NHS
Barnsley
Clinical Commissioning Group

Medicines Management Newsletter
January 2021

Welcome to the January 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

There are a number of work areas which will require clinical input from the practices before the 28th February deadline to ensure that all patients are reviewed:

- **Direct Oral Anticoagulant (DOAC):** Ensure all patients are prescribed the correct dose based on the indication, age and/or weight, check that monitoring is up to date and appropriate recalls are in place
- **DMARD & Immunosuppressants:** Ensure monitoring is up to date and appropriate recalls are in place
- **Gabapentin/Pregabalin:** Ensure patients are prescribed the correct dose where a low creatinine clearance level indicates a dose adjustment may be necessary (Gabapentin with a creatinine clearance<80ml/min and pregabalin with a creatinine clearance <60ml/min)
- **Procyclidine and not on an antipsychotic:** Review treatment and reduce/stop where appropriate

Practices are encouraged to continue to engage with the Medicines Management Team to ensure all areas are completed.

Please note: The CCG Medicines Management Team is happy to support practices to review prescribing in these and other areas, however please note that the overall responsibility for completion of the work within the scheme lies entirely with the practice. 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

Management of Oral Nutritional Supplements (ONS) on D1 Forms

It is assumed that any patient who has ONS on their BHNFT D1 form was screened for malnutrition during their admission and deemed 'at risk'. Being 'at risk' of malnutrition will trigger a referral to the BHNFT inpatient dietetic service.

The BHNFT inpatient dietitians conduct a telephone review approximately 2 weeks post-discharge for all patients discharged on ONS who were referred to them during their admission. This is primarily to assess ongoing need for ONS and to advise the GP practice whether a referral to the Community Nutrition and Dietetic Service is required. The outcome of this review will always be communicated to the practice.

As a result, any ONS on a patients D1 form should not be added to 'Repeat Prescriptions' until communication from the dietitian's post-discharge review is received and advises otherwise. If no communication from the dietitians is received at 2 weeks post-discharge, it can be assumed that ONS was initiated in BHNFT without dietetic input. To prevent inappropriate prescribing of ONS, GP practices are advised not to continue to prescribe ONS in these scenarios. Where there is clinical concern, a referral to the Community Nutrition and Dietetic Service is advised for assessment.

For any queries, please contact: Justin Ward (Medicines Management Dietitian, NHS Barnsley CCG) via email at justin.ward@nhs.net

Updates from the Barnsley Area Prescribing Committee (APC)

Prescribing Guidelines

The NEW **Ranitidine shortage guidelines** are available on the BEST website:

https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Oral%20Ranitidine%20Shortage%20Guidance.pdf

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

- **SSRI section of the formulary**
  The cost of sertraline has increased and it is now significantly more expensive than other generic SSRIs. The Committee agreed that unless there is a specific clinical reason to favour sertraline, citalopram or fluoxetine should be considered in new patients.
- **Cyanocobalamin (Orobalin®) 1mg tablets** have been assigned a **non-formulary provisional grey** classification. However cyanocobalamin can be prescribed in line with the BSH/Barnsley guidance on alternatives to vitamin B12 injections (hydroxocobalamin) during the COVID-19 pandemic:
  https://best.barnsleyccg.nhs.uk/COVID-19/Meds%20Man/COVID-19%20Vitamin%20B12%20injection%20alternatives%202.0%20.pdf
- **Glycopyrronium + indacaterol + mometasone (Enerzair Breezhaler®)** has been assigned a **non-formulary provisional grey** classification.
- **Indacaterol + mometasone (Atectura Breezhaler®)** has been assigned a **non-formulary provisional grey** classification.
- **Aymes® Actasolve Smoothie sachets** have been assigned a **formulary green** classification. The sachet is mixed with water to prepare a juice style drink. The ONS prescribing guidelines are currently being updated to include Aymes® Actasolve Smoothie.
- **Hydrocortisone (Colifoam®) 10% rectal foam** has been removed from the formulary as it is discontinued. Budenofalk® foam (formulary green classification) is now the first line choice of corticosteroid rectal foam (previously second line choice).
- **Naldemedine** has been assigned a **formulary amber-G** classification. Amber-G guidance is currently being updated to include naldemedine for treating opioid-induced constipation.
- **Gastro-intestinal system formulary review:**
  - **Ranitidine** has been assigned a **formulary grey** classification (previously formulary green but all formulations of ranitidine are out of stock long term).
  - **Sucralfate** has been assigned a **formulary red** classification (previously formulary green)**.** It is an unlicensed special order product (high cost).
- **Nutrition and blood formulary review:**
  - **Sodium polystyrene Sulphonate Resins (Resonium A®),** indicated for hyperkalaemia associated with anuria or severe oliguria, and in dialysis patients, has been assigned a **formulary amber-G** classification (previously non-formulary green). Amber-G guidance is in development.
  - **Aymes® Shake Compact sachets** have been assigned a **formulary green** classification. The product is already in use as Aymes® Shake made with a reduced volume of 100ml of full fat milk (rather than 200ml for regular Aymes® Shake), to make a 'compact solution'. The new packaging makes it easier to prepare and there is less chance of an error. The ONS prescribing guidelines are currently being updated to include Aymes® Shake Compact.
  - **The following infant formula have been renamed:**
    - SMA® PRO high energy has been renamed **SMA® high energy** (formulary amber-G).
    - Alfamino® has been renamed **SMA® Alfamino** (formulary amber-G).
    - Similac Alimentum® has been renamed **Alimentum®** (formulary green).

Stoma Appliance Ordering Line

The recently advertised vacancies for Admin Support have now closed and very high volumes of interest have been received.

Fulfilling the 2 x full time positions will enable the stoma prescription line to be widely integrated across all GP practices.

The stoma prescription line is open Monday to Friday 9am-4pm and is currently provided remotely by the Medicine Management Team on telephone number 01226 433771.

If 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 shown below: lindsay.reynolds@nhs.net (working days are **Wednesday, Thursday & Friday)**

Support Yellow Card: report suspected reactions

Yellow Cards can be used for reporting suspected adverse drug reactions to medicines, vaccines, herbal or complementary products, whether self-medicated or prescribed. The MHRA website provides full guidance on reporting a Yellow Card.

Yellow Card reports can be made for suspected adverse drug reactions:

- on the Yellow Card website
- via the mobile app from the Google Play Store or Apple App Store
- in some clinical IT systems for healthcare professionals (EMIS, SystmOne, Vision, MiDatabank and Ulysses)

Reports can also be made via freephone (0800 731 6789, 9am to 5pm Monday to Friday).

Coronavirus Yellow Card reporting site

https://coronavirus-yellowcard.mhra.gov.uk/

Use the new dedicated COVID-19 Yellow Card reporting site to report:

- all suspected side effects associated with any medicine used in patients with confirmed or suspected COVID-19, including medicines to manage long-term or pre-existing conditions, and unlicensed medicines or medicines used off-label
- medical devices incidents related to COVID-19

COVID-19 Vaccines, Medicines and Prescribing Information

Information on the COVID-19 vaccination programme has been incorporated into the signposting resource which has continued to be updated by the Medicines Management Team to share information and advice as it emerges during the pandemic.

The document is currently updated twice a week and new additions are highlighted in yellow.

The resource can be accessed via the following link;

https://best.barnsleyccg.nhs.uk/COVID19-medicines-and-prescribing-information.htm

Support to Community Pharmacies

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 them to our attention, where 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

MHRA Safety Updates

The latest MHRA safety updates are available to view online.
December 2020 Volume 14: Issue 5
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/945824/Dec-2020-DSU-PDF-1712.pdf

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

Systemic and inhaled fluoroquinolones: small risk of heart valve regurgitation; consider other therapeutic options first in patients at risk. Fluoroquinolones should only be used after careful benefit-risk assessment and after consideration of other therapeutic options in patients at risk for heart valve regurgitation (incompetence).

Fluoroquinolones should only be used after careful benefit-risk assessment and after consideration of other therapeutic options in the following patients at risk:

- patients with congenital heart valve disease or pre-existing heart valve disease
- patients diagnosed with connective tissue disorders (for example, Marfan syndrome or Ehlers-Danlos syndrome)
- patients with other risk factors or conditions predisposing for heart valve regurgitation (for example, hypertension, Turner's syndrome, Behçet's disease, rheumatoid arthritis, and infective endocarditis)

Erythromycin: caution required due to cardiac risks (QT interval prolongation); drug interaction with rivaroxaban. Erythromycin has been associated with events secondary to QT interval prolongation such as cardiac arrest and ventricular fibrillation. Erythromycin should not be given to patients with a history of QT interval prolongation or ventricular cardiac arrhythmia, including torsades de pointes, or patients with electrolyte disturbances. A potential drug interaction between rivaroxaban and erythromycin resulting in increased risk of bleeding has also been identified.

Advice for healthcare professionals:

- be aware of reports of cardiotoxicity (QT interval prolongation) with macrolide antibiotics, in particular with erythromycin and clarithromycin
- erythromycin should not be given to:
  - patients with a history of QT interval prolongation (congenital or documented acquired QT interval prolongation) or ventricular cardiac arrhythmia, including torsades de pointes
  - patients with electrolyte disturbances (hypokalaemia or hypomagnesaemia due to the risk of arrhythmia associated with QT interval prolongation)
- consider the potential benefit of treatment against the cardiac risks when prescribing in patients at increased risk of a cardiac event; patients in whom caution is needed are those with:
  - cardiac disease or heart failure
  - conduction disturbances or clinically relevant bradycardia
  - those concomitantly taking other medicines associated with QT interval prolongation
- direct patients to the patient information leaflet and remind at-risk patients of the importance of seeking medical attention if they develop signs or symptoms of a cardiac event
- erythromycin is widely used in children, some of whom may have QT interval prolongation; therefore, consider the child's medical history and balance the treatment benefits against the potential risks
- erythromycin may interact with rivaroxaban and increase the risk of bleeding – consider this interaction when prescribing antibiotics and follow precautions in the product information if concomitant use is necessary
- report suspected adverse drug reactions (ADRs) associated with erythromycin to the Yellow Card scheme

Erythromycin: update on known risk of infantile hypertrophic pyloric stenosis. Updates have been made to the magnitude of the known risk of infantile hypertrophic pyloric stenosis following exposure to erythromycin in infancy as a result of new epidemiological data. The risk is particularly increased in the first 14 days after birth. Weigh the benefit of erythromycin therapy in infants against the potential risk of infantile hypertrophic pyloric stenosis.

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