

NHS Borders Prescribing Bulletin

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September 2023

National Patient Safety Alert (NPSA):

Potent synthetic opioids implicated in heroin overdoses and deaths

A safety critical and complex NPSA has been issued regarding potent synthetic opioids and their use being implicated in heroin overdoses and deaths. Through June to July, NHS England and NHS Wales have reported an increased number of overdoses (some resulting in death) in people who use heroin.

Testing in some of these cases has identified a group of synthetic opioids called nitazenes being used. Potency and toxicity have not been confirmed but it is believed to be similar to, or more than, fentanyl which is approximately 100 times stronger than morphine.

Further details on this NPSA are available at:

<https://www.sehd.scot.nhs.uk/publications/DC20230727Opioids.pdf>

Information for clinicians on the clinical management of synthetic opioids is available at:

<https://www.cnwl.nhs.uk/application/files/7116/8383/1935/The-misuse-of-synthetic-opioids.pdf>

Patient Information Leaflets on how to respond to a drug overdose have been developed by the NHS Borders Alcohol and Drugs Partnership and are available at (this link includes local services contacts and sign-posting within NHS Borders): <https://www.nhsborders.scot.nhs.uk/media/791812/PRINT-Borders-How-to-respond-to-a-drug-overdose-Leaflet-V10-521.pdf>

Public Health Scotland have issued a Rapid Action Drug Alerts Response (RADAR) regarding nitazene-type drugs which includes information on what nitazenes are, appearance, harm reduction advice, and what to do in an emergency. This can be viewed at: <https://www.nhsborders.scot.nhs.uk/media/933537/radar-alert-2023-04-nitazene-type-drugs-in-scotland.pdf>

NHS Borders Alcohol and Drugs Partnership have circulated the relevant information to multi-professional groups (including representation from Community Pharmacy, Drug and Alcohol Services, BGH, Police, Social Work, Criminal Justice, Education, and Third Sector colleagues) as well as Drug and Alcohol Treatment Service Managers and Emergency Department staff. The above RADAR Alert was circulated widely on 26th July.

Atomoxetine shortages

There is currently a supply issue with all strengths of atomoxetine and it appears that suppliers are restricting supply to hospital pharmacies only. This means that the majority of community pharmacies will have limited or no supply of atomoxetine for dispensing.

BGH Pharmacy can currently obtain stock of atomoxetine.

If community pharmacies need to request stock from BGH Pharmacy, please follow the guidance on Medicines Shortages available at the following link - <https://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/medicines-shortages/> - and contact the Primary Care Pharmacy Team on the email noted at the link.

Formulary Updates:

Summary of changes from the Borders Joint Formulary (BJF) to the East Regional Formulary (ERF)

A summary of recent formulary changes can be found at:

<https://www.nhsborders.scot.nhs.uk/media/950698/Borders-Joint-Formulary-to-East-Region-Formulary-Abbreviated-April-2023.pdf>

Please note the significant change in formulary choice for statin therapy:

BNF adult chapter	Condition/medicine class	ERF change/new ER entry	Action/information/?switch
Cardiovascular system	Statins	First choice: atorvastatin Second choice: rosuvastatin Simvastatin removed from formulary for new starts	Awareness of prescribing change

The summary also highlights cost-efficient prescribing choices as detailed below:

BNF adult chapters	Condition/medicine class	ERF change/new ERF entry	Action/information/?switch
Respiratory System	Asthma	Soprobec 100microgram, 200 microgram, 250 microgram replaces Clenil	Associated cost efficiencies
Respiratory system	Asthma	Budesonide+formotero l- Fobumix easyhaler 80micrograms/4.5micrograms/dose, 160micrograms/4.5micrograms/dose replaces Symbicort	Associated cost efficiencies
Respiratory system	Asthma	Fluticasone+salmeterol - Combisal replaces Flutiform	Associated cost efficiencies
Respiratory system	COPD - bronchiectasis treatment with mucolytics	Acetylcysteine NACSYS 600mg effervescent tablets replace carbocysteine as first choice	Associated cost efficiencies
Endocrine	Osteoporosis	Accrete D3 1000mg/880units added to TheiCal D3 once daily options, Adcal D3 caplets 2 twice daily. Removal of Adcal D3 chewable tablet Consider switch to once daily Theical D	Associated cost savings
Genito -urinary	Vaginal atrophy	Estradiol 10 microgram vaginal tablets -Vagirux is preferred cost-effective option	Associated cost savings

Going Green...

Carbon monoxide monitors

Carbon monoxide (CO) monitoring is an effective tool for reinforcing motivation during smoking quit attempts. The Wellbeing service is sending new monitors all community pharmacies. If you haven't received a new monitor, please contact the wellbeing service at wellbeing@borders.nhs.scot.uk

Compost corner - From this bulletin on, we are introducing a regular item on green issues.

Medicines account for 25% of emissions within the NHS and inhalers are responsible for 3% of those emissions. You can read about how you can help to reduce emissions from inhaler use in the [Scottish Government Climate Emergency and Sustainability Strategy 2022-2026](#). Take a peak and we will come back with more in our next issue.

GLP medicine shortages – local guidance from the Borders Diabetes Team

Following the MHRA National Patient Safety Alert highlighting shortage of GLP-1 receptor agonists NHS Borders diabetes team have issued local guidance on the assumption that no GLP-1 receptor agonists (current 3rd line agents in Borders formulary for Type 2 diabetes) will be available for the rest of 2023 and possibly beyond.

The Borders Diabetes Team advise the following:

For management of Type 2 diabetes

Maximise all tolerated oral therapies & encourage diet & lifestyle advice/support to maintain glycaemic control and avoid weight gain.

- Metformin: consider re-challenging “metformin intolerant” with modified release and titrating to tolerated dose.
- SGLT2 inhibitors (‘Flozins): dapagliflozin or empagliflozin (additional cardiovascular & renal protection),
- DPP4 inhibitors (‘Gliptins): sitagliptin (Typically HbA1c reduction is 6mmol/mol)
- No new oral or injectable GLP1 starts until further notice
- Without access to GLP-1 receptor agonists for new patients, gliclazide or pioglitazone could be considered unless there are clear indications for insulin. The formulary has further information on 4th line choices, and if advice is required then this can be sought via the Diabetes & Endocrinology email advice line (dr@borders.scot.nhs.uk). Referrals for insulin therapy should be made via SCI Gateway in the usual way.

Existing patients on injectable semaglutide 1mg weekly

Patients can be reduced to 0.5mg weekly until supplies return to normal (expected early 2024). Clinical effectiveness should be monitored and additional or alternative treatments may need to be considered. Aim to maximise all tolerated oral therapies. Do not prescribe with DPP4 inhibitor.

Existing patients on GLP-1 receptor agonists that are unavailable

- without access to alternative GLP-1 receptor agonists: aim to maximise all tolerated oral therapies as above & encourage diet & lifestyle advice and support to maintain glycaemic control and avoid weight gain.
- There is no action needed as an emergency to replace this drug with another and the following pragmatic process should be considered
 - Review of HbA1c after 3 months without a GLP-1 receptor agonists optimising other treatments and optimise treatment if necessary following the NHS Borders Diabetes guidelines.
 - Seek specialist advice as required on 4th line choices, or whether insulin is required

A patient information leaflet explaining these changes can be downloaded from the [Medicines Shortages Guidance](#) on the community pharmacy webpages.

Weight management

- People with new Type 2 diabetes and BMI > 25 can self-refer or be referred for Control It via a SCI Gateway referral or paper referral to the Control It Administrator
- Self and HCP-referrals for the Borders Weight Management service are taken. Referral forms and contact details are available via SCI Gateway <https://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/general-services/borders-adult-weight-management-team/> and referrals can also be made via SCI Gateway.

Weight management colleagues have confirmed that they do not currently have any use of Saxenda (liraglutide) through their service and, will not be commencing treatment with Saxenda during this period of shortage.

The Endocrinology Team have created a patient information leaflet, which has now been circulated to all Community Pharmacies, which can be given to patients unable to source their usual GLP-1 agonists.

Many thanks to Dr Rachel Williamson, consultant endocrinologist, for contributing this article.

Prescribing Projects

Scriptswitch® Quantity Limits

To help reduce medication waste, improve safety and lower costs, the Prescribing Support team have approved and released a new ScriptSwitch® feature: Quantity Limits.

Accidental over-prescribing and over-ordering is an issue and addressing total cost by tackling volume - not just price - is critical to support the prescribing system. This new type of switch will only activate when normal quantities for selected products are exceeded and will be used in NHS Borders to help reduce prescribing "errors" in, for example, Controlled Drugs and some less commonly used dressings and appliances. Messages pop-ups will have the usual appearance and as always will have "Accept replacement", "Continue with original" and "Feedback" buttons available.

Primary Care Prescribing Efficiency Program

The NHS Borders Financial Improvement Program Prescribing Workstream has monthly progress meetings. The table below is an extract of the latest report for Primary Care and gives an indication of the work the Prescribing Support Team have been doing recently and what is in plan:

Key Activities undertaken (last 4 weeks):	Key Activities/milestones planned (next 4 -8 weeks):
<ul style="list-style-type: none">• Brand to generic switches• Follow-up round of Alendronate audit• Prescribing Governance reporting• Publications of dashboards• Identifying Serial Rx for clinical Pharmacy team to confirm before conversion. (clinical time saving)	<ul style="list-style-type: none">• Next wave of brand to generics• Review some old brand switches (Oxypro®, Xaggitin®)• Review drugs of low clinical benefit• ERF → EMIS Formulary• Clenil → Soprabec®• Fostair → Loforbec®• Supply of dressings

Some quick one liners

Recent Drug Safety Updates can be found at: <https://www.gov.uk/government/publications/drug-safety-update-monthly-newsletter>

NHS Borders library newsletter

Don't forget to check out the newsletter at

<https://bgh-bd-intra-01/microsites/index.asp?siteid=140&uid=1>

For those that cannot access the NHS Borders intranet, we will be joining forces with the library team to share their knowledge and skills in future bulletins

Medicines Shortages Guidance: <https://www.nhsborders.scot.nhs.uk/patients-and-visitors/our-services/pharmacies/community-pharmacy/medicines-shortages/>

A reminder that the NHS Borders community pharmacy alternative medicine request form outlines the process to be followed to source an alternative supply.

Our Quarterly Quote

Take care of your body. It's the only place you have to live.

Jim Rohn

Some palliative care pointers...

For many years the Palliativedrugs.com website provided essential information for health professionals about drugs used in palliative and hospice care. This website is now closed. Here is a reminder of alternative online resources that can be used for guidance on compatibility and stability of continuous subcutaneous infusions.

[Scottish Palliative Guidelines](#) include compatibility and stability tables for continuous infusions pumps know as syringe drivers or syringe pumps. The Palliative Care Formulary Syringe Driver Database (formerly known as the Syringe Driver Survey Database, SDSD) provides anecdotal stability information on drug combinations that have been submitted to the database as well as data from published compatibility references. This database can be accessed through the [Drug Compatibility Checker](#) on Medicines Complete.

A reminder to take care when prescribing controlled drugs and follow guidance such as the [NICE guideline - controlled drugs: safe use and management](#). Recent controlled-drug incidents have been reported when changes to ampoule sizes have been made without clear communication to those administering the dose.

There has been some changes to the [Community Pharmacy Palliative Care network](#).

Please remember to check the webpage to note the changes. In Eildon, the network is moving from Lindsay and Gilmour in Selkirk to Right Medicine in Selkirk and in Teviot and Liddesdale the network is moving from TN Crosby to Borders Pharmacy.

We currently do not have a network pharmacy in Cheviot.

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