

# Medicines Management Newsletter

## January 2022

Welcome to the January 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.

#### Insulin pen needles costing greater than £5 per 100 needles

In line with [NHS England guidance](#) and the [Barnsley Area Prescribing Committee position statement](#), the prescribing of insulin pen needles that cost greater than £5 per 100 needles is not supported by the Committee for any indication.

- Patients currently prescribed insulin pen needles that cost greater than £5 per 100 needles should have their prescription reviewed and the insulin pen needles switched to a formulary brand of choice (GlucRx Carepoint - first choice, BD Viva – second choice).
- Safety needles should not be prescribed in primary care unless the 'exceptional circumstances' detailed in the position statement are met:
  - For third party carers (e.g. school, care home, childminder, relative etc), safety needles may be prescribed on an FP10. The first line cost effective choice is GlucRx safety needles (grey classification on the Barnsley Formulary for use in these exceptional circumstances only).

For patients unable to self-administer it may be appropriate for the healthcare professional to use a safety needle but these would not be prescribed on an FP10 prescription. It is the healthcare professional employer's responsibility to provide these for their staff.

#### Needle length

The forum for injection technique ([FIT](#)) UK recommends a 4mm needle as the safest pen needle for adults and children regardless of age, gender and Body Mass Index. They also state that a 4mm pen needle inserted perpendicularly is long enough to penetrate the skin and enter subcutaneous tissues, with little risk of intramuscular injection.

#### Over the counter (OTC) items which should no longer routinely be prescribed in primary care

Medicines Management Team members are currently supporting practices to review the prescribing of medicines for mild to moderate hay fever and the prescribing of maintenance doses of vitamin D in line with [local self care guidance](#) and [NHS England guidance](#).

# Updates from the Barnsley Area Prescribing Committee (APC)

## Prescribing Guidelines

The **Ranitidine Liquid Shortage: Barnsley Guidance on Alternatives to Ranitidine Liquid for Gastro-Oesophageal Reflux Disease in Babies and Children** guideline has been updated:

[https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Ranitidine\\_Liquid.pdf](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Ranitidine_Liquid.pdf)

The **NEW Needles for pre-filled and reusable pens Area Prescribing Committee Position Statement** is available:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Insulin%20Pen%20Needles%20Position%20Statement.pdf>

and further information is detailed in the MOS 2021/2022 information above.

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

- **Betula Verrucosa (Itulazax®)** oral lyophilisate, indicated for moderate-to-severe allergic rhinitis and/or conjunctivitis induced by pollen from the birch homologous group, has been assigned a **non-formulary provisional red** classification.
- **Standardised allergen extract from house dust mites D. pteronyssinus and D. farina (Acarizax®)** oral lyophilisate, indicated for moderate to severe house dust mite allergic rhinitis [in patients who have failed to respond to anti-allergy drugs], has been assigned a **non-formulary provisional amber** classification (South Yorkshire Amber guidance is in development).
- **Grass pollen extract (Grazax®)** oral lyophilisate, a disease-modifying treatment of grass pollen induced rhinitis and conjunctivitis, has been assigned a **non-formulary provisional amber** classification (South Yorkshire Amber guidance is in development).
- **Mometasone and Olopatadine (Ryaltris®)** nasal spray, indicated for allergic rhinitis, has been assigned a **non-formulary provisional grey** classification.
- **Dapoxetine (Priligy®)**, indicated for treatment of premature ejaculation (PE) in adult men aged 18-64 who meet specific criteria detailed in the SPC, has been assigned a **formulary amber-G** classification. An Amber-G guideline is in development.
- **Dapagliflozin has been removed from the formulary for Type 1 diabetes** (previously formulary red). NICE TA597 'Dapagliflozin with insulin for treating type 1 diabetes' has been withdrawn because dapagliflozin with insulin is no longer licensed for treating type 1 diabetes.
- **Sucralfate 1g/5ml oral suspension**, indicated for benign gastric ulceration, benign duodenal ulceration chronic gastritis, prophylaxis of stress ulceration, has been assigned a **formulary red** classification (this preparation has replaced the unlicensed special order product on the formulary).
- **Inclisiran (Leqvio®)**, indicated for primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, has been assigned a **formulary amber** classification (previously formulary red). Inclisiran is included in the [national lipid management pathway](#). Discussions regarding local implementation of the pathway are ongoing.
- **Pain and neurology formulary review:**
  - **Tramadol orodispersible 50mg tablets (Zamadol Melt®)**, indicated for the treatment of moderate to severe pain, have been assigned a **non-formulary grey** classification. Practices are asked to review any existing prescribing.
  - **Frovatriptan 2.5mg tablets**, for use **in line with NICE CG 150 [Overview | Headaches in over 12s: diagnosis and management | Guidance | NICE](#)** (for women and girls with predictable **menstrual-related migraine** that does not respond adequately to standard acute treatment, consider treatment with frovatriptan (2.5 mg twice a day) on the days migraine is expected (**off-label use**)), have been assigned a **formulary green** classification (previously non-formulary grey).
  - **Naratriptan 2.5mg tablets**, indicated for acute treatment of migraine attacks with or without aura, have been assigned a **formulary green** classification (previously non-formulary grey). They are the second line oral triptan (sumatriptan tablets remain the first line option).

## Seasonal flu vaccine update

The uptake data across the different eligible groups has been summarised in the table below. A more detailed practice and neighbourhood breakdown continues to be circulated to practices on a weekly basis.

Eligible group	Barnsley average flu vaccine uptake (w/e 2 <sup>nd</sup> January 2022)
≥ 65 years	84.6%
50 to <65 years	54.4%
6 months to < 65 years at risk	54.6%
Pregnant women	40.9%
Carers 16 to <50 years	36.5%
2-year-olds	47.4%
3-year-olds	50.2%

Practices are reminded to code vaccine refusals on the practice system. Practices are also advised to check that the information held regarding carer status remains accurate and up to date.

Pregnant women who have children of preschool age (2- and 3-year-olds) may prefer to get their seasonal flu vaccine at their general practice. Where pregnant women have preschool aged children, practices are asked to consider, where possible, offering a joint appointment to vaccinate both the woman and their pre-school aged child at the same time, to provide a convenient option for this group of patients.

Should any provider have surplus stock which is unlikely to be used this season or for advice on any aspect of the flu vaccine programme please contact [christian.taylor@nhs.net](mailto:christian.taylor@nhs.net) or [claire.pendleton@nhs.net](mailto:claire.pendleton@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](mailto:s.ashfaq@nhs.net)
- Mir Khan, Primary Care Network Clinical Pharmacist – [mir.khan1@nhs.net](mailto:mir.khan1@nhs.net)
- Shauna Kemp, Primary Care Network Technician – [shauna.kemp@nhs.net](mailto: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](mailto:claire.taylor18@nhs.net)**

**Many Thanks**