



Supporting prescribing excellence - informing colleagues in primary and secondary care

Issue 113

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## Dapagliflozin and chronic kidney disease

Dapagliflozin has been approved for use in NHS Lothian for the treatment of chronic kidney disease (CKD). Dapagliflozin has been shown to prevent cardiovascular disease and CKD progression, even in individuals without diabetes. A similar beneficial cardiovascular effect has been observed for dapagliflozin and other sodium-glucose co-transporter 2 (SGLT2) inhibitors in numerous trials in patients with type 2 diabetes mellitus, CKD or heart failure.



Patients may benefit from dapagliflozin if they have CKD with significant proteinuria and are receiving an angiotensin converting enzyme (ACE) inhibitor or angiotensin receptor blocker (ARB), unless these are not tolerated. Dapagliflozin may be initiated at eGFRs above 15ml/min.

It is likely that dapagliflozin for CKD will be prescribed by practitioners in a range of specialties (general medicine, medicine of the elderly, cardiology, nephrology and general practice). The Renal Team are happy to offer advice on individual patients and have published generic advice on their EdRen website ([www.edren.org](http://www.edren.org)). This has guidance on how dapagliflozin fits into general management pathways for CKD, eligibility criteria, contraindications, cautions and patient counselling.

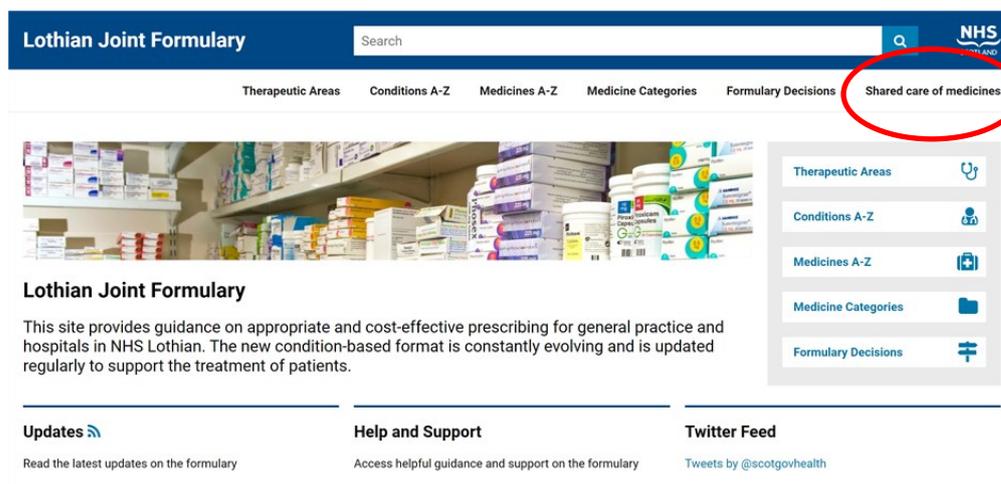
For advice on general management of CKD (including the role of dapagliflozin) see:

[edren.org/ren/handbook/unithdbk/ckd/ckd-summary-overview/](http://edren.org/ren/handbook/unithdbk/ckd/ckd-summary-overview/). For prescribing advice on SGLT2 inhibitors see: [edren.org/ren/handbook/unithdbk/prescribing/splt2i-how-to-start/](http://edren.org/ren/handbook/unithdbk/prescribing/splt2i-how-to-start/).

*Thanks to Robert Hunter,  
Honorary Consultant and Sarah MacInnes,  
Senior Pharmacist for contributing.*

## Formulary website change—you spoke, we listened!

After the article on shared care in our last edition, we now have a link on the homepage dedicated to the shared care of medicines:



The screenshot shows the Lothian Joint Formulary website. At the top, there is a search bar and the NHS Lothian logo. Below the search bar is a navigation menu with the following items: Therapeutic Areas, Conditions A-Z, Medicines A-Z, Medicine Categories, Formulary Decisions, and Shared care of medicines. The 'Shared care of medicines' link is circled in red. Below the navigation menu is a large image of a pharmacy shelf. To the right of the image is a sidebar with a list of navigation options: Therapeutic Areas, Conditions A-Z, Medicines A-Z, Medicine Categories, and Formulary Decisions. Below the image is the main heading 'Lothian Joint Formulary' and a paragraph of text: 'This site provides guidance on appropriate and cost-effective prescribing for general practice and hospitals in NHS Lothian. The new condition-based format is constantly evolving and is updated regularly to support the treatment of patients.' At the bottom of the page, there are three sections: 'Updates', 'Help and Support', and 'Twitter Feed'.

## Drug Safety Updates Issues 8 and 9 2022



### Metformin in pregnancy

A large study has shown no safety issues of concern relating to the use of metformin during pregnancy. The licence for metformin now reflects that it can be considered for use during pregnancy and the periconceptual phase as an addition or an alternative to insulin, if clinically needed. This is consistent with current clinical guidance.

National guidelines in the UK already recommend metformin for use in diabetes during pregnancy and gestational diabetes if a healthcare professional feels it is appropriate (see guidelines from NICE and SIGN and resources from BNF<sup>1</sup> and UKTIS<sup>2</sup>).

Good blood glucose control reduces the risk of congenital abnormalities, pregnancy loss, pregnancy induced hypertension, preeclampsia, and perinatal mortality.

### References

- <sup>1</sup>. metformin hydrochloride | Drug | BNF content published by NICE [bnf.nice.org.uk/drug/metformin-hydrochloride.html#pregnancy](https://bnf.nice.org.uk/drug/metformin-hydrochloride.html#pregnancy)
- <sup>2</sup>. UKTIS bumps - best use of medicine in pregnancy [www.medicinesinpregnancy.org/Medicine--pregnancy/Metformin/](https://www.medicinesinpregnancy.org/Medicine--pregnancy/Metformin/)
- <sup>3</sup>. Pregabalin-PSL-April\_2022\_V2.pdf [assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/1070488/Pregabalin-PSL-April\\_2022\\_V2.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1070488/Pregabalin-PSL-April_2022_V2.pdf)

### Pregabalin in pregnancy

Pregabalin is a medicine used to treat nerve pain, anxiety, and some forms of epilepsy. Taking pregabalin during pregnancy may slightly increase the chance of physical birth abnormalities in the baby but the overall risk is low. Patients of child bearing potential should be advised not to stop taking pregabalin without discussing with their clinician. If they are taking pregabalin, they should continue to use effective contraception during treatment.

If they are currently planning to have a baby, it is important to discuss their treatment options before stopping using contraception. Patients who think they may be pregnant or need advice while taking pregabalin, should talk to the healthcare professional who prescribes pregabalin for them<sup>3</sup>.

### Amiodarone: risks of treatment and need for monitoring

This is a reminder that amiodarone has been associated with serious and potentially life-threatening side effects, particularly of the lung, liver, and thyroid gland. Emphasis has been put on the need to supervise and review patients regularly during treatment. Lung problems may have slow onset but then progress rapidly.

Liver and thyroid function tests should be completed before initiating amiodarone and repeated at six-monthly intervals during treatment. Thyroid function should be monitored for several months after stopping treatment due to the long half life of amiodarone.

The BNF app can be used for safety information, monitoring requirements and advice for patients and carers.

## Release of new eLJF version 5.00

The Lothian Joint Formulary is being completely updated as we move to a new East Region Formulary (ERF) amalgamating the formularies of Lothian, Borders and Fife. The eLJF will be updated in line with these changes.

Version 5.00 of the eLJF has the reviewed versions of the gastro-intestinal, infection and skin chapters and the format of the eLJF is changing to an alphabetical layout to echo the new layout of the ERF.

Within each chapter, medical conditions will also be listed alphabetically.

Pregnancy
eLJF - CLINICAL
Any lines highlighted in blue have been updated in line with the latest East Region Formulary Reviews.
Prescribe by condition...
<b>Pregnancy prescribing notes</b>
Anaemia (ferrous fumarate)
Depression 1st Choice
Depression 2nd (amitriptyline)
Depression 2nd (sertraline)
Epilepsy
Hayfever (beclometasone)
Heartburn in Pregnancy
Hypertension (methyldopa)
Nausea 1st (cyclizine)
Nausea 2nd (prochlorperazine)
Lower UTI in pregnant women
Mastitis
Breast and nipple thrush
Chlamydia (uncomplicated) (azithromycin)
Analgesia (paracetamol)
NRT

Lothian Joint Formulary eLJF-CLINICAL
Version 5.00
Lothian Joint Formulary
For support or feedback on the eLJF please email <a href="mailto:Loth.Prescribing2@nhslothian.scot.nhs.uk">Loth.Prescribing2@nhslothian.scot.nhs.uk</a>
Double click to display the LJF choices within a chapter
Pharmacy First
Conditions for which medicines are directly available from Pharmacies without prescription after consultation with a Pharmacist under the Pharmacy First scheme. Medications are supplied free of charge.
Eligibility:
-Everyone registered with a GP practice in Scotland or the Defence Medical Services on a permanent or temporary basis (including care home residents)
-People who live in Scotland (including those on travellers / asylum seeker or dependent of an asylum seeker).
Visitors to Scotland are excluded.
Cardiovascular System
Central Nervous System
Ear, Nose and Oropharynx
Endocrine System
Eye
Gastrointestinal System
Gluten Free Foods
Infections
Malignant Disease and Immunosuppression
Musculoskeletal and Joint Disease
Nutrition and Blood
Obstetrics, Gynaecology and Urinary Tract Disorders
Palliative Care
Pregnancy
Respiratory System
Skin
Wounds
Children

Additionally, although no longer in the new formulary layout, we have decided to keep a separate chapter for prescribing in pregnancy. This will be updated as the new chapters are released. For ease of checking, the updated sections in the pregnancy chapter will be highlighted in a lavender colour.

A Pharmacy First section has also been added with more information on the service and links to useful resources. Where options are available on Pharmacy First, this has been highlighted in each reviewed chapter.

LJF - Cellulitis
Treatment available on Pharmacy First - click on link to LJF above for more information
For advice on soft tissue infections in drug users please refer to LJF via above link.
Cellulitis (Flucloxacillin)
Cellulitis Penicillin Allergy (Doxycycline)

Inevitably there will be a short lag between the new ERF and the eLJF being updated so prescribers are encouraged to look at the formulary website ([formulary.nhs.scot/east/](http://formulary.nhs.scot/east/)) for the most up to date formulary recommendations.

If there are any queries about the updates, or for any feedback then please contact the eLJF team at [prescribing@nhslothian.scot.nhs.uk](mailto:prescribing@nhslothian.scot.nhs.uk).

Thanks to H el ene Legay, eLJF Team

## East Region Formulary (ERF) update

### Specialist initiation and specialist use only

Specialist Initiation  Specialist Use Only 

These are two of the symbols that are used widely throughout the ERF pathways:

*Specialist Initiation* means it is recommended that these medicines must be initiated by a specialist clinician but are appropriate to be continued in a primary care setting. This initiation could be a recommendation, or prescribing and supply of the medicine from hospital.

*Specialist Use Only* means it is recommended that these medicines must only be prescribed by a specialist. Initiation and monitoring of treatment should remain under the direct supervision of the appropriate specialist clinician.

Explanation of other symbols used in the ERF can be found by hovering over a symbol with your mouse — it will tell you what they signify.

## STOP PRESS

The May [Update](#) is on the webpages now with dates for future East Region Working Group meetings which may be important to anyone submitting a FAF3 or a Formulary Amendment Form!

Thanks to  
 Jane Browning, Lead Pharmacist;  
 Kirsty Macfarlane, Regional Formulary Pharmacist;  
 Steven Fenton, Project Manager;  
 Jayne Stuart, Formulary Support Pharmacist  
 East Region Formulary Team

## Looking to observe a medicines governance meeting?

We welcome observers to many of our committees and forums.

Please contact [prescribing@nhslothian.scot.nhs.uk](mailto:prescribing@nhslothian.scot.nhs.uk) to discuss with one of our team who can put you in touch with the appropriate chair and professional secretary.

## Guidance on the prescribing and use of unlicensed medicines in adults and children across NHS Lothian

- The Unlicensed Medicines Policy has been updated and peer reviewed.
- The NHS Lothian Area Drug and Therapeutics Committee (ADTC) has approved the new procedure format which accompanies the updated policy.
- The new Unlicensed Medicines Procedure can be found at [policyonline.nhslothian.scot/Policies/Procedure/Use\\_of\\_Unlicensed\\_Medicines\\_Procedure](http://policyonline.nhslothian.scot/Policies/Procedure/Use_of_Unlicensed_Medicines_Procedure).



East Region Formulary



## Farewell to Anne Gilchrist

Anne Gilchrist, Lead Pharmacist for Medicines Governance and Guidance recently retired from NHS Lothian.

Anne's friends and colleagues want to take the opportunity to thank her for her hard work, and wish her well on her retirement.

Anne has been an amazing chair for the LPB, ensuring that there was a good balance of serious editorial consideration, alongside some fun and team work. Without her guidance at the helm of the editorial team, we would not have seen so many puns in titles to articles. Anne's attention to detail meant that every word was carefully considered, ensuring that articles clearly articulated their key messages and supported safe and effective prescribing.

Anne chaired 275 editorial meetings, reviewing over 600 articles and co-designing four different LPB templates. So, all the best Anne and thank you for being a great colleague. From the LPB Editorial team (past and present).