

Medicines Management Newsletter

April 2022

Welcome to the April 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.

Flu Vaccine – Sanofi Returns

Sanofi have advised us that GP practices will be able to return unused flu vaccine stock from the 2021-22 season between the 1st and 29th April 2022. This will be done on Vaxishop.

Adolescent Vaccines - reminder to inform CHIS

Please ensure that the Child Health Information Service (CHIS) is notified if the HPV vaccine or other adolescent vaccine is administered within the GP practice setting. This will reduce the risk of vaccinations being unintentionally duplicated when the School Age Immunisation Service visit schools.

The School Age Immunisation Service actively promote vaccine uptake in the school setting, however, they appreciate that young people may have missed their school session or prefer to receive in a clinic setting.

A list of adolescent vaccination drop-in clinic dates up to July 2022 can be found at the following link: [Barnsley specialist children's health - South West Yorkshire Partnership NHS Foundation Trust \(barnsleychildrenshealth.co.uk\)](https://barnsleychildrenshealth.co.uk)

Adding Hospital Only Medications to Patients Records

All medicines prescribed and routinely dispensed by the hospital or other specialist providers should be entered on to the clinical system.

This ensures that:

- when referrals and choose and book appointments are made, the hospital is provided with a full and up to date list of a patient's current medications.
- drug interactions with hospital only drugs are highlighted to the prescriber when new drugs are added in primary care.

Guidance on how to add drugs to the clinical system whilst ensuring that they cannot be inadvertently issued in primary care is available from the Medicines Management Team.

Updates from the Barnsley Area Prescribing Committee (APC)

Shared Care Guidelines

The NEW **Metolazone for Oedema** amber-G guideline is available at:

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

The **Sheffield Area Prescribing Group (APG) shared care protocol for topical testosterone replacement therapy in post-menopausal women** is available at:

<https://best.barnsleyccg.nhs.uk/clinical-support/shared-care-guidelines/topical-testosterone-therapy-in-post-menopausal-women/580958>

The Committee endorsed the use of this guideline by GPs for Barnsley patients who have been stabilised on topical testosterone replacement therapy for post-menopausal symptoms by STH (unlicensed indication).

Testim® transdermal gel 50g/5g has been assigned a **formulary amber** classification (previously non-formulary provisional grey) for this indication only.

Formulary Changes

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

- **Betamethasone and calcipotriol (Wynzora®)** cream, indicated for psoriasis, has been assigned a **non-formulary provisional grey** classification. Enstilar® Foam (formulary green) is the first line calcipotriol/betamethasone preparation. Dovobet® gel / ointment is also formulary green.
- **Sucralfate 1g in 5ml oral suspension sugar-free**, indicated for benign gastric ulceration, benign duodenal ulceration, chronic gastritis and prophylaxis of stress ulceration, has been assigned a **formulary amber-G** classification (previously formulary red). Amber-G guidance currently in development.
- **Bempedoic acid and Bempedoic acid/ezetimibe combination**, in line with [NICE TA694](#), have been assigned a **formulary amber-G** classification (previously formulary red). National guidance for lipid management for primary and secondary prevention of CVD is available: [NHS Accelerated Access Collaborative » Summary of national guidance for lipid management \(england.nhs.uk\)](#). A local pathway and amber-G guidance are currently in development. It is more cost-effective to prescribe Bempedoic acid 180mg/ Ezetimibe 10mg tablets **combination product** than Bempedoic acid and Ezetimibe as two separate products.
- **Degarelix**, indicated for advanced hormone dependent prostate cancer: Following feedback received from the specialists, degarelix will remain **formulary red** and the shared care guideline will no longer be progressed.

MHRA Drug Safety Update

The February 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/1055032/Feb-2022-DSU-PDF.pdf.

Issues relating to primary care:

COVID-19 antivirals: reporting to the UK COVID-19 Antivirals Pregnancy Registry

As the safety of COVID-19 antivirals in pregnancy has not been established, please report any pregnancies which occur during use of an antiviral, including paternal use, to the UK COVID-19 Antivirals Pregnancy Registry. This advice applies to molnupiravir (Lagevrio ▼), the combination of PF-07321332 (nirmatrelvir) plus ritonavir (Paxlovid ▼), and remdesivir (Veklury ▼).

MHRA Drug Safety Update cont...

Advice for healthcare professionals:

- [The UK COVID-19 Antivirals Pregnancy Registry](#) is being operated by the MHRA in collaboration with the UK Teratology Information Service (UKTIS) to collect information about exposures to COVID-19 antivirals in pregnancy and enable follow-up of any reported pregnancies; the registry is also collecting information on outcomes for pregnancies where conception occurred during or shortly after paternal exposure to antiviral treatment
- to report to the registry, telephone: 0344 892 0909 (available 9:00am to 5:00pm, Monday to Friday, excluding bank holidays) – for more information see the [UKTIS website](#)
- healthcare professionals in England, Scotland, and Wales (as well as patients and their partners) can report an exposure to a COVID-19 antiviral during pregnancy or around the time of conception, or of partners on a COVID-19 antiviral around the time of conception
- in Northern Ireland, healthcare professionals cannot currently report on behalf of a pregnant women or their partner, but should encourage them to self-report using the same contact details
- since an exposure may occur in very early pregnancy before pregnancy is recognised, we ask healthcare professionals to report (or to encourage patients to self-report), even if some time has passed since the end of their COVID-19 antiviral treatment.

This registry is not relevant to pregnancy exposure or outcomes associated with COVID-19 vaccines. For information about the use of COVID-19 vaccines and pregnancy, see [guide on COVID-19 vaccination in pregnancy and breastfeeding](#).

Hydroxychloroquine, chloroquine: increased risk of cardiovascular events when used with macrolide antibiotics; reminder of psychiatric reactions

Carefully consider the benefits and risks before prescribing systemic azithromycin or other systemic macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine. An observational study in patients with rheumatoid arthritis has shown that co-administration of azithromycin with hydroxychloroquine is associated with an increased risk of cardiovascular events and cardiovascular mortality.

Advice for healthcare professionals:

- an observational study has shown that co-administration of azithromycin with hydroxychloroquine in patients with rheumatoid arthritis is associated with an increased risk of cardiovascular events (including angina or chest pain and heart failure) and cardiovascular mortality
- carefully consider the benefits and risks before prescribing systemic azithromycin or other systemic macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine
- if there is a clinical need to prescribe systemic macrolide antibiotics with hydroxychloroquine or chloroquine, use caution in patients with risk factors for cardiac events and follow advice in the product information for each medicine
- be vigilant for psychiatric reactions associated with hydroxychloroquine or chloroquine, especially in the first month of treatment; events have been reported in patients with no prior history of psychiatric disorders
- report suspected adverse drug reactions on a [Yellow Card](#)

Advice for healthcare professionals to give to patients and carers:

- some antibiotics (known as macrolides) taken by mouth or given as an injection at the same time as hydroxychloroquine or chloroquine have been associated with an increased risk of side effects that affect the heart
- seek urgent medical help if you have any signs of problems with your heart (for example, palpitations, fainting, chest pain, or unexplained breathlessness)
- some patients have also reported mental health symptoms when they started treatment with hydroxychloroquine or chloroquine
- speak to your doctor as soon as possible if you or your family members or caregivers notice any new or worsening mental health symptoms
- read the patient information leaflet that comes with your medicine ([hydroxychloroquine](#) or [chloroquine](#)) and keep it handy in case you need to read it again

Patient Group Directions Update

Yorkshire and the Humber Screening and Immunisation Team emailed out the following updated PGDs to Practice Managers on 24.03.22:

- Human papillomavirus (HPV) vaccine (valid from 01.4.22)
- Human papillomavirus (HPV) vaccine for men who have sex with men (valid from 01.04.22)

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.

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 via email address claire.taylor18@nhs.net

Many Thanks