

Our Ref: DC/NB

6<sup>th</sup> May 2021

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To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

**Re: Summary of Key Points from the Area Prescribing Committee Meeting on 14<sup>th</sup> April 2021**

The main outcomes of the meeting were: -

### **Prescribing Guidelines**

The following prescribing guidelines were approved by the Committee this month and can be accessed on the BEST website at the following links:

#### **[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]

This guidance details alternatives to fat emulsions, e.g. a compact oral nutritional supplement (ONS) where ONS prescribing criteria are met, or items such as double cream, condensed milk and full-fat crème fraiche, where ONS prescribing criteria are not met.

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

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

The main changes from the previous version are as follows:

- The guideline now includes: Aymes Shake Compact®, Aymes Actasolve Smoothie® and Altrajuce®, in line with recent Committee approval. These products have a green classification on the formulary.
- Some additional contraindications to powdered ONS prescribing have been included, e.g. GFR <44ml/min, hyperkalaemia and complex cardiac issues. Powdered ONS have a much higher potassium content than liquid ONS and in these patient groups, powdered ONS is not appropriate.

- Three algorithms have been added within the appendices which provide guidance on prescribing, (including cost effective options) and reviewing patients receiving the following:
  - Milk-based, standard volume ONS
  - Milk-based, Compact ONS
  - Juice-based ONS

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

The main changes from the previous version are as follows:

- Addition of PHE advice regarding adults to consider taking a 10 microgram supplement of vitamin D daily from 1<sup>st</sup> October to 31<sup>st</sup> March.
- Update to the list of patients who may be 'at risk' of developing vitamin D deficiency to include patients taking certain medications (e.g. anti-convulsants) and patients unable to leave home due to the current global pandemic.
- New terminology descriptions used for the treatment recommendation, depending on the level of vitamin D deficiency:
  - **Maintenance therapy** – 10 microgram daily dose suggested as above 1<sup>st</sup> October to 31<sup>st</sup> March for all adults, and all year for those in an 'at risk' group.
  - **Loading dose therapy** - initial short course of high dose vitamin D therapy in patients with vitamin D levels below 25 nmol/L.
  - **Enhanced dose therapy** - commenced after the loading dose therapy is completed and taken lifelong. A suitable supplement containing 800-2000IU vitamin D daily with good dietary calcium intake should be recommended to be purchased as self-care unless the exceptions apply.
- Updates to the self-care information to include bariatric surgery.

### **Anti-emetic guidelines [UPDATED]**

Changes from the previous version include an update to the second-line anti-emetics used in pregnancy. The updated guideline will be available on the BEST website in due course.

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

This guideline has received minor updates to include additional information on management of patients who lower their HbA1c below 48mmol/mol through lifestyle changes, and additional information on the follow up and management of patients with Impaired Glucose Tolerance (IGT) and Impaired Fasting Glycaemia (IFG).

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

The latest versions can now be accessed on the BEST website:

Prescribing guidelines are available on the BEST website:

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/>

The Barnsley Joint Formulary can be accessed at the link below:

<http://www.barnsleyformulary.nhs.uk/>

## **Shared Care / Amber-G Guidelines**

The following shared care guidelines were approved by the Committee this month:

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

This is a collaborative guideline across SYB. 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]**

Changes from the previous version include updates to the cautions and contraindications sections.

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

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

The Committee agreed that the brivaracetam and eslicarbazepine supporting guidelines are no longer required. 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.

Shared Care and Amber-G guidelines are available on the BEST website:

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/>.

Prescribers (including secondary care clinicians) are encouraged to report any problems they experience with shared care or other medicines related issues, particularly where guidelines are not being complied with, to the following email address: [BarnsleyAPCReport@nhs.net](mailto:BarnsleyAPCReport@nhs.net).

The Barnsley Interface Issues Form should be used to report such problems:

<http://www.barnsleyccg.nhs.uk/members-professionals/area-prescribing-committee.htm>

## **Other**

### **Inhaled Budesonide for Adults (50 years and over) with COVID-19**

On the 12<sup>th</sup> April 2021 the MHRA issued an alert:

<https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103154>

The recent announcement of the interim results from the National Institute for Health Research (NIHR) supported PRINCIPLE trial shows that inhaled budesonide (typically used and licensed in the management of asthma) can reduce the recovery time for COVID-19 positive patients being managed within primary care. This is the first COVID-19 treatment for use in the UK within a community setting.

Inhaled budesonide is not currently being recommended as standard of care but can be considered (off-label) on a case-by-case basis for symptomatic COVID-19 positive patients aged 65 and over, or aged 50 or over with co-morbidities, in line with the published [Interim Position Statement](#) (which outlines specific inclusion and exclusion criteria).

## Adding Hospital Only Medications to Patients Records

Primary care clinicians are reminded that medicines prescribed and routinely dispensed by the hospital or other specialist providers (e.g. substance misuse service) should be entered on to the clinical system in such a way that they cannot be inadvertently issued in primary care. This helps to ensure that secondary care clinicians have access to a patient's complete medication list.

Guidance on how to add drugs to the clinical system whilst ensuring that they cannot be inadvertently issued in primary care is available from the Medicines Management Team.

## Traffic Light Classifications

The Committee assigned the following classifications to the products included in the table below:

Drug	Formulary Indication	Traffic light status (Drugs with a provisional classification are not currently included on the Barnsley formulary)
<b>SPS New Medicines Newsletter February 2021</b>		
Budesonide + formoterol + glycopyrronium <b>(Trixeo Aerosphere®) pressurised inhalation suspension</b>	Maintenance treatment in adults with moderate to severe COPD	Non-formulary provisional grey
<b>Additional primary care QIPP brands</b>		
<b>Kelhale®</b> (beclomethasone dipropionate)	Asthma	Formulary green.  Kelhale® is therapeutically equivalent to Qvar® with a lower acquisition cost. Kelhale® is licensed in adults over 18 years of age.  Where Qvar®/Kelhale® 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 first line beclomethasone dipropionate MDI.
<b>Buprenorphine weekly patch (Sevodyne®)</b> 5 micrograms/hr, 10 micrograms/hr, 15 microgram/hr and 20 micrograms/hr	Opioid analgesic	Formulary green (previously formulary grey).  Change <b>every seven days</b> . Prescribe by brand name. Sevodyne® is now the preferred brand of 7 day buprenorphine patch in primary care and replaces Butec® on the formulary.
<b>Co-careldopa (Sinemet®)</b>	Parkinson's Disease	Formulary green.  Prescribe as the brand Sinemet® (more cost-effective than the generic).

<b>Vencarm® XL 225mg capsules (Venlafaxine)</b>	Depression/ generalised anxiety disorder/ social anxiety disorder/ panic disorder.	Formulary green.  Vencarm® XL is the cost-effective brand of choice for venlafaxine XL 225mg tablets and capsules.
<b>Other</b>		
<b>Fresubin Thickened: Level 2® Fresubin Thickened: Level 3®</b>	Oral nutrition	Formulary amber-G.  The previous entry on the formulary was Fresubin thickened®. For clarity this has been changed to the 2 separate products: Fresubin Thickened: Level 2® and Fresubin Thickened: Level 3®
<b>Crotamiton (Eurax®)</b>	Topical antipruritic	Formulary grey (previously formulary green).  For treatment of mild irritant dermatitis , Barnsley Self Care Guidance applies: <a href="https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Self_Care_Guidance.pdf">https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Self_Care_Guidance.pdf</a>
<b>Dulaglutide (Trulicity®) 3mg and 4.5mg (new strengths available)</b>	Type 2 diabetes	Formulary amber-G.  The amber-G guideline is currently being updated to include the new strengths (3mg and 4.5mg).
<b>Cinacalcet</b>	Primary hyperparathyroidism in adults	Formulary amber shared care for the treatment of primary hyperparathyroidism in adults.  Cinacalcet will remain formulary red for the treatment of secondary hyperparathyroidism in adult patients with end stage renal disease.

### **MHRA Drug Safety Update**

The March 2021 MHRA Drug Safety Update can be accessed at the following link:

[https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment\\_data/file/972801/Mar-2021-DSU-PDF.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/972801/Mar-2021-DSU-PDF.pdf)

MHRA guidance on COVID-19:

<https://www.gov.uk/government/collections/mhra-guidance-on-coronavirus-covid-19>

Regards



Deborah Cooke  
Lead Pharmacist

cc: Medicines Management Team  
Rebecca Hoskins, BHNFT  
Sarah Petty, BHNFT  
Mike Smith, BHNFT  
Sarah Hudson, SWYPFT  
Area Prescribing Committee Members (Secretary to the APC to circulate)  
Local Medical Committee (Secretary to the LMC to circulate)  
Gary Barnfield, NHS Sheffield CCG  
Alex Molyneux, NHS Doncaster CCG  
Stuart Lakin, NHS Rotherham CCG