

Medicines Management Newsletter

December 2022

Welcome to the December 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.

Antibiotics for Group A Strep Infections

Supplies of antibiotics for the treatment of Group A Strep infections have seen a surge in demand and may be temporarily in limited supply at certain wholesalers and pharmacies. The Medicines Supply Notification (12th December) noted that supplies are available with manufacturers, and deliveries into wholesalers and pharmacies are being expedited and are expected in the coming days.

In summary:

- GP practices and local pharmacies should continue to work together to keep up to date with which antibiotic preparations are available.
- Tablets/capsules should be used rather than liquids where this is possible, noting that children 5 years and over may be able to swallow tablets/capsules. Information for parents on how to administer tablet/capsules to children and helping children to swallow tablets is available:
<https://www.medicinesforchildren.org.uk/advice-guides/giving-medicines/>
<https://www.medicinesforchildren.org.uk/advice-guides/general-advice-for-medicines/helping-your-child-to-swallow-tablets/>
- 15th December 2022 update: [Serious Shortage Protocols \(SSPs\)](#) published for phenoxymethylpenicillin oral solution which allows pharmacies to supply alternative phenoxymethylpenicillin preparations if stocks allow. For example, phenoxymethylpenicillin 250mg tablets instead of 250mg/5ml oral solution.
- Where children are unable to swallow oral solid dose forms, the Specialist Pharmacy Service (SPS) have produced information ([link](#)) which includes advice on how to give doses by dispersing or crushing tablets or opening capsules, use in this way is outside the product license. Crushing tablets or opening capsules should not be undertaken by anyone with an allergy to the antibiotic. The crushed tablets and capsule contents can taste bitter and the SPS information details ways of masking the taste using strongly flavoured drinks or soft food.
- Consider issuing a one off non-nominated prescription token rather than sending the electronic prescription to the patient's nominated pharmacy. Further guidance on this has been circulated, liaise with your Medicines Management Team member for further information.
- Community pharmacy colleagues are asked to return any scripts which have been pulled down back to the spine if they are unable to supply the antibiotic.
- The national interim clinical guidance on Strep A [\[NHS England » Group A streptococcus communications to clinicians\]](#) details antibiotics which can be considered when phenoxymethylpenicillin (first line antibiotic) is unavailable, namely amoxicillin, macrolides and cefalexin in order of decreasing preference.
- The above guidance also includes information on swabbing. Additional local advice from microbiology is that if the patient has received multiple courses of antibiotics for tonsillitis in the past 6 months it is worthwhile sending a throat swab in addition to starting treatment to check for antibiotic susceptibility.

Updates from the Barnsley Area Prescribing Committee (APC)

Prescribing Guidelines

NEW guidelines:

The following new guidelines are available on the BEST website:

- **Leaflet and Poster to support switching from Ventolin® MDI or generic salbutamol MDI to Salamol® MDI**
[Salamol Inhalers leaflet and poster](#)
- **Denosumab (Prolia®) Guidance for Primary Care Clinicians; where patients have been previously initiated on Denosumab as Shared Care by Barnsley Osteoporosis Service (patients are no longer under hospital supervision)**

[Denosumab guidelines for primary care clinicians](#)

This guidance outlines when a referral to a specialist would (and wouldn't) be necessary.

UPDATED guidelines:

The following updated guidelines are available on the BEST website:

- **Buprenorphine patches QIPP detail aid and support document**
[Buprenorphine patches prescribing guideline](#)
- **Fentanyl patches QIPP detail aid and support document**
[Fentanyl Patches prescribing guideline](#)
- **Choosing medicines for patients unable to take solid oral dosage forms; selecting suitable formulations for adult patients with swallowing difficulties or feeding tubes**

[Choosing medicines for patients unable to take solid oral dosage forms](#)

Minor Updates:

The **DMARDs: Shared Care Guideline for the Prescribing of Disease Modifying Antirheumatic Drugs (DMARDs) in Rheumatology Patients** has received minor updates:

[DMARDs shared care guideline](#)

- The hydroxychloroquine section has been updated in line with the [MHRA Drug Safety Update February 2022](#) and updated [Royal College of Ophthalmologists guidance](#) on monitoring of hydroxychloroquine.
- The changes to the sulfasalazine section include the addition of psychiatric reactions as an adverse drug reaction. Also, the specialist team advise that patients on sulfasalazine should stop medication if they have an infection that requires treatment with antibiotics or antiviral medication, or if they feel too unwell to work or confined to bed or house.
- The section relating to the disposal of sharps bins includes a link to the information on the [BEST](#) website.

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

The **Dosulepin APC Position Statement** has received a minor update:

[Dosulepin position statement](#)

An Appendix, provided by SWYFYT has been added, which provides advice and guidance for when the patient is taking dosulepin for unlicensed indications e.g. anxiety, neuropathic pain and insomnia.

The **Cenobamate (Ontozry®) Information for Community Pharmacies** has received a minor update:

[Cenobamate Information for Community Pharmacies](#)

This information has been updated to include further details regarding the ordering of cenobamate by community pharmacies. This is to ensure continuity of supply for patients in response to feedback that some patients are experiencing difficulties in obtaining in the community.

Shared Care Guidelines

The **NEW Dapoxetine Amber-G Guidance** is available.

Up to 6 doses every 1 -2 months is recommended for the majority of patients. It is more cost-effective to supply one box of 6 tablets rather than 2 boxes of 3 tablets.

The **UPDATED Shared Care Guideline for Melatonin** in Children and Adolescents for sleep disorders is available.

- **Adaflex®** immediate release tablets are now **first line** in children and adolescents **with ADHD** and other indications (**off label use**). where an **immediate release preparation** is suitable.
- **Melatonin 1mg/ml oral solution (Consilient Health)** replaces the Colonis Pharma melatonin 1mg/ml oral solution. The Consilient Health brand does not have the same excipient risk as the Colonis Pharma brand. It is **restricted** to children / adolescents who require medication to be administered via a feeding tube (**off-label use**), or in exceptional circumstances in other patients where Adaflex®, Circadin® and Slenyto® have been trialled without success (as detailed in the shared care guideline).

The [Amiodarone Shared Care Guideline](#) has received a **minor update** in line with the [MHRA Alert March 2022](#).

An amiodarone [patient alert card](#) is also available for all patients that take amiodarone. This card includes important safety information including information on side-effects (and their symptoms) and advice on when further medical attention should be sought. Information relating to the alert card has been added to the specialist responsibilities section of the guideline.

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

- **IQoro® neuromuscular treatment device** ([IQoro - Treating Acid Reflux and Dysphagia in UK Healthcare](#)), indicated for acid Reflux and dysphagia, has been assigned a **non-formulary** classification. PrescQIPP guidance states there is limited evidence available to support the use of IQoro®: [East of England Priorities Advisory Committee \(PrescQIPP\)](#) (login required)

MHRA Drug Safety Update

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

[Drug Safety Update \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

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 a patient is admitted to hospital, or 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.

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. Liaise with the Medicines Management Team member(s) in your practice for further information.

Freestyle Libre sensors

The original Freestyle Libre sensors are being discontinued by the manufacturer and will be removed from the Drug Tariff in January 2023. Freestyle Libre 2 sensors remain available. The Medicines Management Team can support GP Practices in identifying and reviewing patients, please liaise with a member of the team for further information. The Barnsley APC Freestyle Libre guidance remains available via the [Barnsley formulary](#). The guidance is in the process of being updated in line with current NICE guidance.

CD Reporting Website upgrade 1st December 2022

The Controlled Drug Reporting website changed on 1st December 2022. While the web address is remaining the same - www.cdreporting.co.uk – from Thursday 1 December, you will notice a new format to the Reporter Home page, changes to reporting incidents and concerns as well as additional features.

The first time you access this website from 1 December 2022, you will need to register as a new user. If you have registered as a user before 1 December 2022, your login details will no longer be valid, and you will need to register as a new user. Information regarding how to register, and how to add multiple organisations to your account can be found online at www.cdreporting.co.uk/nhs/tutorials

The main change to the reporting section is in relation to the Incident and Concerns form. There are now two separate reporting forms where the questions focus on the specific nature of the event being reported.

Additional feature to the Controlled Drug Reporting website include:

- My Message – the Regional CD team may send you a message regarding your reports that require action from you.
- My Reports – you can view all your submitted and saved reports, as well as add information to submitted reports.
- Resource Centre – webinar tutorials and quick guides can be found here and in time up to date information regarding controlled drugs will be added here to form a resource library.
- Listing multiple organisations in the Reporter's profile when the Reporter works across organisations.

Useful contacts:

- The Controlled Drug Reporting Help Desk Team england.cdreportingtechnicalhelpdesk@nhs.net
- Please visit www.cdreporting.co.uk to complete the registration process.

Repeat prescription processing time - Managing Patient Expectations

To enable repeat prescriptions to be processed and dispensed in a timely manner, **patients should be advised to plan for their next supply of repeat prescription medicines at least 7 days before their medicines are due to run out.** The GP Practice needs at least 48 hours to issue the prescription and the Pharmacy will also need at least 48 hours to obtain and prepare the medication. This 7 day timeframe also allows for weekends and bank holidays and for dealing with any prescription related issues such as out of stock items.

Feedback received suggests that some patients may not be aware of this as pharmacies are not always given the time needed to order medications and process the prescriptions once they have landed in the pharmacy workflow. This is leading to inconvenience for patients and putting additional pressure on the pharmacies.

Support from all colleagues involved in the repeat prescription process in communicating this key message to patients is appreciated.

Practices and pharmacies are also encouraged to advise and/or support patients in ordering their repeat prescriptions in advance if their normal supply is due to coincide with the festive period.

Support to Community Pharmacies

As part of the continued effort to support community pharmacies, we encourage pharmacies to contact us with any concerns or issues they may be facing, and we will endeavour to help wherever we can.

Pharmacies are advised to flag any significant issues or concerns as soon as possible.

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:

Shoaib 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 Jody Musgrave, Sarah Bedford or Claire Taylor via email addresses jody.musgrave@nhs.net sarah.bedford3@nhs.net or claire.taylor18@nhs.net

Many Thanks