

Medicines Management Newsletter

May 2021

Welcome to the May 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.

ScriptSwitch – Continued Utilisation of the Software

It is important that the following actions continue to be completed by practice staff to make the best use of the ScriptSwitch software:

- ScriptSwitch is activated for ALL practice prescribers (including locums) for 100% of the time.
- ScriptSwitch is installed on the laptops of clinicians who are working remotely (liaise with the Medicines Management Team for support with this).
- Prompts for areas included within the Medicines Optimisation Scheme (which is due to start in July 2021) are not rejected without exceptional reason and prescribers will use the feedback prompt to advise of the reason.

If you have any issues with ScriptSwitch, please contact Cheryl Markey, Senior Medicines Management Technician at cheryl.markey@nhs.net, who will be able to liaise with the ScriptSwitch team to resolve any issues with the software not being installed or working efficiently. If issues relate to a practice PC, you will be required to provide location details e.g. Main branch, GP Room 1. If any issues relate to laptops/surface Pros, you will be required to supply the affected clinician and device name.

The ScriptSwitch profile continues to be updated on a regular basis with formulary information, links to local prescribing guidelines and national safety alerts. Feedback on the profile is always welcomed, either via the Medicines Management Team member(s) linked to your practice or by contacting Cheryl Markey directly.

Online Resources available to help

Clinicians are reminded that there are a number of online resources available to help with prescribing queries:

<http://best.barnsleyccg.nhs.uk> - aims to provide an all-purpose resource for GPs, Practice Nurses and other healthcare professionals to access everything from referral forms and pathways to prescribing guidelines and diagnostic tools.

<http://www.barnsleyformulary.nhs.uk> - aims to provide information and resources to clinicians on formulary choices, traffic light classifications, local & national guidance etc.

<https://best.barnsleyccg.nhs.uk/COVID19-medicines-and-prescribing-information.htm> - the COVID related information sources document is a signposting resource produced by the Medicines Management Team to collate information and advice as it emerges on COVID-10, medicines, medical conditions, prescribing and the vaccination programme during the pandemic. The document is currently updated twice a week and new additions are highlighted in yellow.

The websites can be accessed from any computer, tablet or phone and from surgery or home. It is recommended that they are accessed using Google Chrome.

Updates from the Barnsley Area Prescribing Committee (APC)

Prescribing Guidelines

The following prescribing guidelines have been approved by the Committee and can be accessed on the BEST website at the following links:

[Guidance on the most appropriate and cost effective prescribing of infant formula in primary care](#) [UPDATED]

[Barnsley Antibiotic Formulary Choices Poster 2020/21](#) [NEW]

This useful resource for prescribers summarises key points from the primary care antibiotic guidance.

[Primary Care Prescribing Guidance: Fat Emulsions for the Purpose of Oral Nutritional Support](#) [NEW]

The Committee does not recommend the prescribing of fat emulsions for the routine treatment of malnutrition; there are some exceptions detailed in the guidance. This guidance details appropriate alternatives to fat emulsions.

[Oral Nutritional Supplements \(ONS\) Prescribing Guidelines in Primary Care: Adults aged 18 years and over](#) [UPDATED]

[Management of Low Vitamin D Level in Adults \(18 years and over\)](#) [UPDATED]

[Diagnosing diabetes – which test should be used?](#) [MINOR UPDATE]

[Last days of life – prescribing anticipatory subcutaneous medications](#) and [Last days of life – symptom management guidance](#) [LATEST VERSIONS]

Shared Care Guidelines

The following shared care guidelines have been approved by the Committee and can be accessed on the BEST website at the following links:

[SYB Shared Care Protocol for Cinacalcet for Primary Hyperparathyroidism in Adults](#) [NEW]

Cinacalcet has been assigned a formulary amber classification for primary hyperparathyroidism in adults. Cinacalcet will remain formulary red for the treatment of secondary hyperparathyroidism in adult patients with end stage renal disease.

[Midodrine Amber-G guideline](#) [UPDATED]

The following supporting guidelines will be removed from BEST and the online formulary:

Eslicarbazepine (Zebinix®) and **Brivaracetam (Briviact®)** supporting guidelines (removed)

Information on these drugs can be found in the SYB Epilepsy Shared Care Guidelines. The additional supporting guidelines were produced several years ago when these were new shared care drugs in Barnsley.

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

- Budesonide + formoterol + glycopyrronium (**Trixeo Aerosphere®**), indicated for maintenance treatment in adults with moderate to severe COPD, has been assigned a **non-formulary provisional grey classification**.
- **Kelhale®** (beclomethasone dipropionate), indicated for asthma, has been assigned a **formulary green classification**. Kelhale® is therapeutically equivalent to Qvar® with a lower acquisition cost. Kelhale® is licensed in adults over 18 years of age. Where Qvar®/Kelhale® are prescribed take care with dosing. Qvar®/Kelhale® have extra-fine particles, they are more potent than traditional beclomethasone dipropionate CFC-containing inhalers and are approximately twice as potent as Clenil Modulite®. Clenil® remains the first line beclomethasone dipropionate MDI.
- **Buprenorphine weekly patch (Sevodyne®)**, has been assigned a **formulary green classification** (previously formulary grey). Sevodyne® is now the preferred brand of 7 day buprenorphine patch in primary care and replaces Butec® on the formulary (prescribe by brand **name**).
- **Vencarm® XL 225mg capsules (Venlafaxine)**, have been assigned a **formulary green classification**. Vencarm® XL is the cost-effective brand of choice for venlafaxine XL 225mg tablets and capsules.
- **Dulaglutide (Trulicity®)** 3mg and 4.5mg, indicated for type 2 diabetes, has been assigned a **formulary amber-G classification**. The amber-G guideline is currently being updated to include the new strengths (3mg and 4.5mg).

Contacting the Medicines Management Dietitian

The Medicines Management Dietitian is available via email (preferred) or telephone for nutrition-related prescribing queries.

Please **avoid** sending a 'Task' unless there is an accompanying email/phone call alerting the Dietitian to the 'Task'.

Without a prompt, 'Tasks' may go weeks/months before being seen.

Contact Details

Email: justin.ward@nhs.net

Mobile: 0790 840 1859

Typical working hours: Mon - Fri 08:00 - 16:00

Ensure® Liquid/Ensure® Can

Ensure® Liquid/Ensure® Can has non-formulary status as it is more expensive yet less nutritious than the first-line oral nutritional supplements (ONS) on the formulary.

Please refer to the 'ONS Prescribing Guidelines in Primary Care: Adults aged 18 years and over' via the link below for guidance on the most cost and clinically effective ONS in primary care.

[https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Oral Nutritional Supplements Algorithm.pdf](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Oral_Nutritional_Supplements_Algorithm.pdf)

Chloramphenicol eye drops in children under 2 years

Chloramphenicol eye drops are now contraindicated in children under 2 years of age by most manufacturers due to the presence of the excipient boric acid. Due to an associated future risk of impaired fertility, the EMA mandatory labelling guidance on excipients has been updated and all preparations containing boric acid or borates above a threshold level must include a warning.

The Royal College of Ophthalmologists has published a [safety alert](#) highlighting a number of points for consideration. The safety alert notes that “chloramphenicol eye preparations have been widely used in children of all ages for many years with no documented adverse effects on fertility. To our knowledge there is no new scientific data from human studies to support this change to the product licence.” Refer to the safety alert for further information.

The MHRA is reviewing the available evidence.

Chloramphenicol eye ointment preparations do not contain boric acid or borates and so can be prescribed for children less than 2 years old. Pharmacy only (P) preparations of chloramphenicol are not licensed for sale or supply over the counter for children under 2 years of age.

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. 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:

- Shoab 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 update is available to view online.

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https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/980773/Apr-2021-DSU-PDF37ce05f35d8febbf6c8e7cc23ad264098f45c3342c9cb11b0e38bcf4beb1a943.pdf

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

Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration

Addition of a polyethylene glycol (PEG)-based laxative to a liquid that has been thickened with a starch-based thickener may counteract the thickening action, placing patients with dysphagia at a greater risk of aspiration

Advice for healthcare professionals:

- there have been reports of a possible potential harmful interaction between polyethylene glycol (PEG) laxatives and starch-based thickeners when they are mixed together
- combining the two compounds can counteract the thickening action and result in a thin watery liquid – patients with swallowing difficulties (dysphagia) are potentially at a greater risk of aspiration of the thinner liquid
- avoid directly mixing together PEG laxatives and starch-based thickeners, especially in patients with dysphagia who are considered at risk of aspiration such as elderly people and people with disabilities that affect swallowing
- report suspected adverse drug reactions (ADRs) to the Yellow Card Scheme

Searches have been set up on the practice systems to identify patients who are prescribed both and these patients will be reviewed by the Clinical Pharmacists.

Gum based thickeners are generally considered safer than starch based thickeners and have been used first line for new patients in Barnsley since October 2018 and it is therefore likely that any prescribing of the starch based thickener is historical. [Local guidance](#) states that 'a switch to a gum based thickener should not be made without Speech and Language Therapy (SLT) input/re-training because the method of use and preparation can be significantly different', and therefore the Clinical Pharmacists will liaise with SLT where appropriate.

COVID-19 vaccines: updates for April 2021: A summary of advice recently issued by the MHRA relating to coronavirus (COVID-19), up to 21 April 2021

Here we include a summary of key MHRA advice issued up to 21 April 2021 and since the publication of the March 2021 edition of Drug Safety Update.

We continue to publish the summaries of the [Yellow Card reporting for the COVID-19 vaccines](#) being used in the UK. This report is being updated weekly. The report summarises information received via the Yellow Card scheme and will be published regularly to include other safety investigations carried out by the MHRA under the [COVID19 Vaccine Surveillance Strategy](#).

The MHRA encourages anyone to report any suspicion or concern they have beyond the known, mild side effects on the [Coronavirus Yellow Card reporting site](#).

We have also recently:

- Issued new advice concluding there is a [possible link between COVID-19 Vaccine AstraZeneca and extremely rare and unlikely to occur blood clots \(7 April 2021\)](#)
- Revised the [COVID-19 Vaccine AstraZeneca product information for healthcare professionals](#), including further clarification on specific pre-existing medical conditions where the vaccine should not be given, and those pre-existing conditions where particular caution is needed; the [information for UK vaccine recipients](#) has also been updated (15 April 2021)

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