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Medicines Management Newsletter June/July 2022

Welcome to the June/July 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)

Shared Care Guidelines
SYB Shared Care Protocol for Epilepsy in Adults [UPDATED] Traffic light classification changes are listed below.

Prescribing Guidelines
Alimemazine Area Prescribing Committee Position Statement [MINOR UPDATE] Alimemazine has a grey non formulary classification and the prescribing of alimemazine is not supported. The position statement has been amended to note that it is more cost effective to prescribe the liquid formulation of alimemazine as Alfresed® syrup.
Liothyronine (including Armour® Thyroid and liothyronine combination products) Area Prescribing Committee Position Statement) [MINOR UPDATE] The routine prescribing of liothyronine in primary care is not supported. Liothyronine has a formulary red classification for new and existing patients. The position statement has been updated to note that it is more cost effective to prescribe liothyronine capsules rather that tablets.
Dosulepin Area Prescribing Committee Position Statement [UPDATED] Dosulepin has a formulary grey classification and the prescribing of dosulepin is not supported. The updated position statement notes that it is more cost effective to prescribe dosulepin 75mg tablets as Prothiaden® 75mg tablets.
Management of Lower Urinary Tract Symptoms (LUTS) in men [UPDATED]

Changes to the guideline include:
- First line antimuscarinics; solifenacin and oxybutynin have the lowest acquisition cost and are first line options. Darifenacin is 15 times more expensive than solifenacin and has been removed from the algorithm. Information relating to anticholinergic burden has also been incorporated.
- Additional information added to the red flags/secondary care referral box on page 1 in line with the South Yorkshire, Bassetlaw & North Derbyshire Urology Fast Track Referral 2 week wait form.
- Addition of the requirement to take a baseline sodium level before starting desmopressin treatment for nocturnal polyuria.

Formulary Changes (Drugs with a provisional classification are not currently included on the Barnsley formulary)
- **Fidaxomicin (*Dificlir*®)** 40mg in 1ml granules for oral suspension and 200mg tablets, for treatment of *Clostridioides difficile* infections (CDI) also known as C. difficile-associated diarrhoea (CDAD), has been assigned a **formulary amber-G classification**. To be used on advice of the microbiologists in line with the NICE guidance: Clostridioides difficile infection: antimicrobial prescribing (nice.org.uk). Amber-G guidance is in development.
- **Morphine sulphate (*Actimorph*®) orodispersible tablets**, indicated for severe pain which can be adequately managed only with opioids, has been assigned a **non-formulary provisional grey classification**.
- **Sertraline 25mg tablets (SSRI),** have been assigned a **formulary grey classification.** Sertraline 25mg tablets have a high cost compared to the 50mg and 100mg tablets (sertraline 50mg and 100mg tablets remain formulary green). Wording stating that citalopram or fluoxetine should be used first line in new patients, unless there is a specific clinical need to use sertraline, has been removed from the formulary (sertraline is no longer on the NCSO list).

SYB Shared Care Protocol for Epilepsy in Adults:
- **Cenobamate**, indicated for adjunctive treatment of focal seizures with or without secondary generalisation, has been assigned a **formulary amber classification** (previously non-formulary provisional amber). It should only be used as an add-on treatment, after at least 1 other add-on treatment has not controlled seizures and treatment is started in a tertiary epilepsy service.
- **Cannabidiol**, indicated for Lennox Gastaut syndrome https://www.nice.org.uk/guidance/ta615 and Dravet syndrome https://www.nice.org.uk/guidance/ta614, has been assigned a **formulary red classification** (previously non-formulary provisional red).
- **Stiripentol**, indicated for adjunctive treatment of refractory generalised tonic clonic seizures in severe myoclonic epilepsy of infancy (Dravet syndrome), in combination with clobazam and valproate, has been assigned a **formulary red classification for adults** (stiripentol is formulary amber for children in line with the shared care guideline for the management of epilepsies in children).

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MHRA Drug Safety Update

The May 2022 MHRA Drug Safety Update can be accessed at the following link:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1076917/May-2022-DSU-PDF_V2.pdf

Issues relating to primary care:
Denosumab 60mg (Prolia®): should not be used in patients under 18 years due to the risk of serious hypercalcaemia
Serious and life-threatening hypercalcaemia has been reported with denosumab 60mg (Prolia®) in children and adolescents in clinical trials for osteogenesis imperfecta and during off-label use. Denosumab 60mg (Prolia®) is authorised for use in adults with osteoporosis and other bone loss conditions – it should not be used in children and adolescents younger than 18 years.

Advice for healthcare professionals:

- denosumab 60mg (Prolia®) is authorised for use only in adults (aged 18 years and older) for treatment of osteoporosis and other bone loss conditions
- serious and life-threatening hypercalcaemia has been reported with denosumab 60mg use in children and adolescents in clinical trials and during off-label use
- hypercalcaemia cases occurred during treatment or in the weeks to months after the last dose
- denosumab 60mg (Prolia®) should not be used in children and adolescents younger than 18 years
- denosumab 120mg (as Xgeva®) remains authorised for skeletally mature adolescents with giant cell tumour of bone (alongside other authorisations – see Denosumab section on page 3 of the full MHRA alert)
- report any suspected adverse drug reactions associated with denosumab or other medicines on a Yellow Card

Advice for healthcare professionals to give to patients or parents and caregivers:

- denosumab 60mg (known as Prolia®) is a medicine in adults to treat osteoporosis and other conditions associated with thinning of the bones and an increased risk of fractures
- there have been serious cases of hypercalcaemia (increased calcium in the blood) in children and teenagers receiving denosumab treatment outside of the currently approved indications
- patients on Prolia® who are younger than 18 years, and their parents or caregivers, should talk to their specialist about what this means for them
- denosumab 120mg (known as Xgeva®) remains authorised for skeletally mature teenagers with some bone tumours (alongside other authorisations – see Denosumab section on page 3 of the full MHRA alert)
- all patients on denosumab should read carefully the Patient Information Leaflet and Patient Reminder Card and speak to a healthcare professional if they are concerned about side effects.

ScriptSwitch

The Medicines Management Team regularly update the Barnsley ScriptSwitch profile to ensure it remains as up to date and accurate as possible to support safe and cost-effective prescribing. This includes information messages to highlight the traffic light classification of medication following the Area Prescribing Committee monthly meetings.

As a reminder:
If you see a RED classification message, this usually means that it is not recommended as being prescribed in primary care and is usually prescribed by a specialist in secondary care.
If the medication has a red classification and the request has come from somewhere other than Barnsley, please speak to a member of your Medicines Management Team to check classification from the requesting organisation, as we would usually take this into consideration.

There are two different Amber classifications:-
Amber drugs – these are usually started in secondary care and transferred to primary care once the patient is stabilised. These drugs will usually have an accompanying shared care guideline detailing any monitoring requirements.
Amber with Guidance (Amber-G): To be recommended or initiated by specialist* with follow up prescribing and monitoring by primary care clinicians. Amber G guidelines are available for many amber G medicines.
**Specialist is defined by the APC as a clinician who has undertaken an appropriate formal qualification or recognised training programme within the described area of practice.*
A link to the shared care guideline or amber G guidance is available on ScriptSwitch.

Cost effective switches
To support practices with this year's Medicines Optimisation Scheme, all cost effective brand switches which are included in the QIPP plan for 2022/23 have now been added to the profile.

If you have any questions relating to ScriptSwitch or have any installation issues where the software is not working for any clinician in practice or on laptops please contact gemma.crew@nhs.net.

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Changes to the Barnsley Asthma and COPD templates

To assist practices with the respiratory sections of this year's Medicines Optimisation Scheme, changes to the practice Asthma and COPD templates have been made and are now available for use. For S1 practices these are now available on the system and for Emis practices an email has been sent out to practice managers regarding importing the new templates. The template names are Barnsley Asthma V3.1 and Barnsley COPD V3.1.

A summary of the changes are:
For SABA prescribing, a change on both templates:
Is the patient prescribed a cost effective SABA has been replaced with "Has SABA been reviewed in line with APC Asthma/COPD Guidance?".

For the option to tick if the patient is prescribed a cost effective SABA, Salbutamol 100mcg CFC inhaler has been replaced with the brand Salamol® 100mcg/dose CFC inhaler. This is the recommended brand of salbutamol MDI in the local asthma and COPD guidelines due to lower carbon footprint.

A new question has been added to the Asthma template:
Has ICS reduction been considered? – this will give an option to select Yes / No or Unsuitable.

A new question has been added to the COPD template:
Is patient suitable for change to a single triple therapy inhaler device*? – this will give an option to select Yes / No or Unsuitable.
**(where the patient is prescribed ICS/LABA/LAMA in 2 or more separate inhalers and/or where ICS/LABA/LAMA indicated)*
If you have any questions relating to any of the respiratory workstreams included in this year's Medicines Optimisation Scheme, please contact the Medicines Management Team Member(s) working in your practice.

Amended 2022-23 Annual Flu Letter – Additional Cohorts

On 22nd July 2022, NHS England updated its guidance relating to the eligible cohorts for the upcoming flu vaccination programme.

The updated National Flu Immunisation Programme 2022 to 2023 letter is available here, the statement of the changes made is available here and the revised reimbursement letter is available here.

The additional cohorts include:

- Those aged 50 to 64 years old not in clinical risk groups (including those who turn 50 by 31 March 2023) who will be eligible for vaccination from 15 October 2022.

  Reimbursable Vaccines
  QIVe
  QIVc / QIVr (these should only be offered where it does not divert stock from clinical at-risk groups and those aged 65 years and over)
  JCVI advice is that the most vulnerable cohorts should be prioritised over the otherwise healthy 50-64 year olds and given the most effective vaccines available first (QIVr or QIVc) while QIVe should be reserved for otherwise healthy 50-64 year olds.

- Secondary school–aged children (will be offered immunisation through the school age immunisation service).

There will be no additional centrally procured stock available from DHSC, therefore providers are strongly urged to ensure they order sufficient stock to vaccinate their eligible populations. It is recommended that orders are placed with more than one manufacturer.

Contact details of the manufacturers with vaccine stock still available to order for 50 to 64 years olds can be found in both the revised reimbursement letter and the statement of changes.

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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 Sarah Bedford or Claire Taylor via email address sarah.bedford3@nhs.net or claire.taylor18@nhs.net

Many Thanks