

# Medicines Management Newsletter

## April 2021

Welcome to the April 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.

### QIPP

The Medicines Management Team members working in your practice will be reviewing patients over the coming weeks where cost-effective brands & preparations have been identified and included on the formulary. This work will build on the QIPP work undertaken in previous years. A resource pack will be available to support in making the changes.

Prescribed Medicine(s)	Recommended alternative	Work to commence
Buprenorphine seven-day patch (5micrograms/hr, 10micrograms/hr, 15micrograms/hr and 20 micrograms/hr)	Sevodyne® patch	May/June 2021
Co-careldopa tablets (generic)	Sinemet® tablets	May/June 2021
Co-codamol 30/500 tablets and capsules (generic and other less cost-effective brands)	Zapain® caplets & capsules	April/May 2021
Cyanocobalamin tablets (generic and other less cost-effective brands)	CyanocoMinn® and CyanocoB12® tablets	May/June 2021
DPP4 inhibitors without imminent patent expiries (alogliptin, linagliptin) and metformin prescribed separately to be prescribed generically as combination products	Alogliptin/metformin (Vipdomet®) Linagliptin/ metformin (Jentadueto®)	May/June 2021
Ensure Compact®/Fortisip Compact®	Aymes Shake Compact®	May/June 2021
Ensure Plus Juce® and Fortijuce®	Aymes Actasolve® smoothie or Altrajuce®	May/June 2021
Estradiol cream	Ovestin® cream	May/June 2021
Fluoxetine 10mg capsules & tablets	Fluoxetine 20mg/5ml liquid or half a 20mg dispersible tablet	April/May 2021
Fluticasone 50microgram/Salmeterol 25microgram MDI (Seretide® 50)	Combisal® 50 MDI	April/May 2021
Gaviscon Advance® liquid	Acidex Advance® liquid	April/May 2021
Levothyroxine 12.5microgram tablets	Levothyroxine 25microgram tablets (alternate days)	April/May 2021
Darifenacin tablets	Solifenacin tablets	April/May 2021
Metformin MR tablets (generic and other not cost-effective brands)	Yaltormin MR® tablets	April/May 2021
Phosphate enema (Formula B®)	Cleen® enema	May/June 2021
QVAR® (Beclometasone) metered dose inhaler	Kelhale® inhaler	May/June 2021
SGLT2 inhibitors (canagliflozin, dapagliflozin, empagliflozin) and metformin prescribed separately to be prescribed generically as combination products	Canagliflozin/metformin (Vokanamet®) Dapagliflozin/metformin (Xigduo®) Empagliflozin/metformin (Synjardy®)	May/June 2021
Venlafaxine XL 225mg tablets & capsules	Vencarm XL® 225mg capsules	May/June 2021

## Dosing instructions for liquid medication – Oramorph and Oxycodone

We have been notified of two incidents, nationally, relating to the dosing of Oramorph® solution (Morphine sulfate 10mg/5ml). The first incident resulted in a patient receiving an overdose due to the dosing instructions being specified in **milligrams** rather than **millilitres**. The second incident related to a lack of patient counselling when the medication was prescribed and dispensed, resulting in the patient taking significantly excessive quantities of Oramorph®.

Prescribers are reminded to:

- Ensure directions for all liquid medications are written clearly.
- Ensure patients are given appropriate counselling to ensure they are aware of the risks of taking too much morphine sulfate oral solution or oxycodone oral solution. Patients should be advised not to exceed the stated dose and to ensure each dose is carefully measured.

Local guidance, **Primary Care Prescribing Guidelines: Advisory, Minimum and Gold<sup>1</sup>**, state the following as a minimum requirement for prescribing liquid formulations:

*Clinicians should always specify the strength of the formulation, the dose in milligrams / micrograms and also the volume. (For example: Morphine Sulfate 10mg/5ml oral solution. 1.25ml (2.5mg) to 2.5ml (5mg) to be taken every 4 hours when required).*

The Medicines Management Team will be undertaking searches in practice for morphine sulfate oral solution and oxycodone oral solution to ensure the directions on the prescription are appropriate.

<sup>1</sup> Barnsley CCG. Primary Care Prescribing Guidelines: Advisory, Minimum and Gold. Available at: <https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Prescribing%20Gold%20Guidelines%20-%20July%202020.pdf>

## Patient Group Directions (PGDs) Update

**Yorkshire and the Humber Screening and Immunisation Team** emailed out the following PGDs to Practice Managers on 01.03.2021:

- Meningococcal Group B Vaccine (MenB) - This replaces the previous PGD which expired on 28.02.2021.
- Meningococcal Group ACWY conjugate vaccine (Men ACWY) for risk groups - This is a new PGD for Yorkshire and the Humber.

**Yorkshire and the Humber Screening and Immunisation Team** emailed out the following PGDs to Practice Managers on 30.03.2021:

- Meningococcal Group B Vaccine (MenB) for at risk groups - This is a new PGD for YH.
- Pertussis (Boostrix® - IPV or Repevax®) for pregnant women and contacts of cases - This replaces the previous PGD which expired on 31.03.2021.
- Shingles (Zostavax®) - This replaces the previous PGD which expired on 31.03.2021.

Practice Managers are asked to share the PGDs with all practitioners planning to work under them and to ensure individual practitioner authorisation.

**All 5 PGDs are available on the NHSE website along with all other current PGDs:**

<https://www.england.nhs.uk/north-east-yorkshire/our-work/information-for-professionals/pgds/>

If Practice Managers do not receive emails about updated PGDs from the Screening and Immunisation Team please email: [joanne.howlett2@nhs.net](mailto:joanne.howlett2@nhs.net) or [joypower@nhs.net](mailto:joypower@nhs.net) (Medicines Management Pharmacists) and this can be arranged.

## Updates from the Barnsley Area Prescribing Committee (APC)

### Prescribing Guidelines

#### **Nutrition and Wound Care – a guide for service users and carers**

A new nutrition and diet resource for patients with pressure sores or leg ulcers is available:

<https://best.barnsleyccg.nhs.uk/prescribing-guidelines/gi-nutrition-and-wound-care-a-guide-for-service-users-and-carers-apc-approved/307600>

### Shared Care Guidelines

The traffic light classification of roflumilast has been changed from red to amber. The new **Daxas® (Roflumilast) Amber Shared Care Guideline** is available:

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

The **Amber-G guideline for the treatment of opioid-induced constipation** now includes **naldemedine (Rizmoic®)** in addition to **naloxegol (Moventig®)**:

<https://best.barnsleyccg.nhs.uk/clinical-support/shared-care-guidelines/naloxegol-and-naldemedine/307626>

The **Prostate Cancer: LHRH analogues / Cyproterone / Bicalutamide Amber-G guideline** has been updated:

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

The **Shared Care Protocol for the Prescribing of Oral Antipsychotics in Adults** has been updated:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Antipsychotics%20in%20Adults.pdf>

It has been developed on the basis of implied consent and includes all of the amber oral antipsychotics on the formulary (aripiprazole, amisulpride, olanzapine, quetiapine and risperidone) in one guideline. The guideline also includes details of antipsychotics with a green and red traffic light classification.

There is a new risk assessment form (Appendix C of the guideline) providing additional information for patients who are being discharged from the service.

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

- **Formoterol + glycopyrronium (Bevespi Aerosphere®)** pressurised inhalation, indicated for COPD, has been assigned a non-formulary provisional grey classification.
- **Pridinol (Myopridin®)** tablets, indicated for central and peripheral muscle spasms (lumbar pain, torticollis, general muscle pain) in adults, have been assigned a non-formulary provisional grey classification.
- **Dapagliflozin** tablets, indicated for **heart failure with reduced ejection fraction (HFrEF)**, have been assigned a **formulary red** classification until amber-G guidance is available (dapagliflozin remains formulary green for use in Type 2 diabetes and formulary red for use in Type 1 diabetes).

## Reimbursable Influenza Vaccines for the 2021-22 Seasonal Programme

NHS England and NHS Improvement published an updated flu letter on the 1<sup>st</sup> April ([available here](#)) which includes information on the vaccines which are reimbursable during the flu 2021/22 season for the different eligible groups.

The main update is that, despite not initially being eligible for reimbursement, **doses of QIVr are now available to order in limited quantities and will be reimbursed** in line with the information included in the table below. Vaccines for the 50 to 64 year old cohort will be eligible for reimbursement with the timing and prioritisation to be confirmed in further operational guidance.

The updated letter reminds providers to review the JCVI advice ([available here](#)) and order vaccines in line with the latest NHS England and NHS Improvement reimbursement guidance which has been summarised in the table below.

Points to note:

- JCVI statement indicates additional benefit from the use of aQIV in patients aged 65 years and over. If aQIV is not available, QIVc or QIVr are alternatives.
- JCVI supports a preference for QIVc or QIVr over QIVe in at risk adults < 65 years. See the JCVI statement for further information. QIVe remains reimbursable where QIVc or QIVr are not available.

Eligible Group for Vaccination	Reimbursed Vaccination Type
Aged 65 and Over	<ul style="list-style-type: none"><li>• aQIV</li><li>• QIVc/QIVr (where aQIV is not available)</li></ul>
Aged 50 to 64 years	<ul style="list-style-type: none"><li>• QIVc/QIVr</li><li>• QIVe (where QIVc or QIVr is not available)</li></ul>
At-risk adults, including pregnant women, aged 18 to less than 65 years	<ul style="list-style-type: none"><li>• QIVc/QIVr</li><li>• QIVe (where QIVc or QIVr is not available)</li></ul>

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

*aQIV: Fluvad® Tetra [Seqirus]*

*QIVc: Flucelvax® Tetra [Seqirus]*

*QIVr: FluBlok® [Sanofi]*

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

Vaccine ordering should be planned to at least equal the high level of uptake achieved in 2020/21. The letter includes information on how the respective manufacturers can support with orders.

Providers are encouraged to review their orders and where possible consider spreading orders for each cohort between suppliers, in order to limit any risk to the delivery of their vaccination programme as a result of delays in supplies. If you have any queries relating to the flu vaccination programme please contact a member of the Medicines Management Team.

## 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 these to our attention, wherever possible.

The team can be contacted by email:

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

## Adding Hospital Only Medications to Patients Records

All medicines prescribed and routinely dispensed by the hospital or other specialist providers should be entered on to the clinical system.

This ensures that:

- when referrals and choose and book appointments are made, the hospital is provided with a full and up to date list of a patient's current medications.
- drug interactions with hospital only drugs are highlighted to the prescriber when new drugs are added in primary care.
- patients are put into the correct group for Covid-19 vaccines e.g. some medication such as Immunosuppressants may mean that patients fall into Cohort 6

Guidance on how to add drugs to the clinical system whilst ensuring that they cannot be inadvertently issued in primary care is available from the Medicines Management Team.

## MHRA Safety Updates

The latest MHRA safety updates are available to view online.

March 2021 Volume 14: Issue 8

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/972801/Mar-2021-DSU-PDF.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/972801/Mar-2021-DSU-PDF.pdf)

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

**COVID-19 vaccines and medicines: updates for March 2021:** A summary of advice recently issued by the MHRA relating to coronavirus (COVID-19), up to 18 March 2021

We previously included a summary of latest advice in the January 2021 and February 2021 issues of Drug Safety Update. Here we include a summary of key MHRA advice issued up to 18 March 2021 and since the publication of the February 2021 edition of Drug Safety Update.

In February 2021 we published the first summaries of the [Yellow Card reporting for the COVID-19 vaccines](#) being used in the UK. This report is being updated weekly. The data continues to confirm that the vast majority of reported side effects are mild and short-lasting, reflecting a normal immune response to vaccines – including a sore arm and fatigue.

The report summarises information received via the Yellow Card scheme and will be published regularly to include other safety investigations carried out by the MHRA under the [COVID-19 Vaccine Surveillance Strategy](#).

The MHRA encourages anyone to report any suspicion or concern they have beyond the known, mild side effects on the [Coronavirus Yellow Card reporting site](#).

We have also recently:

- released a statement on 18 March about the COVID-19 Vaccine AstraZeneca and venous thromboembolism following a rigorous scientific review of all the available data
- updated the information leaflets for the AstraZeneca and Pfizer/BioNTech COVID19 vaccines to provide a more detailed description of the “flu like illness”. These types of reactions reflect the acute immune response triggered by the body to the vaccines, are typically seen with most types of vaccine and tend to resolve within a day or two. If other COVID symptoms are experienced or fever is high and lasts longer than 2 or 3 days, vaccine recipients should stay at home and arrange to have a test
- published the Public Assessment Report for the COVID-19 Vaccine Moderna See guidance on COVID-19 for all our latest information, including after publication of this article.

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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](mailto:claire.taylor18@nhs.net)

Many Thanks