

Medicines Management Newsletter

March/April 2023

Welcome to the March/April 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)

Prescribing Guidelines

The UPDATED **Barnsley Self-Care Guidance** is available:

[Self Care Prescribing guideline \(barnsleyccg.nhs.uk\)](https://barnsleyccg.nhs.uk)

The NEW guidance; **Edoxaban is to be used first line for patients with NVAF unless there is a specific clinical reason not to do so**, is available:

[CVS: Edoxaban is to be used first line for patients with NVAF unless there is a specific clinical reason not to do so - Prescribing guideline \(barnsleyccg.nhs.uk\)](https://barnsleyccg.nhs.uk)

Edoxaban is the first line DOAC for NVAF in line with the [APC Position Statement](#). This guidance has been produced to support work on the NHSE Investment and Impact Fund (IIF) indicators for PCNs which focus on DOAC prescribing in Atrial Fibrillation. The guidance aims to ensure that any changes to medication, as part of work towards the indicators, are undertaken appropriately in a safe and effective manner.

The guidance outlines factors which should be taken into consideration if a switch to edoxaban is being considered and includes information on circumstances when a switch to edoxaban (from another DOAC) must **NOT** be undertaken. It should be noted that whilst the information aims to mitigate risk, it is not considered to be exhaustive and should be used in conjunction with other resources including the [SPC \(including contraindications and cautions\)](#), the [Anticoagulation for stroke prevention in NVAF guidance](#) and the [NICE Technology Appraisal](#).

Shared Care Guidelines

The NEW **SY ICB Shared Care Protocol for Sublingual Immunotherapy (SLIT) (Grazax®/Acarizax®)** is available:

[Sublingual Immunotherapy \(SLIT\) \(Grazax®/Acarizax®\) Shared care guideline \(barnsleyccg.nhs.uk\)](https://barnsleyccg.nhs.uk)

The NEW **Sucralfate 1g/5ml oral suspension sugar-free (SF) for benign gastric ulceration, benign duodenal ulceration, chronic gastritis and prophylaxis of stress ulceration in adults Amber-G guideline** is available:

<https://best.barnsleyccg.nhs.uk/clinical-support/shared-care-guidelines/sucralfate-1g5ml-oral-suspension-sf-amber-g-guideline/625939>

Sucralfate oral suspension was previously only available as an unlicensed special. A licensed sucralfate 1g/5ml oral suspension sugar-free is now available and has been assigned an amber-G classification on the Barnsley Formulary.

Do not prescribe unlicensed sucralfate liquid preparations

Do not prescribe sucralfate tablets (unlicensed)

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

The NEW **Fidaxomicin for the treatment of Clostridioides difficile infections (CDI) in adults aged 18 and over Amber-G guideline** is available:

[Fidaxomicin Amber G Guideline Shared care guideline \(barnsleyccg.nhs.uk\)](https://www.barnsleyccg.nhs.uk)

- Fidaxomicin should be prescribed in line with the NICE guidance NG199: [Clostridioides difficile infection: antimicrobial prescribing \(nice.org.uk\)](https://www.nice.org.uk)
- The indications for fidaxomicin are also summarised in the NICE/PHE summary of antimicrobial prescribing guidance which the APC has agreed to adopt: [BNF hosts antimicrobial summary guidance on behalf of NICE and PHE - BNF Publications](#)
- The Committee agreed that primary care clinicians with the appropriate knowledge and competencies can initiate fidaxomicin in line with the NICE guidance detailed above. Fidaxomicin can also be prescribed on the advice of the microbiologist.
- Fidaxomicin is licensed in the UK and is available via standard wholesalers, but it is not usually stocked in community pharmacies. If the medication is not immediately available, it can usually be ordered in for the next working day.
- If a supply is required more urgently than the next working day, note that Asda Pharmacy, Old Mill Lane, Barnsley, S71 1LN, stocks 1 box of 20 fidaxomicin 200mg tablets.

The NEW **Mesalazine and Sulfasalazine Amber-G guidelines for Ulcerative Colitis and Crohn's Disease** are available:

[Oral Mesalazine Preparations for Ulcerative Colitis and Crohn's Disease Amber G Guideline Shared care guideline \(barnsleyccg.nhs.uk\)](https://www.barnsleyccg.nhs.uk)

[Sulfasalazine for Ulcerative Colitis and Crohn's Disease Amber G Guideline Shared care guideline \(barnsleyccg.nhs.uk\)](https://www.barnsleyccg.nhs.uk)

The traffic light classification of mesalazine and sulfasalazine has been changed from formulary green to formulary amber-G for these gastrointestinal conditions.

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

- **Rimegepant (Vydura®)**, indicated for acute treatment of migraine with or without aura, and preventive treatment of episodic migraine, has been assigned a **non-formulary provisional grey** classification.
- **Hydrocortisone (Hisone®)** 5mg, 10mg and 20mg dispersible tablets, have been assigned a **non-formulary provisional green** classification.
- **Dapagliflozin**, for **Chronic Kidney Disease**, has been assigned a **formulary green** classification (previously formulary amber-G).

MHRA Drug Safety Update

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

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

Issues relating to Primary Care:

Valproate: reminder of current Pregnancy Prevention Programme requirements; information on new safety measures to be introduced in the coming months

In view of data showing ongoing exposure to valproate in pregnancy, this article reminds healthcare professionals of the risks in pregnancy and the current Pregnancy Prevention Programme requirements, and provides information about the potential risks of valproate in other patients following a review of the latest safety data. Following advice from the Commission on Human Medicines (CHM), new safety measures for valproate-containing medicines are to be put in place in the coming months.

Advice for healthcare professionals:

- continue to follow the existing strict precautions, including that valproate should not be prescribed to female children or women of childbearing potential unless other treatments are ineffective or not tolerated and that any use of valproate in women of childbearing potential who cannot be treated with other medicines is in accordance with the Pregnancy Prevention Programme.
- following a new safety review conducted in light of concerns that the current regulatory requirements for safe use are not being consistently followed, the [Commission on Human Medicines](#) (CHM) has advised that there should be greater scrutiny of the way valproate is prescribed and that further risk minimisation measures are required – in particular that 2 specialists should independently consider and document that there is no other effective or tolerated treatment for patients aged under 55 years .
- consider all other suitable therapeutic options before newly prescribing valproate in patients younger than 55 years.
- these new measures will be implemented over the coming months. In the meantime, GPs and pharmacists should continue to provide repeat prescriptions for valproate and dispensers should continue to ensure patients receive the patient card, a copy of the Patient Information Leaflet and packaging bearing pregnancy warnings.
- patients currently taking valproate must be advised not to stop taking it unless they are advised by a specialist to do so.

The **January 2023** MHRA Drug Safety Update can be accessed at the following link:

[Jan-2023-DSU-PDF.pdf \(publishing.service.gov.uk\)](#)

Issues relating to Primary Care:

Xaqua® (metolazone) 5mg tablets: exercise caution when switching patients between metolazone preparations

Prescribers and dispensers should use caution if switching patients between different metolazone preparations as the rate and extent of absorption of metolazone are formulation dependent. This can impact the bioavailability of the product.

MHRA Drug Safety Update (continued)

The MHRA suggest following good practice in prescribing medicines by considering the licensed formulation (Xaqua®) in preference to unlicensed imported metolazone preparations in new patients. The product information for Xaqua® has been updated to clarify that references to comparative bioavailability with other metolazone products relate specifically to Metenix® and not to any other metolazone preparations.

Advice for healthcare professionals, and patients and carers can be found in the January 2023 MHRA Drug Safety Update.

Please note that any necessary amendments to the Barnsley metolazone Amber G guideline will be made in due course following discussion with local specialists.

Topical testosterone (Testogel®): risk of harm to children following accidental exposure

Premature puberty and genital enlargement have been reported in children who were in close physical contact with an adult using topical testosterone and who were repeatedly accidentally exposed to this medicine. To reduce these risks, advise patients to wash their hands after application of topical testosterone, cover the application site with clothing once the product has dried, and wash the application site before physical contact with another adult or child.

Advice for healthcare professionals:

- when prescribing topical testosterone, inform patients of the potential consequences if it is accidentally transferred to other people.
- inform patients that accidental transfer can lead to increased blood testosterone levels in the other person.
- advise patients of the possible effects should accidental exposure occur in adult women (facial and/or body hair growth, deepening of voice, changes in menstrual cycle) or children (genital enlargement and premature puberty, including development of pubic hair).
- counsel patients on methods to reduce the risks of accidental exposure, including washing their hands with soap and water after application, covering the application site with clean clothing (such as a t-shirt) once the gel has dried, and washing the application area with soap and water before physical contact with another person.
- encourage patients to be vigilant about implementing measures to minimise risk, to be alert for signs of accidental exposure, and to seek medical advice if accidental exposure is suspected.
- report suspected adverse drug reactions associated with topical testosterone on a [Yellow Card](#).

Advice for healthcare professionals to provide to patients:

- topical testosterone products are used for testosterone replacement. When using these products on your skin, you must take care that the testosterone product is not accidentally transferred onto the skin of someone else.

MHRA Drug Safety Update (continued)

- if the testosterone in the product is accidentally transferred to someone else through physical contact, it can lead to increased blood testosterone levels in the other person. It can cause facial and body hair growth, deepening of voice and changes in the menstrual cycle of women, or accelerated height, genital enlargement, and early puberty (including development of pubic hair) in children
- the following precautions can reduce the risk of accidentally transferring testosterone from the patient's skin to another person:
 - after applying the product, wash your hands with soap and water.
 - once the product has dried, cover the application site with clean clothing (such as a t-shirt).
 - before physical contact with another person (adult or child), wash the application site with soap and water after the recommended time period following application has passed.

Electronic Prescribing and Medicines Administration Systems: report adverse incidents on a Yellow Card

The MHRA ask healthcare professionals to be vigilant to adverse incidents involving software, apps, and artificial intelligence (AI) as medical devices and to report incidents to the MHRA via the Yellow Card scheme.

Advice for healthcare professionals:

- be alert for potential errors occurring when using Electronic Prescribing and Medicines Administration Systems (ePMAS) which may lead to patient harm, especially errors involving the dosing of medicines or vaccines.
- ePMAS and other software, apps and artificial intelligence intended to be used for a medical purpose are likely to be medical devices and any adverse incidents involving these devices should be reported to the MHRA's Yellow Card scheme.
- use the new [digital Yellow Card](#) report form to inform the MHRA about adverse incidents involving software as a medical device.

Patient Group Directions Update

Yorkshire and the Humber Screening and Immunisation Team emailed out the following updated PGDs to Practice Managers in February 2023:

- Meningococcal Group A, C, W, and Y Conjugate Vaccine for Risk Groups Patient Group Direction (valid from 28.2.23)
- Meningococcal Group B Vaccine Risk Groups Patient Group Direction (valid from 28.2.23)
- Meningococcal Group B Vaccine Patient Group Direction (valid from 28.2.23)

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

The 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 (Medicines Management Pharmacist) and this can be arranged.

Reverse Dose Optimisation

The higher strengths of some tablets and capsules are significantly more expensive than taking more tablets or capsules of the lower strength to achieve the same dose.

Some examples of these, which are currently included within the Barnsley ScriptSwitch profile are:

- Metformin 1g tablets, prescribing the dose as 2 x 500mg tablets is more cost effective (approximate annual saving of £1,100 based on a dose of 1g bd)
- Nortriptyline 50mg tablets, prescribing the dose as 2 x 25mg tablets is more cost effective (approximate annual saving of £750 based on a dose of 50mg daily)
- Atorvastatin 60mg tablets, prescribing the dose as 3 x 20mg tablets is more cost effective (approximate annual saving of £300 based on a dose of 60mg daily)
- Risperidone 6mg tablets, prescribing the dose as 2 x 3mg tablets is more cost effective (approximate annual savings of £450 based on a dose of 6mg daily)

* Savings based on Drug Tariff March 2023 prices

Prepayment certificate for HRT prescriptions from April 2023

From 1st April 2023, patients who usually pay for their HRT prescriptions will be able to purchase an annual HRT Prepayment Certificate (PPC) for the cost of two single prescription charges (currently £18.70). The HRT PPC, valid for 12 months, can be used against any listed HRT prescription item(s) licensed for the treatment of menopause. The list of eligible HRT medicines will be published in the April 2023 Drug Tariff. Once systems are ready, the HRT PPC will be available to purchase through the NHS Business Services Authority website or in person at a pharmacy registered to sell PPCs.

Important considerations for practices: patients in possession of an HRT PPC will continue to pay for other prescribed medicines that fall outside of the scope of the certificate. Due to the limited scope of the PCC prescribers will need to prescribe eligible HRT items on a separate prescription from any other medication the patient may pay for, this is due to fact that a mixed prescription cannot be processed as both 'exempt' and 'paid'. If HRT items are prescribed on a prescription with other paid medication this could lead to the patient being asked to contact their practice to obtain new separate prescriptions. This could potentially lead to an increase in practice workload and patient inconvenience. Please see the links below for further information.

Department of Health and Social Care press release:

<https://www.gov.uk/government/news/hundreds-of-thousands-of-women-experiencing-menopause-symptoms-to-get-cheaper-hormone-replacement-therapy>

Information for pharmacies and their options when receiving 'mixed prescriptions':

<https://psnc.org.uk/our-news/new-regulations-to-accompany-the-introduction-of-hrt-prepayment-certificates-hrt-ppcs/>

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