

# Medicines Management Newsletter

## July/August 2023

Welcome to the July/August edition of the Barnsley Place 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.

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

#### Prescribing Guidelines

The following guidelines have recently been approved by the Committee:

#### **Optimising Lipid Management for Secondary Prevention of Cardiovascular Disease in Barnsley [NEW]**

The guidance has been adapted from the Accelerated Access Collaborative [Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD](#) and the final version will be available on the BEST website in the near future.

Barnsley formulary classifications of some of the drugs referred to within the guideline:

- Ezetimibe has a green classification.
- Bempedoic acid has an amber G classification and an [amber-G guideline](#) is available for bempedoic acid with ezetimibe in line with [TA694](#). Bempedoic acid with ezetimibe can be prescribed and monitored in primary care following recommendation or initiation by a specialist via the lipid clinic or 'advice and guidance'. Alternatively, bempedoic acid with ezetimibe can be initiated by primary care clinicians with the appropriate knowledge and competencies in line with Barnsley Lipid Management guidance.
- Inclisiran has an amber classification and an amber guideline will be developed.
- The PCSK9 inhibitors (Alirocumab and Evolocumab) have a red classification.

#### **Supporting Information on the Prescribing and Dispensing of Antiviral Medicines to Barnsley Care Home Residents following an Influenza Outbreak [NEW]**

The information covers the process for issuing antivirals both in and out of flu season.

##### In season

Antivirals can only be prescribed in primary care on the NHS during the period when the Chief Medical Officer and Chief Pharmaceutical Officer have confirmed that circulating levels of influenza have risen to a level which defines the 'flu season'. GPs will be notified of this via the Central Alerting System. During the flu season antivirals can be prescribed on the usual FP10 and dispensed by a community pharmacy. The community pharmacy should be contacted as soon as possible with information on expected numbers to ensure adequate stocks can be obtained within the required 48/36 hour time period.

##### Out of flu season

Arrangements are in place to obtain antivirals from UKHSA stock held at Rotherham Hospital Pharmacy department following authorisation of the release of the stock by UKHSA. The antivirals will be issued by the pharmacy against either a Patient Specific Direction or prescription from a doctor or other non-medical prescriber. PSD templates have been included in the document.

#### **Seborrhoeic Dermatitis (cradle cap) Position Statement and Dandruff Position Statement [NEW]**

The position statements will be available on the BEST website in due course.

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

#### Recent formulary changes include:

- **Tolthen® XL capsules (tolterodine MR)** have been assigned a **formulary green** classification. Tolthen® XL is the preferred brand of tolterodine MR.
- **ClinOptic HA® 0.1% and 0.2% preservative free eye drops (sodium hyaluronate)**, for dry eye, have been assigned a **formulary green** classification. ClinOptic HA® 0.1% and 0.2% eye drops (pump dispenser with 6 month expiry when opened) are more cost-effective than Hylo-Tear® 0.1% and Evolve HA® 0.2% eye drops and are the brand of choice.
- **Tiogiva®** (tiotropium bromide 18 microgram capsule - delivered dose of 10 micrograms), for COPD (for existing COPD patients on tiotropium 10mcg, refer to [COPD](#) algorithm), has been assigned a **formulary green** classification. Tiogiva® is the brand of choice of tiotropium inhalation hard capsules. Tiogiva® is available as 30 capsules with device or as a 30 capsule refill pack. The device should be replaced following the administration of a maximum of 180 capsules.
- **Brancico® XL** (quetiapine XL) has been added to the formulary with an amber classification. Brancico® XL and Biquelle® XL are the preferred brands of quetiapine modified release in Barnsley.
- **Opiodur®** (fentanyl) transdermal patches have been added to the formulary with a green classification. The preferred brands of fentanyl transdermal patches in Barnsley are Fencino® (contraindicated in patients allergic to peanuts or soya) or Opiodur®.
- **Luforbec®** 100/6 and 200/6 MDI has replaced Fostair® 100/6 and 200/6 MDI on the formulary in primary care.
- **Esomeprazole** entry has been updated to note that capsules are more cost effective than tablets.

### Prescribing and dispensing liquid medicines

The [Barnsley Primary Care Prescribing Guidelines: Advisory, Minimum and Gold](#) and [Key Dispensing Guidelines](#) (also referred to locally as the 'Gold Guidelines') have been in place for a number of years following a serious incident involving a liquid medicine.

The 'Gold Guidelines' state that for dosages of liquid medicines (except laxatives and antacids), clinicians should **always specify the strength of the formulation, the dose in milligrams/ micrograms and the volume.**

For example:                      Furosemide liquid 40mg/ 5ml  
                                                 20mg (2.5ml) to be taken each morning.

It is the Community Pharmacist's responsibility to ensure that the intended dose is accurate and that the patient has been counselled and supplied with an appropriate device such as to enable the dose to be administered accurately and safely.

### **GLP-1 Receptor Agonist Shortage**

There is an ongoing national shortage of GLP-1 receptor agonists (GLP-1 RAs) used in the management of Type 2 Diabetes Mellitus and this situation is not expected to resolve until at least mid-2024. The letter circulated last month highlighting the key points can be accessed on the BEST website ([link](#)).

As a reminder:

- No new patients should be started on a GLP-1 RA for the duration of the supply issues.
- Do not switch between brands of GLP-1 RAs, including between injectable and oral forms.
- Where a higher dose preparation of GLP-1 RA is not available, do not substitute by doubling up a lower dose preparation.
- GLP-1 RAs should only be prescribed for their licensed indication.
- A maximum 28 day quantity is recommended during this time.

### **On Demand Specialist Drugs Service**

Certain pharmacies across Barnsley hold a stock of palliative care medicines and other drugs including certain antibiotics to help support those patients in urgent need of medication.

Whilst a prescription for end of life medication can be taken to any community pharmacy for dispensing, the community pharmacies providing this service endeavour to maintain a minimum stock level of the medicines included in the scheme. Further information can be found on the BEST website:

<https://best.barnsleyccg.nhs.uk/clinical-support/local-pathways-and-guidelines/palliative-care-formulary-and-on-demand-specialist-drugs-service/16343>

Across Barnsley there are currently 17 pharmacies providing this service, a list of these pharmacies together with their contact details, opening hours and a list of the medicines included can be found on the BEST website, either via the above link or directly via the links below:

[Participating Pharmacies.](#)

[Drug List](#)

Good practice action point: raise awareness of the scheme amongst GP practice reception staff and pharmacies who do not currently participate in the scheme.

### **Dressings/ONPOS update**

Podiatry teams are currently using FP10 prescriptions for dressings. Work is ongoing with SWYFT colleagues in relation to the introduction of ONPOS for the Podiatry teams. In the interim GP Practices should continue to supply prescriptions for dressings requested from Podiatry only.

Community nurses do not require prescriptions for dressings as these will be obtained via ONPOS unless it is a specialist dressing (e.g. specialist dressing requested by vascular, plastics or dermatology), in which case a covering letter stating the dressing regime and a clear review date will be provided by the specialist service. Please also note that dressings should not be placed on repeat prescription due to the ever-changing wound healing process.

## **Post Infection Review Group – Key Messages**

The Post Infection Review Panel provides a forum to discuss healthcare associated infection reviews which have been undertaken in both primary and secondary care. This provides an opportunity to identify and disseminate potential learning points in relation to antimicrobial stewardship and/or other key points of information. Some of these general points have been summarised below.

### **C. Difficile**

- Prescribing Considerations
  - Review existing antibiotics and stop unless essential. If still essential consider changing to one with a lower risk of C. difficile infection.
  - Review the need to continue:
    - PPIs
    - Other medicines with gastrointestinal activity such as laxatives
    - Medicines that may cause problems if dehydrated e.g. NSAIDs, ACEIs/A2RAs, diuretics
  - Do not offer antimotility drugs such as loperamide.
- Vancomycin is the first line treatment option for C. difficile in line with [NICE guidance NG199](#). Vancomycin capsules are included in the on-demand specialist drugs service and stock is held by the pharmacies on the B list (refer to the links in the on-demand specialist drugs service article on page 3 for further information).

### **UTIs**

In the case of a suspected UTI, send a urine sample for culture in:

- over 65 year olds if symptomatic and antibiotic given
- pregnancy: for routine antenatal tests, or if symptomatic
- suspected pyelonephritis or sepsis
- suspected UTI in men
- failed antibiotic treatment or persistent symptoms
- recurrent UTI (2 episodes in 6 months or 3 in 12 months)
- if prescribing an antibiotic in someone with a urinary catheter
- as advised by microbiology

If prescribing an antibiotic, review choice when culture and antibiotic susceptibility results are available.

Refer to [Urinary tract infection: diagnostic tools for primary care - GOV.UK \(www.gov.uk\)](#) and NICE guidance <https://www.nice.org.uk/guidance/ng109> for further information, including when a urine culture should be sent in non-pregnant women under 65 years and in children and young people under 16 years.

## **MHRA Drug Safety Updates**

The MHRA Drug Safety Updates can be accessed at the following link:

<https://www.gov.uk/government/publications/drug-safety-update-monthly-newsletter>

Earlier this year, the MHRA issued the following reminder regarding nitrofurantoin:

### **Nitrofurantoin: reminder of the risks of pulmonary and hepatic adverse drug reactions**

Healthcare professionals prescribing nitrofurantoin should be alert to the risks of pulmonary and hepatic adverse drug reactions and advise patients to be vigilant for the signs and symptoms in need of further investigation.

#### **Advice for healthcare professionals:**

- advise patients and caregivers to be vigilant for new or worsening respiratory symptoms while taking nitrofurantoin and promptly investigate any symptoms that may indicate a pulmonary adverse reaction.
- pulmonary reactions may occur with short- or long-term use of nitrofurantoin, and increased vigilance for acute pulmonary reactions is required in the first week of treatment.
- patients receiving long-term therapy, for example for recurrent urinary tract infections, should be closely monitored for new or worsening respiratory symptoms, especially if elderly.
- immediately discontinue nitrofurantoin if new or worsening symptoms of pulmonary damage occur.
- be vigilant for symptoms and signs of liver dysfunction in patients taking nitrofurantoin for any duration, but particularly with long-term use, and monitor patients periodically for signs of hepatitis and for changes in biochemical tests that would indicate hepatitis or liver injury.
- use caution when prescribing nitrofurantoin in patients with pulmonary disease or hepatic dysfunction, which may mask the signs and symptoms of adverse reactions.
- advise patients to read carefully the advice in the Patient Information Leaflet about symptoms of possible pulmonary and hepatic reactions and to seek medical advice if they experience these symptoms.
- report suspected adverse drug reactions (ADRs) to the [Yellow Card scheme](#).

#### **Advice for healthcare professionals to give to patients and caregivers:**

- nitrofurantoin is an effective antibiotic used to prevent and treat infections of the bladder, kidney, and other parts of the urinary tract, but it has been linked to side effects affecting the lungs and liver.
- if you are taking nitrofurantoin, seek medical advice if you experience trouble breathing, shortness of breath, a lingering cough, coughing up blood or mucus, or pain or discomfort when breathing. These may be symptoms of a side effect affecting the lungs.
- talk to your doctor or another healthcare professional promptly if you develop yellowing of the skin or eyes, upper right abdominal pain, dark urine and pale or grey-coloured stools, itching or joint pain and swelling. These may be symptoms of a side effect affecting the liver.

Refer to the [April 2023 Drug Safety Update](#) for further information.

## Delivering Controlled Drugs to Patients

There has been an increase in incidents across the North East and Yorkshire region with deliveries of controlled drugs going missing / being stolen from patient's homes. Incidents include pharmacy delivery drivers leaving the medication in porches, on steps and in wheelie bins when the patient or relative is not home. Pharmacies involved in these incidents have put the following steps in place to avoid reoccurrence:

- Arrange a convenient delivery day with the patient when they are at home.
- Ensure a signature is obtained on delivery.
- If nobody is home the medication must be returned to the pharmacy and either a new delivery date arranged, or the patient has to organise collection of the controlled drugs with the pharmacy.

Please can we encourage ALL pharmacies where possible to ensure that these procedures in place.

In addition, it is advised that robust security arrangements are in place to cover security arrangements around the transit of controlled drugs.

- Where vehicles make multiple deliveries, the driver should only leave the vehicle unattended for the minimum period necessary and the vehicle should be secured at all times when they are left unattended, even if for a very short time.

Further guidance can be obtained in section 5v of the following document:

[Guidance for the safe custody of controlled drugs and drug precursors in transit \(accessible version\) - GOV.UK \(www.gov.uk\)](https://www.gov.uk/guidance/safe-custody-of-controlled-drugs-and-drug-precursors-in-transit)

## 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:

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 Jody Musgrave or Claire Taylor via email addresses [jody.musgrave@nhs.net](mailto:jody.musgrave@nhs.net) or [claire.taylor18@nhs.net](mailto:claire.taylor18@nhs.net)

Many Thanks