

Medicines Management Newsletter

February 2021

Welcome to the February edition of the Medicines Management Newsletter, we hope that you are all keeping safe and well during this time. This newsletter is distributed to all practices and pharmacies in the Barnsley area and aims to keep you informed of the latest medicine updates, drug alerts/recalls and the work currently being completed in GP Practices by the Medicines Management Team.

Medicines Optimisation Scheme (MOS) 2020-21

Eclipse Live RADAR alerts

This year's medicines optimisation scheme ends on the 26th February and we would like to thank all practices for their engagement and support with the scheme.

We would like to take this opportunity to request that the practice reviews of the Eclipse alerts continue. Over the past year, the review of Eclipse RADAR alerts has assumed a greater importance as a tool to identify patients who (due to COVID 19) may be at a higher clinical risk and at risk of hospital admission.

Practices are encouraged to review the alerts every 1-2 weeks to promptly undertake any actions required. The alerts to be reviewed are:

1. Red, amber, and blue Admission Avoidance alerts
2. Red, amber, and blue Monitoring alerts
3. Purple Prescribing Safety alerts

Please note: The CCG Medicines Management Team is happy to support practices with the eclipse alert reviews, please speak to the Medicines Management Team member working in your practice if you require support. Any queries can be sent to the Medicines Management Team via email address Barnsleyccg.mosreporting@nhs.net or by calling the team on 01226 433669.

Support to Community Pharmacies

There are a number of pharmacy staff members who were unable to attend for the first dose of the COVID-19 vaccine for various reasons.

If your pharmacy has any members of staff who did not receive their FIRST DOSE of the COVID-19 vaccine please fill in the attached form to be made an appointment.

This should be filled in by the **pharmacy manager** with the details of any staff members who have not received their **first dose** and sent by email to thomas.croker1@nhs.net **as soon as possible**.

Please note - This form needs to be filled in electronically and not hand written.

[Click here to download the COVID Staff Booking Form](#)

As part of the CCG's continued effort to support community pharmacies, a brief weekly check-in call will continue to see how community pharmacists and their teams are managing through these challenging times and how they are managing through the current flu season with vaccinations. The calls are an opportunity for community pharmacies to raise any issues or concerns they may have. **Pharmacies are advised to flag any significant issues or concerns as soon as possible and do not need to wait for the next call.**

Disruptions to communication methods (phone lines/email)

Should any community pharmacies experience disruption to their lines of communication can they please bring these to our attention, wherever possible.

The team can be contacted by email:

- Shoaib Ashfaq, Primary Care Network Clinical Pharmacist - s.ashfaq@nhs.net
- Mir Khan, Primary Care Network Clinical Pharmacist – mir.khan1@nhs.net
- Danny Speight, Medicines Management Technician - daniel.speight1@nhs.net

Flu vaccination programme update

NHS England and NHS Improvement issue guidance on influenza vaccines for 2021-22

The [NHSE&I letter](#) issued on the 4th February states that NHS providers delivering influenza vaccinations are encouraged to review the JCVI advice (published November 2020) and order vaccines in line with NHS England and NHS Improvement reimbursement guidance.

The following flu vaccines will be reimbursed as part of the NHS Seasonal Influenza Immunisation Programme 2021-22:

Eligible Group for Vaccination	Reimbursed Vaccination Type
Aged 65 and Over	<ul style="list-style-type: none">• aQIV• QIVc (where aQIV is unavailable)
At-Risk adults aged 18 to 64	<ul style="list-style-type: none">• QIVc• QIVe (where QIVc is unavailable)

Brands / Manufacturers based on information from the 2020-21 Flu Season:

aQIV: Flud® Tetra [Seqirus]

QIVc: Flucelvax® Tetra [Seqirus]

QIVe: brands/manufacturers include Quadrivalent Influenza Vaccine [Sanofi Pasteur], Fluarix® Tetra [GSK], Influvac® sub-unit Tetra and Influenza vaccine Tetra MYL [Mylan]

Manufacturers will start to produce volumes of vaccines shortly based on the orders they have received. Please submit your order as soon as possible to ensure timely arrival during the 2021-22 flu season.

All providers are asked to plan their influenza vaccine ordering to at least equal the high levels of uptake achieved in 2020-21. The letter states that there may be policy developments to extend the eligible cohorts during 2021-22 and that further advice will be communicated should additional cohorts be introduced.

If you have any queries relating to the flu vaccination programme or require support in locating additional vaccines for the 2020-21 season please contact a member of the team.

COVID-19 Vaccines

COVID-19 vaccination first phase priority groups

To ensure that the correct patients are being called for vaccination, practices are reminded of the following:

- We recommend running all of the cohort searches for patients eligible for the COVID-19 vaccine regularly to give you up to date lists which take in to account some of the exclusions built into the search - such as those who have had the vaccine already, tested positive for COVID in the last 28 days, or to find those who have turned 70 recently.
- **Group 4: Clinically extremely vulnerable individuals (CEV)**
Practices should ensure that their list of patients who are clinically extremely vulnerable is up to date by checking the searches provided by the clinical systems providers each week, as well as coding any patients as High Risk who now meet the criteria for being CEV.
- **Group 6: Adults aged 16 to 65 in an at-risk group**
Practices should ensure all long term conditions are correctly coded, patients weights are up to date (especially those with a high BMI) and patients medication records are correct, including where secondary care has started or stopped medication. We have seen examples of patients who have had immunosuppressant medication stopped by the hospital and not removed from their medication record, therefore leading to them being incorrectly coded as Group 6.

Stoma Appliance Ordering Line

Barnsley Stoma Appliance Order Service has now been in operation for 1 year, supporting patients from Huddersfield Road, Monk Bretton and Ashville GP practices to order their stoma appliances.

The service not only provides patients with assistance with appliance ordering for their individual needs but directly links with the stoma service within BHNFT for additional support.

Currently run by the Medicines Management Team at Barnsley CCG, the service takes and processes all prescription requests directly from patients and has been very successful. It is part of the Medicines Optimisation Scheme for 2020/2021 and after successfully recruiting additional team members the service is now in the position to start engagement with additional practices to develop the service further.

Contact will be made with GP practices in due course but should you have any queries about appliances, such as the amount ordered or the correct ordering process required, please contact Lindsay Reynolds, Appliance Nurse via email: lindsay.reynolds@nhs.net (working days are **Wednesday, Thursday & Friday**)

Updates from the Barnsley Area Prescribing Committee (APC)

Prescribing Guidelines

The **Management of Allergic Rhinitis in Primary Care** guideline has been updated:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Allergic%20Rhinitis%20Guidelines.pdf>

The new **Bath Additives and Shower Emollients Area Prescribing Committee Position Statement** is available:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Bath%20additives%20and%20shower%20emollients%20position%20statement.pdf>

Bath additives (e.g. Zerolatum®, Aveeno® bath/shower oil) and shower emollients (e.g. E45® shower cream, Oilatum® shower emollient) are included in the NHS England guidance 'Items which should not routinely be prescribed in primary care', with no exceptions. No new patients should be initiated on bath additives / shower emollients. Patients currently prescribed bath additives / shower emollients should have their prescription reviewed and these items should be decribed in all patients.

Please note: patients advised to use a shower emollient (e.g. Dermal® 200) as a shampoo by a consultant dermatologist may continue to be prescribed their shower emollient on prescription. The dermatological condition it is prescribed for should be documented in the clinical notes.

Shared Care Guidelines

The Committee has agreed to adopt the **Sheffield Shared Care Protocol for Riluzole**, for long standing patients with motor neurone disease, who are transferred from Sheffield hospitals to primary care:

<https://best.barnsleyccg.nhs.uk/clinical-support/shared-care-guidelines/riluzole/205538?UNLID=7175703872021118153627>

The following guidelines have been updated:

Shared Care Guideline for the use of anticonvulsants as mood stabilisers:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Anticonvulsants%20for%20mood%20stabilisation.pdf?UNLID=89372787820161124162310&UNLID=7175704142021118154155>

Moxonidine Amber-G guideline:

https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Moxonidine_Amber_G_Guidance.pdf?UNLID=7175704142021118153844

Tresiba® (insulin degludec) Amber-G guideline:

https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Tresiba_Amber_G.pdf

Drugs for Dementia (donepezil, rivastigmine, galantamine and memantine) Amber-G guideline:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Dementia%20Shared%20Care%20Guidelines.pdf?UNLID=5739239620212815144>

Minoxidil Amber-G guideline:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Minoxidil%20Amber%20with%20guidance.pdf>

The **Melatonin in Children and Adolescents Shared Care Guideline** has been updated in line with the changes to the melatonin section of the Barnsley formulary which were agreed by the Committee at the November 2020 APC:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Melatonin%20Shared%20Care%20Guidelines%20-children%20and%20adolescents.pdf>

Formulary Changes (Drugs with a provisional classification are not currently included on the Barnsley formulary)

- **Nualtra® Altrajuce** has been assigned a **formulary green** classification (the Oral Nutritional Supplement prescribing guidelines for Adults are currently being updated to include Nualtra® Altrajuce).
- **Aymes® Actacal Crème** has been assigned a **formulary amber-G** classification (the Oral Nutritional Supplement prescribing guidelines for Adults are currently being updated to include Aymes® Actacal Crème).
- **Lidocaine Hydrochloride 1% Injection** has been assigned a **formulary green** classification.
- **Galcanzumab**, for migraine prevention, has been assigned a **formulary red** classification.

MHRA Safety Updates

The latest MHRA safety updates are available to view online.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/950307/Jan-2021-DSU-PDF-pub.pdf

Key issues affecting Primary Care are highlighted below - For the full details please view the guidance using the link above.

Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review

A review of the risks of major congenital malformations and of adverse neurodevelopmental outcomes for antiepileptic drugs by the Commission on Human Medicines has confirmed that lamotrigine (Lamictal) and levetiracetam (Keppra) are the safer of the medicines reviewed during pregnancy. This review was initiated in the context of the known harms of valproate in pregnancy, which should only be prescribed to women of childbearing potential if there is a pregnancy prevention programme in place.

Clinicians should use this information when discussing treatment options with women with epilepsy at initiation and at routine recommended annual reviews and in women planning to become pregnant.

COVID-19 vaccines (Pfizer/BioNTech and COVID-19 Vaccine AstraZeneca): current advice

Recent advice from the MHRA on the COVID-19 vaccines authorised for use in the UK, including advice for people with allergies and for women during pregnancy and breastfeeding

Dimethyl fumarate (Tecfidera): updated advice on the risk of progressive multifocal leukoencephalopathy (PML) associated with mild lymphopenia

The monitoring requirements and discontinuation criteria for dimethyl fumarate (Tecfidera) have been strengthened following a small number of reports of progressive multifocal leukoencephalopathy (PML) in patients with mild lymphopenia. Continue to monitor lymphocyte counts and advise patients to seek urgent medical attention if they experience any symptoms or signs suggestive of PML

Fingolimod (Gilenya ▼): updated advice about the risks of serious liver injury and herpes meningoencephalitis

Liver monitoring requirements and criteria for discontinuation of fingolimod have been updated following reports of serious liver injury. Fatal cases of encephalitis and meningitis caused by herpes simplex and varicella zoster viruses have also been reported during treatment. Advise patients to seek urgent medical attention if they develop any clinical features of liver dysfunction or meningoencephalitis. Discontinue fingolimod if significant hepatic injury or herpes meningoencephalitis is confirmed.

SSRI/SNRI antidepressant medicines: small increased risk of postpartum haemorrhage when used in the month before delivery

SSRIs and SNRIs are known to increase bleeding risks due to their effect on platelet function. Data from observational studies suggest that the use of SSRI/SNRI antidepressants during the month before delivery may result in a small increased risk of postpartum haemorrhage. Prescribers should consider this risk in the context of an individual patient's bleeding and thrombotic risk assessment during the peripartum period and the benefits of antidepressants for the patient's mental health during this time.

Aminoglycosides (gentamicin, amikacin, tobramycin, and neomycin): increased risk of deafness in patients with mitochondrial mutations

Evidence suggests an increased risk of aminoglycoside-associated ototoxicity in patients with mitochondrial mutations, including cases in which the patient's aminoglycoside serum levels were within the recommended range. These mitochondrial mutations are rare and penetrance is uncertain. Genetic testing should not delay urgently needed aminoglycoside treatment but may be considered, especially before the start of recurrent or long-term treatment.

If you have any queries regarding medication or require support in identifying patients affected by any of the issues discussed in this newsletter, please contact the Medicines Management Pharmacist and/or Technician working in your practice.

Alternatively contact the Medicines Management Team on 01226 433669 or 433798.

We would welcome any feedback you have to give on this newsletter, as well as any suggestions for future articles.

Please send ideas and comments to Claire Taylor, MMT Administration Assistant on email address claire.taylor18@nhs.net

Many Thanks