

Medicines Management Newsletter

May 2022

Welcome to the May edition of the Medicines Management Newsletter. 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.

Updates from the Barnsley Area Prescribing Committee (APC)

Shared Care Guidelines

The **NEW Clomifene Amber G Shared Care Guideline** is available at:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Clomifene%20Amber%20G%20Shared%20Care%20Guidelines.pdf>

The **UPDATED Ganciclovir 0.15% Eye Gel Amber-G guideline** is available at:

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

Although there is now a licensed aciclovir 3% eye ointment available this has a higher acquisition cost than ganciclovir eye gel. Ganciclovir 0.15% eye gel will remain amber-G and is the first line choice where appropriate. Aciclovir 3% eye ointment has been assigned a formulary grey classification (previously non-formulary) and should only be prescribed where ganciclovir 0.15% eye gel is not appropriate (e.g. for the treatment of herpes simplex keratitis in children under the age of 18 years as ganciclovir eye gel is not licensed for use in children).

Prescribing Guidelines

The **UPDATED Patient Information Leaflet: Unlicensed and 'Off-label' medicines** is available at:

<https://best.barnsleyccg.nhs.uk/clinical-support/patient-information-sheets/pil-unlicensed-and-off-label-medicines/81526>

The **UPDATED Trial of stopping your overactive bladder drug Patient Information Leaflet** is available at:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Trial%20of%20Stopping%20Your%20Overactive%20Bladder%20Drug%20PIL.pdf>

It has been updated to advise to stop the overactive bladder medicine as advised by the clinician, up to a maximum of 4 weeks, in line with the Treatment of Overactive Bladder in Women guidance.

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

- **Diphtheria + tetanus + pertussis + hepatitis B + poliomyelitis + Haemophilus influenzae type B vaccine (Vaxelis®)** has been assigned a formulary green classification, for use in line with national recommendations.
- **Galzemic® XL** (Galantamine) 8mg, 16mg and 24mg capsules and 20mg/5ml oral solution, indicated for dementia of the Alzheimer type, have been assigned a **formulary amber classification**. The preferred brands of galantamine in Barnsley are Galzemic® XL and Gatalin® XL (previously Luventa® XL and Gatalin® XL).
- **Vagirux®** 10microgram estradiol vaginal tablet, indicated for treatment of vaginal atrophy due to oestrogen deficiency in postmenopausal women, has been assigned a **formulary green classification** (previously non-formulary provisional green). In primary care it is more cost-effective to prescribe the 10 microgram estradiol vaginal tablet as the brand Vagirux®.
- **Prothiaden®** (Dosulepin) 75mg tablets, indicated for depression, have been assigned a **formulary grey classification** (previously non-formulary grey). It is more cost-effective to prescribe dosulepin 75mg tablets as Prothiaden® 75mg tablets.
- **Mefenamic acid** 250mg capsules and 500mg tablets have been assigned a **formulary grey classification** (previously formulary green). If an NSAID is required for dysmenorrhoea or menorrhagia, consider the use of ibuprofen or naproxen which is first choice/alternative NSAID on the formulary rather than mefenamic acid which is increasingly expensive and has no evidence of superiority over other NSAIDs. There are also concerns that mefenamic acid is more likely to cause seizures in overdose, and it has a low therapeutic window which increases the risk of accidental overdose.

Updates from the Barnsley Area Prescribing Committee (APC) cont...

NICE CKS Dysmenorrhoea: [Scenario: Primary dysmenorrhoea](#) | [Management](#) | [Dysmenorrhoea](#) | [CKS](#) | [NICE](#)

Note that only mefenamic acid is specifically licensed for menorrhagia. However the NICE CKS for menorrhagia lists naproxen and ibuprofen as treatment options for menorrhagia: [Nonsteroidal anti-inflammatory drugs](#) | [Prescribing information](#) | [Menorrhagia](#) | [CKS](#) | [NICE](#)

MHRA Drug Safety Update

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The March 2022 MHRA Drug Safety Update can be accessed at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1060841/March-2022-DSU-PDF.pdf Issues relating to primary care:

Amiodarone (Cordarone X): reminder of risks of treatment and need for patient monitoring and supervision

Amiodarone has been associated with serious and potentially life-threatening side effects, particularly of the lung, liver, and thyroid gland. We remind healthcare professionals that patients should be supervised and reviewed regularly.

Lung problems may have slow onset but then progress rapidly. Computerised tomography scans may help to confirm a suspected diagnosis of pulmonary toxicity.

Advice for healthcare professionals:

- amiodarone can cause serious adverse reactions affecting the eyes, heart, lung, liver, thyroid gland, skin, and peripheral nervous system
- review regularly patients on long-term amiodarone treatment – some of these reactions may be life-threatening but onset can be delayed
- check liver and thyroid function before treatment, and at 6-monthly intervals; thyroid function should also be monitored for several months after discontinuation
- although routine lung imaging is not necessary in patients taking amiodarone long-term, make patients aware of the need to seek advice if they have new or worsening respiratory symptoms and consider using computerised tomography (CT) scans if pulmonary toxicity is suspected
- report suspected adverse drug reactions associated with amiodarone on a [Yellow Card](#)

Advice for healthcare professionals to give to patients and carers:

- amiodarone is used to treat serious heart conditions in which your heart beats unevenly or too fast
- always read the patient information leaflet provided with your medicines and follow the advice on other medicines to avoid and what to do if you have a side effect
- your doctor may perform tests of your blood, lungs, heartbeat, and eyes before and during treatment – it's important to have these tests because they can identify if there's a problem
- stop taking amiodarone and see a doctor or go to a hospital straight away if you experience any of the following during treatment or in the period after stopping amiodarone:
 - new or worsening shortness of breath or coughing that will not go away
 - yellowing of the skin or eyes (jaundice), feeling tired or sick, loss of appetite, stomach pain, or high temperature
 - weakness, weight loss or weight gain, heat or cold intolerance, hair thinning, sweating, changes in menstrual periods, swelling of the neck (goitre), nervousness, irritability, restlessness, or decreased concentration
 - your heartbeat becomes even more uneven or erratic, or becomes very slow
 - any loss of eyesight

Metformin in pregnancy: study shows no safety concerns

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 periconceptional phase as an addition or an alternative to insulin, if clinically needed. This is consistent with current clinical guidance.

Barnsley Adolescent Vaccines

The list of drop-in clinics for adolescent vaccines has recently been updated and the revised list of clinic sessions can be found at the following link:

[Barnsley specialist children's health - South West Yorkshire Partnership NHS Foundation Trust \(barnsleychildrenshealth.co.uk\)](http://barnsleychildrenshealth.co.uk)

Online Resources available to help

Clinicians are reminded that there are a number of online resources available to help with prescribing queries:

<http://best.barnsleyccg.nhs.uk> - aims to provide an all-purpose resource for GPs, Practice Nurses and other healthcare professionals to access everything from referral forms and pathways to prescribing guidelines and diagnostic tools.

<http://www.barnsleyformulary.nhs.uk> - aims to provide information and resources to clinicians on formulary choices, traffic light classifications, local & national guidance etc.

The websites can be accessed from any computer, tablet or phone and from surgery or home. It is recommended that they are accessed using Google Chrome.

Support to Community Pharmacies

As part of the CCG's continued effort to support community pharmacies, brief check-in calls will continue to be made to see how community pharmacists and their teams are managing through these challenging times. 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.

Discharge Medication Service

If a pharmacy needs to query any discrepancies as part of the Discharge Medication Service, could you please Cc the respective clinical pharmacist within the GP practice.

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:

- Shoab Ashfaq, Primary Care Network Clinical Pharmacist – s.ashfaq@nhs.net
- Mir Khan, Primary Care Network Clinical Pharmacist – mir.khan1@nhs.net
- Shauna Kemp, Primary Care Network Technician – shauna.kemp@nhs.net

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 Officer via email address claire.taylor18@nhs.net

Many Thanks