

Medicines Management Newsletter

July 2021

Welcome to the July 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) 2021-22

Over the next two months, the Medicines Management Team members will be organising meetings with their practices to ensure the following work areas are developed:

- **Practice meetings:** At least two practice meetings will take place by 28th February 2022 (1st meeting to be held by 13th August 2021) with at least 50% of relevant clinical staff. A practice action plan will be updated and submitted following each meeting. Practices will be presented with prescribing data including a ScriptSwitch report which should be discussed, and key points and actions will be summarised on the action plan.
- A meeting will take place between the practice nurse(s) and the MMT members supporting the practice to discuss the following workstreams.
 - **Blood Glucose & Ketone Monitoring:** review patients product choice & frequency of testing in line with formulary guidance at their annual review
 - **Triple Inhalers in COPD:** review patients prescribed the three inhaled drugs (ICS/LABA/LAMA as two or three separate inhalers) in line with the COPD algorithm and offer suitable patients a change to a single triple therapy inhaler at their annual review
 - **High dose inhaled corticosteroids (ICS) in Asthma:** continue to offer step down of inhaled corticosteroids in patients with asthma who have good control at their annual review
 - **Use of short acting beta 2 agonists (SABAs) in Asthma and COPD patients:** continue to review the use of salbutamol and terbutaline in all asthma and COPD patients during their annual reviews

For each area, an action plan will need to be agreed and submitted before 13th August 2021 setting out how the practice will achieve this element of the scheme.

- **Opioid Prescribing in Chronic Pain:** The practice will continue to undertake a pain management review at least once every 6 months for patients who are prescribed 120mg/day of oral morphine or equivalent, in line with the CCG resource pack. The CCG resource pack should be shared and discussed with practices by 13th August 2021.

Practices will be required to complete ALL areas in the scheme and meet ALL the deadlines to ensure they achieve their award.

The Medicines Management Team working in your practice will be meeting with you shortly to discuss a work plan to support your practice to complete the required work and criteria set by the scheme.

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 office on 01226 433798.

Update on Breathe Community Respiratory Service in Barnsley

As of 1st July 2021, the Breathe Community Respiratory Service transferred from Barnsley Hospital NHS Foundation Trust (BHNFT) to South West Yorkshire Partnership Foundation Trust (SWYPFT).

Each of the six Neighbourhoods/Primary Care Networks will be allocated a named Breathe Respiratory Nurse for each area and practices will be informed when they have been allocated.

Any patients requiring assessment and support by a specialist respiratory nurse will be referred through a Single Point of Access (SPA). You can do this by email, telephone, or e-referral (for SystemOne practices).

The SPA has a team of administrators and nurses who will process patient referrals and provide advice and guidance for health care professionals.

Single Point of Access contact details

Telephone: 01226 644575

Email: swy-tr.rightcarebarnsleyintegratedspa@nhs.net

SystemOne Unit: Neighbourhood Teams.

Getting advice and guidance:

If you have urgent or routine queries for a patient with a respiratory condition, you can contact SPA and arrange to speak to a Breathe Respiratory Nurse between the hours of 8am – 8pm (Monday - Sunday). Respiratory Consultants will also be available 8.30am-9:30am, Monday – Friday to provide advice and guidance. Breathe patients will also be able to contact the SPA using the above telephone number to seek support.

Requests for non-urgent advice and guidance can also be sent to the email address:

breathe.service@nhs.net

PLEASE NOTE:

Barnsley Hospital has closed the following services on ERS (Electronic Referral Service) so Primary Care will be unable to refer into the service via this route moving forward:

- Breathe – COPD Consultant – Referral Assessment Service – RAS – Barnsley NHS Foundation Trust
- Breathe Advice & Guidance – Barnsley Hospital NHS Foundation Trust.

Existing Patients

SWYPFT and BHNFT have contacted patients registered with the service directly to inform them of the changes.

Patient Group Directions Update

Yorkshire and the Humber Screening and Immunisation Team emailed out the following updated PGD to Practice Managers on 25.06.2021:

- Rotavirus vaccine (valid from 01.07.2021)

Practice managers are asked to share the PGD with all practitioners planning to work under it and to ensure individual practitioner authorisation.

The PGD is 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 or joypower@nhs.net (Medicines Management Pharmacists) and this can be arranged.

Clenil® Batch Variation

The manufacturer, Chiesi, sent a letter to healthcare professionals last month advising of a batch variation with Clenil® Modulite® (beclomethasone). The letter advised that in order to meet the increased demand, additional batches of all strengths of inhaler were due to be released into the UK supply chain and that these inhalers were likely to come into circulation from July 2021 for several months. These inhalers do not contain a dose counter and patients should therefore be advised to keep track of when they start to use their inhaler. Each Clenil® inhaler contains 200 doses.

Additional information can be found on the Chiesi website:

<https://www.chiesi.uk.com/supply-of-chiesi-products>.

Updates from the Barnsley Area Prescribing Committee (APC)

Shared Care / Amber-G Guidelines

The [GLP-1 agonists: Liraglutide \(Victoza®\) Lixisenatide \(Lyxumia®▼\) Dulaglutide \(Trulicity®\) Semaglutide \(Ozempic®\) Amber-G guideline](#) has been updated; the new strengths of dulaglutide (3mg once weekly and 4.5mg once weekly) have been added.

The [Demeclocycline Hydrochloride Shared Care Guideline for the treatment of chronic hyponatraemia associated with the syndrome of inappropriate secretion of antidiuretic hormone \(SIADH\)](#) has been updated with minor amendments.

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

- **Cyanocobalamin (CyanocoMinn®) 50 microgram, 100 microgram and 1 milligram tablets**, indicated for Vitamin B12 deficiency of dietary origin/ Non-dietary vitamin B12 deficiency during the COVID-19 pandemic in line with BSH/Barnsley guidance, were assigned a **formulary green** classification. CyanocoMinn® is the cost-effective brand of choice in Primary Care in Barnsley as agreed by the Committee. [Guidance on alternatives to vitamin B12 injections during the COVID-19 pandemic](#) is available on the BEST website.
- **Estradiol and progesterone (Bijuve®)**, a continuous combined hormone replacement therapy (HRT), has been assigned a **non-formulary provisional grey** classification.
- **Icosapent ethyl (Vazkepa®)**, indicated to reduce the risk of cardiovascular events in adult statin-treated patients at high cardiovascular risk with elevated triglycerides (≥ 150 mg/dL) and
 - established cardiovascular disease, or
 - diabetes, and at least one other cardiovascular risk factorhas been assigned a **non-formulary provisional grey** classification.
- **Oxycodone (Oxyact®)** immediate release tablet has been assigned a **non-formulary provisional grey** classification. Oxycodone should be prescribed by brand. Shortec® is the immediate release brand of choice in Barnsley as agreed by the Committee.
- **Hypertonic sodium chloride (MucoClear® 3%)**, indicated to mobilise lower respiratory tract secretions in mucous consolidation (e.g. cystic fibrosis), has been assigned a **formulary green** classification.
- **Betamethasone (as Valerate) 0.1% with Clioquinol 3% Cream / Ointment**, has been assigned a **non-formulary provisional grey** classification (previously formulary green). The brand Betnovate-C® has been discontinued and whilst this is now available as a generic, the cost has significantly increased (£39 for 30g tube).

The Committee agreed that this would be replaced with **Synalar C® (fluocinolone acetonide 0.025% with clioquinol 3%)** which has been assigned a **formulary green** classification.

- **Ketovite®** has been assigned a **formulary grey** classification (previously formulary green). Forceval® is formulary green. Refer to Barnsley self-care guidelines, page 6: https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Self_Care_Guidance.pdf
- The classification of **Efudix® 5% cream** (fluorouracil), **Aldara® 5% cream** (imiquimod) and **Actikerall®** cutaneous solution (fluorouracil and salicylic acid) for Actinic Keratosis has changed from Amber-G to **Amber (shared care)**. Shared care guidelines are in development.

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.

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
- Danny Speight, Medicines Management Technician - daniel.speight1@nhs.net

MHRA Safety Updates

The latest MHRA safety updates are available to view online.

June 2021 Volume 14: Issue 11

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994554/June-2021-DSU-PDF.pdf

July 2021 Volume 14: Issue 12

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000159/July-2021-DSU-PDF.pdf

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

Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years

Following a review of the available toxicological data and a calculation of daily exposure to boron from a typical dosing regimen, we have concluded that the balance between the benefits and risks of chloramphenicol eye drops containing borax or boric acid remains positive for children aged 0 to 2 years. Chloramphenicol eye drops can be safely administered to children aged 0 to 2 years where antibiotic eye drop treatment is indicated.

Herbal and homeopathic medicines: reminder to be vigilant for suspected adverse reactions and to report them to the Yellow Card scheme

If an adverse drug reaction is suspected, ask patients if they are taking any herbal or homeopathic medicines and report any suspicions to the Yellow Card scheme. Remind patients to check that any herbal or homeopathic medicine is licensed and to follow the advice included in the patient information.

COVID-19 vaccines: updates for July 2021

Revisions have been made to the information for healthcare professionals and information for UK vaccine recipients for the COVID-19 Vaccine Moderna and Pfizer/BioNTech COVID-19 vaccine following a thorough review of extremely rare reports of myocarditis and pericarditis after COVID-19 vaccination.

These events are extremely rare and tend to be mild when they do occur. Our advice remains that the benefits of getting vaccinated outweigh the risks in the majority of people.

We continue to publish the summaries of the [Yellow Card reporting for the COVID-19 vaccines](#) being used in the UK. 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](#)

We take every report of a suspected adverse reaction seriously and encourage everyone to report through the [Coronavirus Yellow Card reporting site](#)

We have also recently:

- published the [Public Assessment Report \(PAR\)](#) and updated the Decision page on our website to provide more details about the COVID-19 Vaccine Janssen
- issued a [conditional marketing authorisation for the COVID-19 Vaccine AstraZeneca](#), with corresponding Summary of Product Characteristics, Patient Information Leaflet, Conditions of Authorisation, Information for healthcare professionals and for UK recipients documents

See [guidance on COVID-19 for all our latest information](#), including after publication of this article.

We previously included a summary of latest advice in the [April 2021](#), [May 2021](#) and [June 2021](#) issues of Drug Safety Update. See [guidance on COVID-19 for all our latest information](#), including after publication of this article.

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