NHS Barnsley Clinical Commissioning Group

Medicines Management Newsletter February 2022

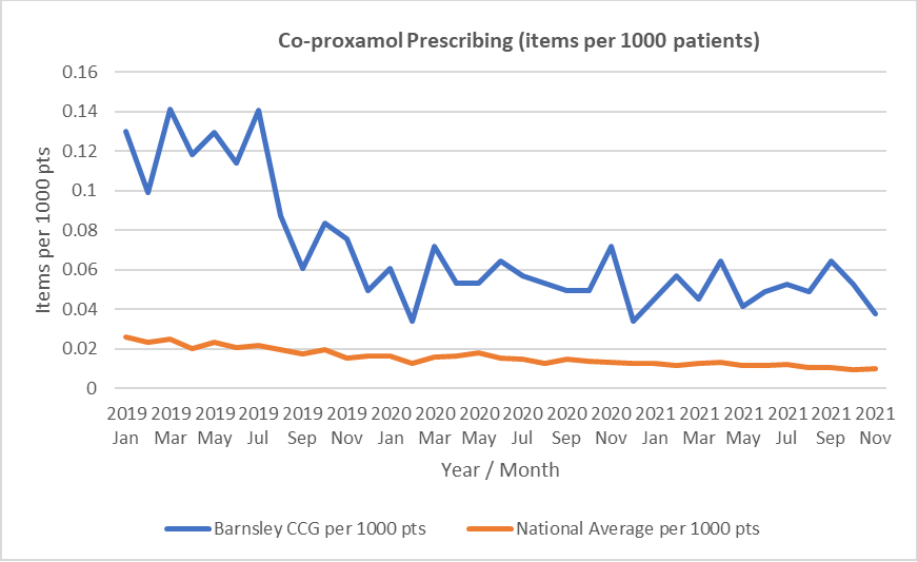
Welcome to the February edition of the Medicines Management Newsletter, we hope that you are all keeping safe and well during this time. This newsletter is distributed to all practices and pharmacies in the Barnsley area and aims to keep you informed of the latest medicine updates, drug alerts/recalls and the work currently being completed in GP Practices by the Medicines Management Team.

Medicines Optimisation Scheme (MOS) 2021-22

Medicines Management Team members are continuing to support practices to review the prescribing of items which should no longer be routinely prescribed in primary care in line with local and national guidance. This article focuses on two of these drugs, namely co-proxamol and dosulepin. A considerable amount of work has been undertaken in recent years to review prescribing of these drugs. Thank you for your ongoing support.

Co-proxamol

The prescribing of co-proxamol is not supported by Barnsley Area Prescribing Committee (APC position statement). Patients currently prescribed co-proxamol should have their prescription reviewed and co-proxamol should be deprescribed. Prescribing by Barnsley GP practices has reduced over the last few years, however prescribing currently still exceeds the national average as illustrated in the graph below.



Points to note:

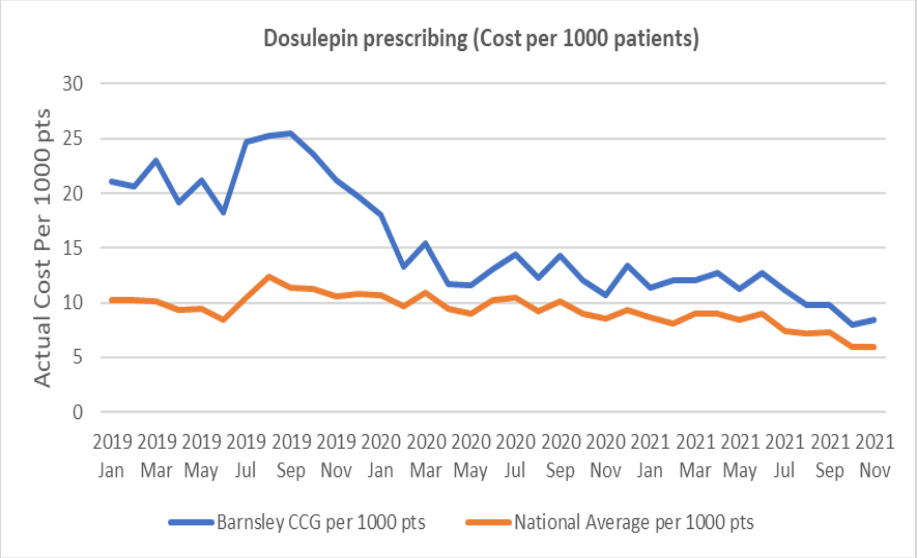
- The use of co-proxamol is associated with significant safety concerns.
- There is no robust clinical evidence that co-proxamol is more effective than full strength paracetamol in either acute or chronic use.
- There is a risk of addiction and abuse associated with co-proxamol.
- Co-proxamol is an unlicensed medicine and all prescribing responsibility rests solely with the prescriber.
- Co-proxamol has been prescribed by 8 Barnsley practices in the last 3 months (liaise with your pharmacist or technician for practice level data).

Medicines Optimisation Scheme (MOS) 2021-22 (continued)

Dosulepin

The prescribing of dosulepin is not supported by Barnsley Area Prescribing Committee (APC position statement).

Prescribing by Barnsley GP practices has reduced significantly over the last few years, however prescribing currently still exceeds the national average.



Points to note:

- The use of dosulepin is associated with increased cardiac risk and toxicity in overdose.
- All patients currently prescribed dosulepin should have their prescription reviewed and dosulepin should be deprescribed. If in exceptional (rare) circumstances, there is a clinical need for dosulepin to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional in primary or secondary care (refer to position statement for further information).
- Practice level data is available from the Medicines Management Team.

Mucolytics in patients with COPD

In line with NICE COPD guidance (NG115), mucolytics can be considered for people with a chronic cough productive of sputum. Mucolytics should only be continued if there is symptomatic improvement (for example, reduction in frequency of cough and sputum production) and patients should therefore be reviewed after an initial trial period. There are now two mucolytics on the Barnsley formulary.

Acetylcysteine 600mg effervescent tablets (NACSYS®)

Acetylcysteine should be prescribed as the brand NACSYS® as some acetylcysteine preparations have a high cost. The dose for adults is one 600mg effervescent tablet once daily and the tablet should be dissolved in half a glass of water. Patients with a reduced cough reflex (elderly and weakened patients) are advised to take the effervescent tablet in the mornings.

Therapy should only be continued if there is symptomatic relief. The dose itself does not require review.

Carbocisteine

The initial dose of carbocisteine is 2.25g daily in divided doses (750mg TDS). Carbocisteine should be reviewed 4 to 8 weeks after initiation to consider dose reduction to the maintenance dose of 1.5g daily in divided doses (750mg BD or 375mg QDS) if benefitting, or to stop if no benefit.

Carbocisteine 375mg capsules are more cost effective than other formulations of carbocisteine. If a mucolytic in liquid form is required, NACSYS® (acetylcysteine effervescent tablets) is the most cost-effective option.

Updates from the Barnsley Area Prescribing Committee (APC)

Prescribing Guidelines

The NEW Liothyronine (including Armour® Thyroid and liothyronine combination products) Area Prescribing Committee Position Statement is available at:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Liothyronine%20APC%20Position%20Statement.pdf?UNLID=152679332202227141713

The NEW Iron Deficiency Anaemia (IDA) pathway is available at:
https://best.barnsleyccg.nhs.uk/prescribing-guidelines/iron-deficiency-anaemia-pathway-apc-approved/563434

The Guidance for Oral Paracetamol dosing has been updated and is available at:
http://barnsleybest.nhs.sitekit.net/clinical-support/medicines/prescribing-guidelines/Oral%20Paracetamol%20Dosing.pdf?UNLID=159555356202227144833

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

- **Molnupiravir (Lagevrio®)**, for the treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults with a positive SARS-COV-2 diagnostic test and who have at least one risk factor for developing severe illness, has been assigned a **formulary red restricted** classification.

  Sotrovimab (Xevudy®), for the treatment of symptomatic adults and adolescents (aged 12 years and over and weighing at least 40 kg) with acute covid-19 infection who do not require oxygen supplementation and who are at increased risk of progressing to severe covid infection, has been assigned a **formulary red restricted** classification.

  Molnupiravir and sotrovimab are restricted for use in high risk patients in line with NHSE criteria for treatment of COVID-19 disease: Coronavirus » Interim clinical commissioning policy: neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19 (england.nhs.uk)

  They are available via the COVID-19 Medicine Delivery Unit at BHNFT:
  COVID Medicine Delivery Unit (CMDU) - Barnsley Hospital

  Molnupiravir may also be in use as part of clinical trials e.g. PANORAMIC study:
  Homepage — PANORAMIC (panoramictrial.org)

- **Acetylcysteine 600mg effervescent tablets (NACSYS®)** has been assigned a **formulary green** classification.

- **Cinacalcet Granules 1mg, 2.5mg and 5mg in capsules for opening (Mimpara®),** for secondary hyperparathyroidism adults and children, and parathyroid carcinoma and primary hyperparathyroidism in adults, have been assigned a **formulary red restricted** classification.

  Cinacalcet tablets are formulary amber for the treatment of primary hyperparathyroidism in adults (Shared Care Protocol available) and formulary red restricted for the treatment of secondary hyperparathyroidism in adult patients with end stage renal disease.

MHRA Drug Safety Update

The December 2021 MHRA Drug Safety Update can be accessed at the following link: https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1042533/Dec -2021-DSU-PDF_V2_20_December_2021.pdf

Issues relating to primary care:

Haloperidol (Haldol®): reminder of risks when used in elderly patients for the acute treatment of delirium

The MHRA remind healthcare professionals that elderly patients are at an increased risk of adverse neurological and cardiac effects when being treated with haloperidol for delirium. The lowest possible dose of haloperidol should be used for the shortest possible time, and cardiac and extrapyramidal adverse effects should be closely monitored.

Advice for healthcare professionals:

- special caution is required when using haloperidol for the acute treatment of delirium in frail, elderly patients
- only consider haloperidol for delirium when non-pharmacological interventions are ineffective and no contraindications are present (including Parkinson's disease and dementia with Lewy bodies)
- before initiating treatment, a baseline electrocardiogram (ECG) and correction of any electrolyte disturbances is recommended; cardiac and electrolyte monitoring should be repeated during treatment (see the full MHRA alert)
- prescribe the lowest possible dose for the shortest possible time, ensuring that any dose up titration is gradual and reviewed frequently
- monitor for and investigate early any extrapyramidal adverse effects, such as acute dystonia, parkinsonism, tardive dyskinesia, akathisia, hypersalivation, and dysphagia
- report suspected adverse reactions associated with haloperidol on a Yellow Card

Dapagliflozin (Forxiga®): no longer authorised for treatment of type 1 diabetes mellitus

The authorisation holder for dapagliflozin has withdrawn the indication for type 1 diabetes mellitus. The removal of the type 1 diabetes indication is not due to any new safety concerns and the other indications of dapagliflozin are unchanged.

Advice for healthcare professionals (Note that in Barnsley dapagliflozin had a red classification for type 1 diabetes):

- dapagliflozin 5 mg is no longer authorised for the treatment of patients with type 1 diabetes mellitus
- the removal of the type 1 diabetes indication is not due to any new safety concerns and the other indications of dapagliflozin are unchanged
- dapagliflozin should be reviewed and discontinued in patients with type 1 diabetes by or in consultation with a physician specialised in diabetes care as soon as clinically practical
- after stopping dapagliflozin treatment, frequent blood glucose monitoring is recommended
- an increased insulin dose may be needed, which should be undertaken carefully to minimise the risk of hypoglycaemia or hyperglycaemia
- diabetic ketoacidosis is a known risk with use of dapagliflozin in all patients with diabetes, but it occurs more frequently in patients with type 1 diabetes than those with type 2 diabetes
- additional risk minimisation materials to mitigate the risks in patients with type 1 diabetes are no longer available
- report suspected adverse drug reactions associated with use of dapagliflozin on a Yellow Card

Advice for healthcare professionals to provide to patients and carers:

- always seek advice from your doctor or diabetes team before making changes to your diabetes medicines
- the manufacturer of dapagliflozin (Forxiga®) has voluntarily withdrawn its use in type 1 diabetes
- this decision was not linked to a new safety issue and other patients using dapagliflozin for type 2 diabetes, heart failure, or chronic kidney disease can continue taking their medicine as recommended by a healthcare professional
- if you take dapagliflozin for your type 1 diabetes, your specialist will help you safely discontinue this treatment – you will need to monitor your blood glucose levels more closely to prevent hypoglycaemia or hyperglycaemia in the transition.

ScriptSwitch new features coming March 2022

Demographics/Patient Record Integration

Patient record integration data is processed on the GP desktop only and used to ensure that drugs presented as switches and information messages are appropriate for the age and gender of the patient.
An example of this would be a warning message around Valproate use in females of childbearing age, this would only appear to women of child-bearing age.

Withhold feature

This is designed to suppress any switch for a specific patient by a specific GP where the drug recommendation has previously been rejected twice. The prompt will not be presented to the GP until 12 months has passed.

The new software will be deployed to practices during March. Further information and training guides will be circulated to practices once the software has been rolled out.

If you require any further information, have any queries regarding the changes, or have issues where ScriptSwitch is currently not working for any clinicians, please contact Gemma Crew (gemma.crew@nhs.net)

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:

- 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 Claire Taylor, MMT Administration Officer on email address claire.taylor18@nhs.net
Many Thanks