

Medicines Management Newsletter

February 2020

Welcome to the February edition of the Medicines Management Newsletter which is distributed to all practices and pharmacies in the Barnsley area. This newsletter 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. We hope that you find it interesting and informative.

Changes to the Ordering of Stoma Appliances

From the 26th February, the Medicines Management Team will be taking over the management of prescription requests for all stoma appliance patients based at Huddersfield Road practice. This project is to improve the service provided to stoma patients by giving them a more personalised service by linking them with the Stoma Nurses directly and ensuring the patients get the right products, in the right quantity.

The stoma prescription line will be open Monday to Friday 9am-4pm and will be based within the Medicine Management Team at Hilder House on telephone number 01226 433771.

Changes to the FP10 NHS Prescription Form

New prescription forms are being introduced in England to help eligible patients correctly claim free NHS prescriptions and avoid penalty charges.

The suite of FP10 prescription forms has been changed by the Department of Health and Social Care (DHSC) and the NHS Business Services Authority (NHSBSA). The exemption boxes on the back of the prescription form(s) have been updated to make it easier for patients to claim the exemptions to which they are entitled.

The main changes are:

- A new exemption box U for patients who are in receipt of Universal Credit and meet the criteria for free NHS prescriptions.
- Removal of box X "was prescribed free-of-charge contraceptives" from the paper FP10/FP10DT (token).
- Exemption box G "has a War Pension exemption certificate" has been re-worded to "Prescription Exemption Certificate issued by the Ministry of Defence". This is to better represent the exemption certificates issued by Veterans UK and those entitled to an award under the Armed Forces Compensation Scheme (AFCS).
- Combination of the age exemption boxes A "is under 16 years of age" and C "is 60 years of age or over". These exemptions will be a single exemption category, A "is 60 years of age or over or is under 16 years of age".
- Introduction of a new prescriber endorsement 'FS' for 'free supply of sexual health treatment' to enable prescribers to endorse prescriptions for STIs to indicate to dispensers that the patient should not be charged.

Changes are also being made to the Electronic Prescription Service (EPS) and prescribing and dispensing systems as soon as possible. Full information is available in the [changes to the FP10 guidance document](#).

Nefopam – Reminder not to routinely prescribe

Clinicians are reminded that **Barnsley APC does not support the prescribing of nefopam 30mg tablets in primary care**. Nefopam is **not generally recommended**, and should only be considered **5th line** to manage central nociceptive pain after amitriptyline, gabapentin, duloxetine or pregabalin have proven to be either ineffective or not tolerated.

The Barnsley APC position statement is available on the BEST website:

https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Nefopam_Barnsley_APC_Position_Statement.pdf?UNLID=428271354202021213471

Prescribing of Glyceryl Trinitrate Spray (GTN)

Practices are asked to ensure that all patients with a new Acute Coronary Syndrome diagnosis are prescribed a GTN spray, and have this added to their repeat medication when their medicines are reconciled.

Please note that if practices are referring patients for cardiac rehabilitation, in order to attend the exercise programme, they need to be prescribed a GTN spray to take with them, otherwise they will be sent home.

Updates from the Barnsley Area Prescribing Committee (APC)

Prescribing Guidelines

The **Guidance for GPs on common off-label use of psychotropic medication** has been updated and information on common off-label uses of psychotropic medication used by the Child and Adolescent Mental Health Service (CAMHS) has also been incorporated. Off-label use of psychotropic medication in children and adolescents should be initiated and monitored by a CAMHS specialist.

https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Guidance_for_GPs_Off_label_use_psychotropic_medicines.pdf

The **Prednisolone - use plain, not EC tablets QIPP Detail Aid** has been updated:

https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Prednisolone_-_use_plain_not_EC_tablets_-_APC_approved.pdf

The **Use of Dexamethasone formulations in Palliative Care** guideline has been updated:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Dexamethasone%20formulations%20in%20Palliative%20Care.pdf>

The **Palliative Care Formulary** has been updated:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Palliative%20Care%20Formulary.pdf>

The **Omega-3 fatty acids and Glucosamine QIPP detail aids** have been removed from the BEST website as they have been superseded by national guidance. Omega - 3 fatty acids and glucosamine are included in the NHS England guidance 'Items which should not routinely be prescribed in Primary Care':

<https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf>

Shared Care Guidelines

The **Naloxegol (Moventig®) Amber-G Guideline** has been updated:

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

The **Azathioprine, 6-Mercaptopurine, Methotrexate and Mycophenolate for Inflammatory Bowel Disease and Autoimmune Hepatitis Shared Care guideline** has been updated to include the addition of U&Es to the routine monitoring for azathioprine. This has been added at the request of the APC to bring the monitoring in line with other shared care guidelines for azathioprine in different specialities (dermatology and rheumatology).

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Azathioprine%206-Mercaptopurine%20Methotrexate%20Mycophenolate%20for%20IBD%20and%20AIH%20Shared%20Care%20Guidelines.pdf?UNLID=5324356202023143246>

Glucodrate® has been discontinued by the manufacturer. It has therefore been removed from the formulary and the Amber-G guideline has been removed from the BEST website.

Formulary Changes

- **Dipyridamole** 200mg/5ml oral suspension sugar-free has been assigned a **formulary green** classification (previously non-formulary provisional grey).
- **Tadalafil 2.5mg and 5mg once daily tablets** have been assigned a **formulary red** classification for new patients.
- **Tildiem® Retard** twice daily tablets have been assigned a **formulary green** classification. However they should be reserved for vegetarian and vegan patients. Angitil SR® capsules are the brand of choice in Barnsley when a twice daily diltiazem preparation is indicated, as agreed by the APC.
- **Rivaroxaban** has been assigned a **formulary green** classification for **the prevention of atherothrombotic events in people with coronary or peripheral artery disease**. Antiplatelet guidance is currently being updated.

Introduction of New Staff Members: Justin Ward, Prescribing Support Dietitian

Justin has recently joined the Medicines Management Team as a Prescribing Support Dietitian, replacing Clare Armstrong.

Justin has previously worked within the NHS as a paediatric metabolic disease and diabetes dietitian alongside his role as a visiting lecturer at Leeds Beckett University.

Justin will be based at Hilder House and looks forward to working with all GP practices within the Barnsley CCG area.

If you have any queries or would like to contact Justin please do so by contacting him by email:

Justin.ward@nhs.net, on his mobile 07908 401859 (Mon to Fri 08:00 – 16:00) or by contacting the Medicines Management Team Office on 01226 433798.

High dose opioid reviews – Transdermal patches and equivalent morphine dose

We are in the process of adding information messages to ScriptSwitch to advise prescribers on the equivalent oral morphine daily dosage for transdermal opioid patches. There is a common misconception amongst patients and some healthcare professionals that transdermal opioids are 'less harmful' than oral morphine. Often patients are started on an opioid patch and titrated up to a significantly high dose, many of which are above the maximum recommended total daily dose of 120mg equivalent oral morphine.

The tables below show the strength of opioid patch along with the corresponding equivalent daily oral morphine dosage: **(Please note: There is significant variability between individuals and the equivalent oral morphine dose)**

Fentanyl Transdermal patch	Oral morphine equivalent daily dosage	
	BNF	Faculty of Pain Medicine
Fentanyl 12.5micrograms/hour (72 hour patch)	30mg	45mg
Fentanyl 25micrograms/hour (72 hour patch)	60mg	90mg
Fentanyl 37.5micrograms/hour (72 hour patch)	90mg	135mg*
Fentanyl 50micrograms/hour (72 hour patch)	120mg	180mg*
Fentanyl 62.5micrograms/hour (72 hour patch)	150mg*	225mg*
Fentanyl 75micrograms/hour (72 hour patch)	180mg*	270mg*
Fentanyl 100micrograms/hour (72 hour patch)	240mg*	360mg*

Buprenorphine Transdermal patch	Oral morphine equivalent daily dosage (BNF and Faculty of Pain Medicine)
Buprenorphine 5micrograms/hour (7 day patch)	12mg
Buprenorphine 10micrograms/hour (7 day patch)	24mg
Buprenorphine 20micrograms/hour (7 day patch)	48mg
Buprenorphine 35micrograms/hour (3-4 day patch)	84mg
Buprenorphine 52.5micrograms/hour (3-4 day patch)	126mg*
Buprenorphine 70micrograms/hour (3-4 day patch)	168mg*

* The maximum recommended dose of oral morphine, for chronic pain, is 120mg per 24 hours. (Faculty of Pain Medicines <https://fpm.ac.uk/opioids-aware-structured-approach-opioid-prescribing/dose-equivalents-and-changing-opioids>)

APC Reporting

APC reporting received 147 reports in the last 6 months: 80 relating to BHNFT, 32 relating to GP practices, 19 relating to community pharmacies, 5 relating to SWYPFT, 4 relating to Care Homes, 7 out of area.

Key themes include:

- Summary Care Records not being up to date (not removing medication that has been stopped)
- D1 communication (lack of information on the discharges, medication not always listed)
- Prescribing errors (incorrect doses)
- Dispensing errors (adding unsuitable medication to MDS / incorrectly labelling medication)
- Communication problems relating to MDS patients (changes to medication not being communicated to community pharmacies)
- Formulary related issues (for example Vitamin B tablets and Lidocaine patches started in Hospital, which are no longer recommended for prescribing in Primary Care, Red drugs prescribed and patient unaware to obtain from hospital)
- Shared Care Issues (not sending shared care / patients not aware need to contact hospital for supply until Primary Care take over prescribing)

Please continue to submit APC reports relating to interface issues. The APC reporting form and process can be found on the [Barnsley CCG](#) website.

MHRA Safety Updates

The latest MHRA safety update is available to view online.

January 2020 Volume 13: Issue 6

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/861112/Jan-2020-PDF-final.pdf

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

E-cigarette use or vaping: reporting suspected adverse reactions, including lung injury

Be vigilant for any suspected adverse reactions associated with use of e-cigarettes or vaping (including lung injury) and report them to the MHRA via the Yellow Card Scheme.

Actions needed from healthcare professionals:

- have a high index of suspicion in patients presenting with respiratory symptoms where there is a history of e-cigarette use or vaping in the past 30 days
- use the Yellow Card Scheme website to report any suspected side effects or safety concerns with e-cigarettes and the e-liquids used for vaping
- for all patients, ask about e-cigarette use or vaping routinely as you would do about cigarette smoking

Ondansetron: small increased risk of oral clefts following use in the first 12 weeks of pregnancy

Update - Valproate Pregnancy Prevention Programme

Healthcare professionals involved in the care of female patients on valproate medicines in the UK should be vigilant for the arrival of letters from Sanofi containing updated educational materials. Continue to use these educational materials to ensure women and girls of childbearing potential on valproate medicines meet the requirements of the Pregnancy Prevention Programme.

- [Letter for all pharmacists dispensing valproate medicines](#)
- [Letter for specialists and specialist nurses, general practitioners, and other healthcare professionals who provide care to patients treated with valproate medicines](#)

The letters containing the materials are being distributed to specialists and other healthcare professionals (via post) and pharmacies (via Tote boxes) in January 2020. For more about the Valproate Pregnancy Prevention Programme, see Drug Safety Update from April 2018.

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 suggestions for future articles. Please send ideas and comments in to Vicki Holmes, Senior Prescribing Support Technician on email address victoria.holmes3@nhs.net

Many Thanks