

Medicines Management Newsletter

October/November 2022

Welcome to the October/November 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.

World Antimicrobial Awareness Week and Antimicrobial Stewardship

World Antimicrobial Awareness Week (WAAW) occurs 18th to 24th November 2022 and aims to increase awareness of global antimicrobial resistance and encourage best practice for using antimicrobials.

This year the focus for WAAW and European Antibiotic Awareness Day (EAAD) in England will be on health and social care workers, as well as patients who have been prescribed antibiotics. Supporting resources, including posters and digital resources, can be accessed via the [WAAW and EAAD 2022 resource toolkit](#).

The 'Keep Antibiotics Working' resources remain [available online](#) and can be downloaded. The [TARGET antibiotics toolkit](#) includes various antimicrobial stewardship (AMS) resources for healthcare professionals in primary care or community settings. The toolkit includes the [Pharmacy antibiotic checklist](#), which has been designed to follow the antibiotic prescription journey, to be completed by patients and pharmacists, to facilitate individualised advice to the patient.

The antimicrobial stewardship requirements for the 2022-23 Medicines Optimisation Scheme are summarised below.

1. AMS Practice Meeting

- All practices have had the opportunity to discuss and reflect on antibiotic prescribing and antimicrobial stewardship during a meeting with allocated Medicines Management Team member(s). Discussion points have included: antibiotic prescribing patterns within the practice in reference to recent prescribing data
- prescribing guidelines and other useful resources
- reference to key points within the Barnsley antimicrobial stewardship resource pack 2022-23
- potential ways of engaging with the European Antibiotic Awareness Day/ World Antibiotic Awareness Week

Please liaise with the Medicines Management Team member(s) supporting your practice if any further information or antibiotic awareness resources are required.

2. Prescribing targets (based on January to December 2022 data)

- The percentage of cephalosporin, quinolone and co-amoxiclav from all antibiotics prescribed by the practice is below 8% or has reduced by 10% compared to the previous 12 month period.
- The number of antibiotic prescriptions (Items/STAR PU) issued by the practice is ≤ 0.871 or has reduced by 5% compared to the previous 12 month period.

3. The practice will audit the use of prophylactic antibiotics for urinary tract infections and complete other selected audits as per the requirements in the antimicrobial stewardship resource pack 2022-23.

The audit(s) results will demonstrate that 80% of prescribing is in line with local guidance.

OR

The practice will agree and implement an action plan if the 80% target has not been met.

Medicines Optimisation Scheme: Mefenamic Acid Review

The Clinical Pharmacists within the team are supporting practices to review mefenamic acid prescribing as part of this year's Medicines Optimisation Scheme.

Mefenamic acid is a grey drug on the [Barnsley formulary](#). Ibuprofen is the first line NSAID and naproxen is the second line NSAID on the formulary.

In line with the formulary, if an NSAID is required for dysmenorrhoea or menorrhagia, consider the use of ibuprofen or naproxen rather than mefenamic acid which is increasingly expensive (approximately £18 for 28 tablets) and has no evidence of superiority over other NSAIDs. There are also concerns that mefenamic acid is more likely to cause seizures in overdose and it has a low therapeutic window which increases the risk of accidental overdose.

Whilst only mefenamic acid is specifically licensed for menorrhagia, NICE Clinical Knowledge Summaries lists naproxen and ibuprofen as treatment options for menorrhagia.

Medicines Optimisation Scheme: Carbocisteine Review

Over the coming months Medicines Management Team members will be supporting practices to review carbocisteine prescribing in line with the new [Barnsley mucolytic prescribing guidance](#) which was recently approved by the Area Prescribing Committee.

Key points:

- It is difficult to predict which patients will benefit from mucolytic agents and therefore they should be prescribed on a trial basis only and stopped if there is no perceived benefit.
- Patients should be reviewed 4-8 weeks after initiation of carbocisteine to consider dose reduction to the maintenance dose of 1.5g daily in divided doses (2 x 375mg BD or 375mg QDS) if the patient is benefitting from treatment, or to stop the carbocisteine if no benefit is apparent.
- NACSYS® (acetylcysteine) effervescent tablets are a more cost-effective option than carbocisteine if a mucolytic in liquid form is required.

Updates from the Barnsley Area Prescribing Committee (APC)

Prescribing Guidelines

The **NEW Barnsley Mucolytic Prescribing Guidance** has been developed to support the Primary Care Medicines Optimisation Scheme: [Mucolytic Pathway Aug 2022.pdf \(barnsleyccg.nhs.uk\)](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Mucolytic_Pathway_Aug_2022.pdf).

The **Management of Stable COPD** guideline has received minor updates:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/COPD%20inhaled%20therapies.pdf>

The **Oral Nutritional Supplements (ONS) Prescribing Guidelines in Primary Care: Adults aged 18 years and over** has been updated, including an updated 'Compact' ONS prescribing algorithm. Aymes® Actagain 600 has recently been added to the formulary with an amber-G classification and is preferred to Ensure® Compact where a liquid compact product is required. **Refer to the guideline for further information, including dosing information:** https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Oral_Nutritional_Supplements_Algorithm.pdf

The **Prescribing of Sodium-Glucose Cotransporter-2 Inhibitors (SGLT2 inhibitors) and risk of Diabetic Ketoacidosis (including in patients with COVID-19)** has been updated: [Diabetes: Prescribing of Sodium-Glucose Cotransporter-2 Inhibitors \(SGLT2 inhibitors\) and risk of Diabetic Ketoacidosis \(including in patients with COVID-19\) \(APC Approved\) Prescribing guideline \(barnsleyccg.nhs.uk\)](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Diabetes_Prescribing_of_Sodium-Glucose_Cotransporter-2_Inhibitors_(SGLT2_inhibitors)_and_risk_of_Diabetic_Ketoacidosis_(including_in_patients_with_COVID-19)_APC_Approved_Prescribing_guideline_(barnsleyccg.nhs.uk))

The **Barnsley Pregabalin Prescribing Guidelines for Neuropathic Pain** have been updated: [Pregabalin for neuropathic pain prescribing guidelines.pdf \(barnsleyccg.nhs.uk\)](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Pregabalin_for_neuropathic_pain_prescribing_guidelines.pdf)

Other

The **NEW Cenobamate (Ontozry®) information for Community Pharmacies** is available: [Cenobamate information for community pharmacies.pdf \(barnsleyccg.nhs.uk\)](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Cenobamate_information_for_community_pharmacies.pdf). Cenobamate has an amber classification on the Barnsley Formulary for use in line with the [South Yorkshire and Bassetlaw Adult Epilepsy Shared Care Guideline](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/South_Yorkshire_and_Bassetlaw_Adult_Epilepsy_Shared_Care_Guideline). This information has been produced to support community pharmacies with the ordering of cenobamate to ensure continuity of supply for patients in response to feedback that some patients are experiencing difficulties in obtaining in the community.

Cenobamate is available from Phoenix Healthcare. Alternatively pharmacies holding accounts with both Alliance and Phoenix can order via Alliance using the Third Party Ordering System (TPOS). Should a pharmacy require further information or encounter any issues in ordering the medication, please liaise with a member of the Medicines Management Team who can advise and/or support the patient in obtaining the medication from an alternative pharmacy as necessary.

The updated **South Yorkshire Trans man and Trans women Prescribing Guidelines** are available on the Sheffield Health and Social Care NHS Trust website via the links below and the links are also available on the BEST website: [Gender Dysphoria Shared care guideline \(barnsleyccg.nhs.uk\)](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Gender_Dysphoria_Shared_care_guideline_(barnsleyccg.nhs.uk)). The Barnsley Area Prescribing Committee has approved these guidelines for use by prescribers within primary care who choose to prescribe within their scope of practice.

- [Trans man medication](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Trans_man_medication) (This applies to a person assigned female, cis-female, at birth undertaking gender transition to become a male)
- [Trans woman medication](https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Trans_woman_medication) (This applies to a person assigned male, cis male, at birth undertaking gender transition to become a female)

Updates from the Barnsley Area Prescribing Committee (APC) (continued)

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

- **Trifarotene (Aklief®)** 50microgram/g cream in 75g pump, indicated for acne vulgaris, has been assigned a **non-formulary provisional grey classification**.
- **Ivermectin cream (Soolantra®)**, indicated for Inflammatory lesions of rosacea (papulopustular), has been assigned a **formulary green classification** (previously non-formulary provisional red).

Addition of formulary wording only:

- **Oxycodone (Shortec®) (formulary green): Shortec® liquid has been discontinued.** Oxycodone liquid should be prescribed generically. Note that there are two strengths of oxycodone liquid: 5mg/5ml oral solution and 10mg/1ml (high strength) oral solution.
- **Metolazone (formulary amber-G):**
UK-licensed metolazone tablets (Xaqua ®) have up to two-fold difference in bioavailability compared to other (unlicensed, imported) metolazone preparations. **Patients should be maintained on their current brand of metolazone. Metolazone should be prescribed by brand.**

For further information refer to the SPS: [Example medicines to prescribe by brand name in primary care – SPS - Specialist Pharmacy Service – The first stop for professional medicines advice](#) and BNF: [MedicinesComplete — CONTENT > BNF > Drug: Metolazone](#)

The metolazone amber-G guidance will be reviewed in due course.

Repeat Prescription Processing Time - Managing Patient Expectations

To enable repeat prescriptions to be processed and dispensed in a timely manner, **patients should be advised to plan for their next supply of repeat prescription medicines at least 7 days before their medicines are due to run out.** The GP Practice needs at least 48 hours to issue the prescription and the Pharmacy will also need at least 48 hours to obtain and prepare the medication. This 7 day timeframe also allows for weekends and bank holidays and for dealing with any prescription related issues such as out of stock items.

Feedback received suggests that some patients may not be aware of this as pharmacies are not always given the time needed to order medications and process the prescriptions once they have landed in the pharmacy workflow. This is leading to inconvenience for patients and putting additional pressure on the pharmacies.

Support from all colleagues involved in the repeat prescription process in communicating this key message to patients is appreciated.

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

Barnsley Formulary Blood Glucose Testing Strips

Changes were made to the preferred choices of blood glucose testing meters and strips in Barnsley when the Barnsley APC guidelines for approved choice of blood glucose testing, strips, meters and lancets were updated earlier this year. The formulary options are summarised in the table below.

Preferred Formulary Choices of Blood Glucose and Ketone Testing Strips and Meters in Barnsley (from May 2022)		
Refer to the latest Barnsley APC Guidance for further information		
Patient Group	Glucose / Ketone* Test Strips	Meters
Type 1 and Type 2 diabetes stable on insulin therapy or on sulfonylureas or glinides	Glucofix tech sensor	Glucofix Tech Meter
	Contour plus testing strip	Contour Plus Blue Meter
Patients who need a talking meter	PalmDoc	PalmDoc 2 Meter
Patients who need Fastclix lancing device (needle cannot be seen)	Accu-chek instant	Accu-chek Instant Meter
Ketone Test Strips	Glucomen Areo Ketone*	Glucomen Areo 2K Meter

Practices have been provided with the respective manufacturer contact details to obtain these meters. Practices are kindly reminded to ensure that any new meters received by the practice and given to patients are in line with the guideline.

If you have any non-formulary blood glucose meters in your practice or require any further information please liaise with your Medicines Management Team member.

Flu Vaccination Codes

As outlined in the Primary Care update 215 (19th October), there have been some changes to the coding attached to some flu vaccines in the community pharmacy reference set.

This means that practices who use the drug code only to code that a vaccine has been given may find a discrepancy between the data in CQRS and the number of vaccines they have given. Those who use an administration code such as "Administration of first inactivated seasonal influenza vaccination" alone, or both an administration and a vaccine code, will be unaffected because CQRS will recognise the administration code.

Practices are asked to only declare their achievement in CQRS when they are happy there are no discrepancies.

Please amend any records if any of the below codes have been added for the 2022-23 flu vaccination campaign, and ensure they are no longer used going forward:

SNOMED code	Description	22/23 service	Status
35726811000001104	Influenza Tetra MYL vaccine suspension for injection 0.5ml pre-filled syringes (Viatris UK Healthcare Ltd) (product)	No	Please remove
36509011000001106	Flucelvax Tetra vaccine suspension for injection 0.5ml pre-filled syringes (Seqirus UK Ltd) (product)	No	Please remove
38973211000001108	Fluad Tetra vaccine suspension for injection 0.5ml pre-filled syringes (Seqirus UK Ltd) (product)	No	Please remove

MHRA Drug Safety Update

The **August and September 2022** MHRA Drug Safety Updates can be accessed at the following links:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1099718/Aug-2022-DSU-PDF.pdf

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1106595/Sept-2022-DSU-PDF.pdf

Issues relating to primary care:

Nebulised asthma rescue therapy in children: home use of nebulisers in paediatric asthma should be initiated and managed only by specialists

Use of a nebuliser purchased independently of medical advice for use in the home to deliver nebulised asthma rescue medications to children can mask a deterioration in the underlying disease and may increase the risk of potentially fatal delays in seeking medical attention if asthma deteriorates. If home use of a nebuliser for the acute treatment of asthma in children under 18 years of age is considered necessary, this should be initiated and managed by an appropriate specialist. This is consistent with current clinical guidance.

Advice for healthcare professionals:

- use of nebuliser devices at home to deliver asthma rescue medication to children and adolescents, without adequate medical supervision, can mask a deterioration in the underlying disease, which could result in delays in seeking medical attention and have fatal or serious consequences
- only specialists in asthma should initiate and clinically manage use of nebulisers and associated nebulised medicines at home for acute treatment of asthma in children and adolescents (see definition of specialists on page 3 of the full alert)
- independent purchase of nebuliser devices outside of medical advice for use at home to deliver rescue therapy for the acute treatment of asthma in children and adolescents is not recommended
- pharmacists are asked to advise people seeking to purchase a nebuliser for this purpose that such home use of nebulisers is not recommended without specialist clinical management
- continue to report suspected adverse reactions to nebulised medications and adverse incidents involving nebulisers on a [Yellow Card](#)

See the *MHRA alert for advice to provide to patients or caregivers*.

Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to differences in formulations

Prescribers and dispensers should use caution if switching patients between different long-acting formulations of methylphenidate (Concerta XL®, Medikinet XL®, Equasym XL®, Ritalin LA®, and generics) as different instructions for use and different release profiles may affect symptom management.

NOTE that the MR brand of choice in Barnsley for new patients is Xenidate® XL tablets. Existing patients can remain on Matoride® XL tablets.

Advice for healthcare professionals:

- caution should be used if long-acting formulations of methylphenidate are to be used interchangeably due to the differences between formulations in dosing frequency, administration with food, amount and timing of the modified-release component, and overall clinical effect
- follow specific dosage recommendations for each formulation
- if considering a switch to another long-acting preparation:
 - consult with the patient (and their parent or caregiver if relevant) to discuss the reasons for this and the possible changes they may experience in symptom management and side effects (and what to do if these occur)
 - consider patient preferences such as their individual needs, dose frequency, possible side effects, or other issues related to the patient's condition
 - reiterate the instructions for use for the newly prescribed formulation, especially whether it should be taken with or without food

MHRA Drug Safety Update (continued)

- [clinical guidance](#) advises to prescribe these long-acting formulations of methylphenidate by specifying brand name or by using the generic drug name and name of the manufacturer
- report any suspected adverse drug reactions associated with methylphenidate or other medicines on a [Yellow Card](#)

See the MHRA alert for advice to provide to patients or caregivers.

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:

Shoab 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