

Medicines Management Newsletter

March 2021

Welcome to the March 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.

Phyllocontin® Discontinuation

An [alert](#) was issued last month advising that Phyllocontin® (aminophylline MR) will be discontinued in the UK and that remaining supplies of the 225mg strength are expected to be exhausted by 30th March 2021 and the 350mg strength by 5th April 2021. The alert advises that all patients are reviewed and their inhaled therapies optimised and those patients who still require a methylxanthine, are switched to theophylline tablets (Uniphyllin Continus®).

Due to the number of patients within Barnsley who will be affected it is not possible for all patients to be reviewed before supplies will be exhausted. The Area Prescribing Committee has agreed that patients can be switched to Uniphyllin Continus® and discussions are underway with the relevant specialist teams to plan how these patients can be scheduled for treatment review. Local switching guidance including dose conversions can be found on the BEST website using the link below:

<https://best.barnsleyccg.nhs.uk/prescribing-guidelines/rs-guidance-for-switching-phyllocontin-apc-approved/297587>

Following switching, patients should be advised to report symptoms suggestive of toxicity or a reduction in disease control. For further information or support please liaise with the pharmacist or technician linked to your practice.

Care Home Low Level Concerns/Compliments

Any professional who sees sub-standard care has a duty of care to take action. When serious concerns or abuse are identified or suspected, then safeguarding procedures should be instigated immediately.

It is also important to report low level concerns, areas for improvement and action taken to promote safe practices within the sector. Some areas for improvement may be minor in nature but provide an opportunity for early intervention, for example advice to prevent a problem escalating. In some cases, it is the repetition of minor actions or omissions that can collectively lead to abuse.

It is also important to acknowledge best practice, to share innovation and ideas, give recognition and monitor improvement. Professionals can also use the form to report any noteworthy best practice.

The process and feedback forms are attached and can also be found on the BEST website (link below)

<https://best.barnsleyccg.nhs.uk/prescribing-guidelines/care-homes-management-of-medicines/17102>



New Concern
Compliment Reportin



New Concern
Compliment Reportin



Care Home Concern
Return.docx

Completed forms should be emailed to AdultJointCommissioning@barnsley.gov.uk

If these involve any medication issues, please also cc barnccg.mrsenquiries@nhs.net with details.

Information on Thickeners

Starch based thickeners can be unstable and continue to thicken over time if left to stand. However, if mixed with saliva the enzyme amylase breaks down the thickener which thins the fluid, reduces the effectiveness and poses a safety risk to the patient. Starch based thickeners also have a grainy texture and can form lumps when mixed with fluids.

Gum based thickeners are more stable over time and are resistant to amylase and therefore safer. They are less grainy, have a smoother texture and are clear, which makes them more appealing and palatable to the patient.

Ensure that the correct thickener is selected.

Gum-based thickeners continue to be used first line for new patients and can be identified by the suffix - "Clear".

For patients currently receiving starch-based thickeners, a switch to a gum-based thickener should not be made without Speech & Language Therapy (SLT) input/re-training because the method of use and preparation can be significantly different. Patients who are currently using a starch-based thickener and are considered stable on this can remain on their current thickener. Referral to SLT will continue to be based on clinical need.

For any queries, please contact: Justin Ward (Medicines Management Dietitian, NHS Barnsley CCG) via email at justin.ward@nhs.net

Requesting Removal of Home Oxygen Supplies

We have recently come across a few examples of patients who have oxygen equipment in their possession which is no longer of use to them.

There are a number of reasons why it is important for this equipment to be removed:

- oxygen cylinders containing gases (or which are apparently empty) can present considerable risk of fire.
- there has been a demand for oxygen equipment during the COVID-19 pandemic, so the equipment could be returned and used by a patient who is in need of it.
- each month, a maintenance fee is paid by the CCG for the equipment which the patient has in their possession. If the patient is no longer using this equipment it is an unnecessary cost.

If practices have any patient(s) whose specialist is unable to request the full or partial removal of equipment, please contact Vicki Holmes using the Medicines Management Team office number 01226 433798, who will be happy to help co-ordinate removal of the equipment.

Stoma Appliance Ordering Line

Barnsley Stoma Appliance Order Service has now been in operation for 1 year, supporting patients from Huddersfield Road, Monk Bretton and Ashville GP practices to order their stoma appliances.

The service not only provides patients with assistance with appliance ordering for their individual needs but directly links with the stoma service within BHNFT for additional support.

Currently run by the Medicines Management Team at Barnsley CCG, the service takes and processes all prescription requests directly from patients and has been very successful. After recently recruiting additional team members the service is now in the position to start engagement with additional practices to develop the service further.

April 2021 will see the start of the further role out of the Stoma Appliance Order Service with Hoyland First PMS (Walderslade Surgery) and Dr Mellor & Partners being the next practices to be engaged. Every practice will be contacted in due course but any expressions of interest to be involved in the earlier stages are welcomed.

Expression of interest should be forwarded to Lindsay Reynolds, Appliance Nurse lindsay.reynolds@nhs.net (working days are **Wednesday, Thursday & Friday**).

If you have any other queries regarding appliances, such as the amount ordered or the correct ordering process required, please contact Lindsay Reynolds using the email address shown above.

Ordering & Supply of Prescriptions over the Easter Period (2nd - 5th April)

In recent years, NHS 111 have said that one of the most common reasons patients contact the 24-hour service at the weekend and Bank Holidays is to ask how to obtain additional supplies of their repeat prescription medicines.

Practices and pharmacies are encouraged to advise and/or support patients in ordering their repeat prescriptions in advance if their normal supply is due to coincide with the Easter bank holiday period.

Updates from the Barnsley Area Prescribing Committee (APC)

Prescribing Guidelines

- [Guide to Prescribing Thickeners for Adults \[UPDATED\]](#)
- [Adult Primary Care Antimicrobial Treatment Guidelines \[MINOR UPDATE\]](#)

Information on MRSA decolonisation has been added to the skin infections section.

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

- **Buprenorphine and naloxone (Suboxone® sublingual film)**, indicated for substitution treatment for opioid drug dependence, has been assigned a **non-formulary provisional grey classification**. **Buprenorphine and naloxone (Suboxone® sublingual tablets)** are **formulary red restricted**.
- **COVID 19 vaccines:** Pfizer-BioNTech COVID-19 vaccine (BNT162b2) and Oxford University/AstraZeneca Covid-19 vaccine (ChAdOx1-S), have been assigned a **formulary green classification**.
- **Lidocaine and Phenazone (Otigo® 40mg/10mg/g ear drops, solution)**, indicated for local symptomatic treatment and relief of pain in diseases of the middle ear, has been assigned a **non-formulary provisional grey classification**.
- **Aptamil Pepti-Junior®**, Infant formula for infants (birth-12 months) with disaccharide and/or whole protein intolerance, or where amino acids and peptides are indicated in conjunction with medium chain triglycerides (MCT) e.g. Cow's milk protein allergy with accompanying malabsorption, has been assigned a **formulary amber-G classification**.

Products removed from the formulary:

- **Fresubin YoCreme® and Forticreme Complete®**, dessert style oral nutritional supplements are **non-formulary provisional amber-G** (previously formulary amber-G).
Aymes® ActaCal Creme and Ensure Plus Creme® (both amber G) are the dessert style oral nutritional supplements on the formulary.
Aymes® ActaCal Creme is the most cost effective option in primary care.
- **Fortijuice® is non-formulary provisional amber-G** (previously formulary amber-G).
Aymes® Actasolve Smoothie is the first-line juice style supplement in primary care (formulary green).
The sachet is mixed with water to prepare a juice style drink. Juice style supplements remain second-line to milk-style supplements.
Nualtra Altrajuce® is the second line liquid juice oral nutritional supplement in primary care (formulary green).

Electronic Prescription Service (EPS) available in all Pharmacies

It is requested that Practices should continue to ask all patients – regardless of whether they are on a repeat medication or not - if they wish to use EPS for their prescriptions and if so, which pharmacy they wish to nominate. Searches are available on the practice system to identify patients, please speak to the Medicines Management Technician in your practice if you require further details.

Practices are able to add and change nominations on a patient's record at a patient's request.

The Electronic Prescription Service (EPS) reduces the paper administration associated with prescribing and dispensing processes by enabling prescriptions to be generated, transmitted and received electronically.

It is important to notify patients that they may still need to wait for their prescription dispensing once they present at their nominated pharmacy to collect it.

Support to Community Pharmacies

As part of the CCG's continued effort to support community pharmacies, a brief weekly check-in call will continue to see how community pharmacists and their teams are managing through these challenging times and how they are managing through the current flu season with vaccinations. 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.

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
- Danny Speight, Medicines Management Technician - daniel.speight1@nhs.net

MHRA Safety Updates

The latest MHRA safety updates are available to view online.

February 2021 Volume 14: Issue 7

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962557/Feb-2021-DSU-PDF_final.pdf

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

Ulipristal acetate 5mg (Esmya®): further restrictions due to risk of serious liver injury

The indication of ulipristal acetate 5mg for uterine fibroids has been further restricted due to the risk of serious liver injury and liver failure, with some cases requiring liver transplantation.

Although the temporary suspension has been lifted, this medicine should only be used for intermittent treatment of moderate to severe symptoms of uterine fibroids before menopause and when surgical procedures (including uterine fibroid embolisation) are not suitable or have failed.

ellaOne® (ulipristal acetate 30mg)

The emergency contraceptive ellaOne also contains ulipristal acetate in a single dose of 30mg. No concern has been raised about serious liver injury with ellaOne® and there are no changes to its use.

Pregabalin (Lyrica®): reports of severe respiratory depression

Pregabalin has been associated with infrequent reports of severe respiratory depression, including some cases without the presence of concomitant opioid medicines. Patients with compromised respiratory function, respiratory or neurological disease, renal impairment; those using concomitant central nervous system (CNS) depressants; and people older than 65 years might be at higher risk of experiencing these events and adjustments in dose or dosing regimen may be necessary.

Advice for healthcare professionals:

- pregabalin has been associated with reports of respiratory depression, in some cases without concomitant opioid treatment
- consider whether adjustments in dose or dosing regimen are necessary for patients at higher risk of respiratory depression, this includes people:
 - with compromised respiratory function, respiratory or neurological disease, or renal impairment
 - taking other CNS depressants (including opioid-containing medicines)
 - aged older than 65 years
- report suspected adverse drug reactions associated with use of pregabalin on a [Yellow Card](#)

Alkindi® (hydrocortisone granules): risk of acute adrenal insufficiency in children when switching from hydrocortisone tablet formulations to granules

When children receiving replacement therapy for adrenal insufficiency are being switched from hydrocortisone tablets to Alkindi® granules, parents or carers should be informed of the need to be extra vigilant for symptoms of adrenal insufficiency.

MHRA Safety Updates (continued)

Medicines in pregnancy and breastfeeding: new initiative for consistent guidance; report on optimising data for medicines used during pregnancy

New Safer Medicines in Pregnancy and Breastfeeding Consortium

On 11 January 2021, the MHRA and partner organisations launched a major new initiative to ensure pregnant and breastfeeding women can make informed decisions about their healthcare, particularly relating to the medicines they take.

The [Safer Medicines in Pregnancy and Breastfeeding Consortium](#) is a partnership of 16 leading organisations working together to improve the health information available to women who are thinking about becoming pregnant, are pregnant, or are breastfeeding. The partnership includes the NHS, regulators, and leading third sector and charitable organisations.

To support this work, healthcare professionals are asked to report important inconsistencies in UK advice on use of individual or classes of medicines used in pregnancy or breastfeeding via the address on the [consortium's webpage](#).

For more information on the consortium and its information strategy see the Guidance page. We also have a new guidance page to assist users in finding [MHRA information and projects related to medicines use in pregnancy and breastfeeding](#).

Optimising data on medicines used during pregnancy

The launch of the consortium coincides with the publication of a [Report of the Commission on Human Medicines Expert Working Group on Optimising Data on Medicines used During Pregnancy](#).

The report provides recommendations on ways in which data on medicines used in pregnancy and breastfeeding can be better collected and made available for analysis. This will enable more robust evidence to be generated through research and will be important in helping to develop clear and consistent advice about medicines used during pregnancy and breastfeeding.

COVID-19 vaccines (Pfizer/BioNTech and COVID-19 Vaccine AstraZeneca): current advice

In January 2021, the MHRA included the latest advice for the Pfizer/BioNTech and COVID-19 Vaccine AstraZeneca. In the February edition, they include a summary of key MHRA advice issued since the publication of the January 2021 edition of Drug Safety Update and up to 16 February 2021 ([see February edition](#))

Infant Formula Prescribing

A reminder that thickener (such as Instant Carobel®), lactose free and anti-reflux formulas are not recommended on prescription. Parents should be encouraged to purchase these items over the counter at pharmacies/supermarkets or online as they are available at a similar cost to standard infant formula.

For **mild-moderate** cases of cow's milk protein allergy, **Alimentum**® (Abbott Nutrition) is the most cost-effective extensively hydrolysed formula (eHF) available on prescription.

For **severe** cases of cow's milk protein allergy e.g. anaphylaxis, **Elecare**® (Abbott Nutrition) is the most cost-effective amino acid-based formula available on prescription.

The 'Infant formula prescribing guideline for primary care' is in the process of being updated and will be uploaded to the BEST website in due course. You will then be able to refer to the guideline for further information on the appropriate prescribing of infant formula.

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 Assistant on email address claire.taylor18@nhs.net

Many Thanks