a lesser extent, against a range of other Gram-positive and Gram-negative bacteria. Excretion via the urine, mainly unchanged, results in high urine concentrations, with therapeutic levels usually maintained for at least 36 hours following oral administration.

Multi-drug resistant (MDR) UTIs caused by ESBL (extended spectrum beta lactamase) - producing *E coli* can be problematic to treat. The available treatment options for ESBL and non-ESBL MDR organisms can be severely limited. Oral fosfomycin has demonstrated activity against ESBL urinary pathogens and has an increasing role in the treatment of UTIs caused by MDR bacteria.

Licensed products are available in the UK for oral and IV fosfomycin. Oral Fosfomycin is included in the East Region Formulary (ERF) as a 3rd line agent in the treatment of lower UTI in adult non-pregnant women or men ***on the advice of a microbiologist in confirmed multi-antibiotic resistant enterobacteriaceae.***

Oral Adult Dosing and Administration

Fosfomycin trometamol is available as a 3g sachet. It is given as a **single dose** in uncomplicated UTI in adult females.

In men, the dose is repeated after 72 hours (note this dose is off label).

Fosfomycin should be taken on an empty stomach (about 2-3 hours before or after a meal), preferably before bedtime and after emptying the bladder. The dose should be dissolved into a glass of water and taken immediately.

Use should be avoided in patients with renal impairment if creatinine clearance <10ml/min. Please refer to the BNF and product SPC for further prescribing information.

References

[BNF](#)

[East Region Formulary](#)

Kucers' The Use of Antibiotics (via [Medicines Complete](#))

Martindale The Complete Drug Reference (via [Medicines Complete](#))

[SPC Monuril](#)

Many thanks to Anne Duguid, Antimicrobial Pharmacist, NHS Borders

What is in a name? – do not use the Pharmacy Text function on EMIS

Prescribing Support Teams have reported an increasing trend of prescribers using the Pharmacy Text function on EMIS to specify a brand of a medication they have prescribed generically. This cannot be picked up by electronic prescription validation and payment systems, so Community Pharmacies are not appropriately reimbursed for supplying a branded medication.

Please prescribe by brand where it is required (such as for bioavailability or other clinical reasons) and avoid using the Pharmacy Text function for this as Community Pharmacies will ask for a prescription written like this to be re-prescribed.

Some quick one liners

Emergency Care Summary – a handy hint

A reminder for pharmacists that access to the ECS summary becomes inactivated if not used within 90 days. To help you to remember to keep your account active, why not sign into your ECS when you complete your month end returns (or any other activity you do routinely once a month).

Community Pharmacy Palliative Care Network – change of pharmacy in Tweeddale area

From 1 September 2022, Innerleithen Pharmacy will join the community pharmacy palliative care network replacing West Linton pharmacy. www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/community-pharmacy-palliative-care-network/

Serious shortages protocol – PCA (P) (2022) 25

Update on the Serious Shortage Protocols issued for Oestrogel[®], Ovenstin[®], Lenzetto[®] spray, and Sandrena[®] gel – Extended until 29 October 2022 This circular will be published on the SHOW website.

Our Quarterly quote:

Tell me, I'll forget

Show me, I'll remember

Involve me, I'll understand

Chinese proverb

MHRA Drug Safety Updates

[Metformin and reduced vitamin B12 levels: new advice for monitoring patients at risk](#)

Decreased vitamin B12 levels, or vitamin B12 deficiency, is now considered to be a common side effect in patients on metformin treatment, especially in those receiving a higher dose or longer treatment duration and in those with existing risk factors. We are therefore advising checking vitamin B12 serum levels in patients being treated with metformin who have symptoms suggestive of vitamin B12 deficiency. We also advise that periodic monitoring for patients with risk factors for vitamin B12 deficiency should be considered.

[Roche Accu-Check Insight Insulin Pump](#)

We have issued a National Patient Safety Alert following serious reports of harm associated with insulin leakage during use of the Accu-Chek Insight Insulin pump with NovoRapidPumpCart prefilled insulin cartridges. Patients should be moved onto alternative insulin pumps where possible.

Liraglutide (Saxenda)

Following SMC advice <https://www.scottishmedicines.org.uk/medicines-advice/liraglutide-saxenda-resub-smc2455/>, NHS Borders, Fife and Lothian are working towards a formulary application for addition of liraglutide (for weight management) to the East Region Formulary.

- Currently liraglutide (Saxenda) is non-formulary and any request to prescribe should be submitted and reviewed through NHS Borders non-formulary process.
- The Non-Formulary Request form is available at <http://intranet/resource.asp?uid=41408> to be completed and returned by Prescriber.
- As weight management is part of the therapy, the non-formulary request should include the plan for weight management for the patient.

Unplanned closures in community pharmacy

The last few years has brought challenges for everyone and trying to keep NHS services up and running has not been without difficulty. NHS Borders recognises that in exceptional circumstances outwith your control, a pharmacy may have to close.

If this happens, pharmacies must follow the Unplanned Closures in Community Pharmacy Notification Process. This can be found at: www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/guidance/

Pharmacies are required to:

- Inform local GP practices that you are unable to open
- Inform local community pharmacies that you are unable to open
- Inform NHS Borders addiction service that you are unable to open
- If there is a member of staff in the pharmacy, display a sign on the window signposting patients to the nearest open pharmacy
- Use your individual business continuity plan to ensure that all instalment and dosette patients are informed and have arrangements made for their medications
- Inform NHS Borders using the [notification form](#).

Keeping patients safe – being open and honest

The General Pharmaceutical Council (GPhC) published two new resources; Keeping patients safe – being open and honest and, Pharmacy team toolkit – learning from incidents, to help pharmacy professionals understand the professional duty of candour (which links to but is separate from Scotland's organisational duty of candour that was enshrined in law a few years ago).

The resources highlight that the duty of candour is not an add-on – it's a fundamental part of pharmacy professional practice. These resources bring together relevant existing GPhC policy, standards, and previous statements on pharmacy professionals' professional obligations with respect to candour when things go wrong. The responsibility to be open and honest applies even in difficult or challenging times and it's essential that professionals do the right thing for patients, their families and carers. Saying sorry meaningfully when things go wrong is vital for everyone involved.

[Keeping patients safe – being open and honest](#) looks at what the standards, guidance and a joint statement with other health professional regulators say about the duty of candour. It also considers the duty of candour in the context of fitness to practise investigations as well as how it is embedded through education and training.

[Pharmacy team toolkit – learning from incidents](#) includes real case studies and examples of notable practice about how pharmacy teams have learned from incidents, to improve patient safety outcomes and minimise the risk of these happening again. The slides in this toolkit can be used as prompts for individual reflection and learning and can be shared and discussed with pharmacy team colleagues in meetings.

Prednisolone: Plain versus Soluble tablets

Currently prednisolone soluble tablets **cost nearly 15 times more** than plain tablets in Primary Care (Scottish Drug Tariff, August 2022). According to the latest 12 months of prescribing data the Primary Care spend in NHS Borders was £2.85 per item for normal tablets versus £7.92 for soluble tablets (this reflects a variable but consistently high Tariff price).

Evidence shows that prednisolone is widely used for short courses in inflammatory and allergic disorders and occasionally for longer-term immunosuppression. Both the 1mg and 5mg tablets are relatively small tablets and do not present a problem in swallowing for the majority of patients without clinically diagnosed swallowing difficulties. Prednisolone is generally well absorbed after oral administration and bioavailability of the soluble and plain tablets is similar.¹

Soluble tablets may be justified in a limited number of clinical situations, for example, those with fine-bore enteral feeding tubes. However, the administration of plain prednisolone tablets is faster for nursing and care staff, and may be more convenient for patients.

Limited data suggests that the plain tablets disperse in water to make a fine suspension, this is an “off label” use.²

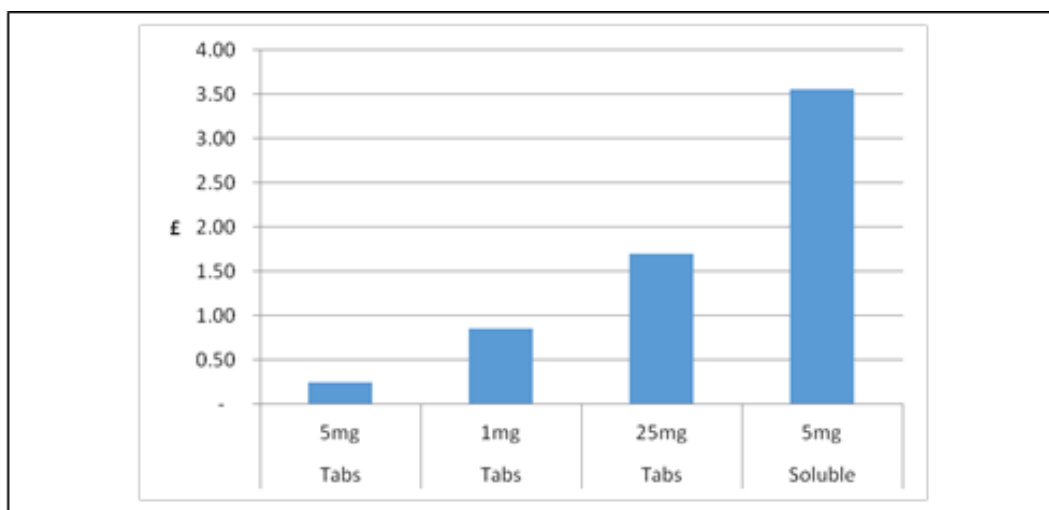


Table showing average cost across prednisolone formulations and strengths

Key Messages approved at Area Drug & Therapeutics Committee (ADTC) in August 2022:

- Plain prednisolone tablets are significantly cheaper than soluble tablets & should be the preferred option in the majority of patients
- Soluble tablets are more time-consuming than plain tablets for carers, and nursing staff to give
- Patients taking soluble tablets should be reviewed regularly with a view to change to plain when appropriate
- Older children may find plain tablets more convenient to take than soluble ones

Many thanks to Keith Maclure, Lead Pharmacist for Medicines Utilisation & Planning, NHS Borders

References:

1. Prednisolone. In Drugdex System, Truven Health Analytics, USA via www.micromedex.com, accessed January 2015.

2. NEWT Guidelines. Smyth, J. Betsi Cadwaladr University Local Health Board (East)

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Past bulletins can be found at: <http://bgh-bd-intra-01/microsites/index.asp?siteid=5&uid=5>