

**South Yorkshire Integrated Care Board** 

Barnsley Office: Hillder House 49-51 Gawber Road Barnsley S75 2PY 01226 433798

Our Ref: DC/NB

9th February 2023

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meetings on 11th January 2023

The main outcomes of the meetings were: -

# **Prescribing Guidelines**

The Committee endorsed the following Barnsley prescribing guidelines:

#### **Barnsley Self-Care Guidance [UPDATED]**

This guideline has been updated with minor amendments including the addition of links to extra information and resources; expansion of the exception information when prescribing may be appropriate, for some conditions; and updates to the vitamin D section in line with the updated vitamin D guidelines.

The updated guideline is available on the BEST website (link).

Prescribing guidelines are available on the BEST website: http://best.barnslevccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/

The Barnsley Joint Formulary can be accessed at the link below: <a href="http://www.barnsleyformulary.nhs.uk/">http://www.barnsleyformulary.nhs.uk/</a>

#### **Shared Care Guidelines**

# Sulfasalazine for Ulcerative Colitis and Crohn's Disease Amber-G guideline [NEW] Oral Mesalazine Preparations for Ulcerative Colitis and Crohn's Disease Amber-G guideline [NEW]

Two new Amber-G guidelines have been developed to support practices with the prescribing and monitoring of sulfasalazine and mesalazine for ulcerative colitis and Crohn's disease. The traffic light classification of mesalazine and sulfasalazine has been changed from formulary green to formulary amber-G for these gastrointestinal conditions.

Monitoring of sulfasalazine is in line with the existing DMARD guidance for consistency. The mesalazine monitoring is in line with the Specialist Pharmacy Service (SPS) guidance:

<u>Mesalazine monitoring – SPS - Specialist Pharmacy Service – The first stop for professional medicines</u> advice

The new Amber-G guidelines are available on the BEST website: <u>Sulfasalazine for Ulcerative Colitis</u> and <u>Crohn's Disease</u> and <u>Oral Mesalazine Preparations for Ulcerative Colitis and Crohn's Disease</u>.

Shared Care and Amber-G guidelines are available on the BEST website: <a href="http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/">http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/</a>.

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: <a href="mailto:BarnsleyAPCReport@nhs.net">BarnsleyAPCReport@nhs.net</a>.

The Barnsley Interface Issues Form should be used to report such problems: <a href="http://www.barnsleyccg.nhs.uk/members-professionals/area-prescribing-committee.htm">http://www.barnsleyccg.nhs.uk/members-professionals/area-prescribing-committee.htm</a>

#### Other

### Co-amoxiclav 875mg/125mg tablets

A discussion took place in relation to co-amoxiclav 875mg/125mg tablets as this strength is a special order product and not routinely stocked by community pharmacies. Advice from microbiology is that where the sensitivity results show that an infection is intermediately sensitive to co-amoxiclav, high dose co-amoxiclav will be included as an option on the lab report. In this situation if co-amoxiclav is clinically indicated, co-amoxiclav 500mg/125mg tablets plus amoxicillin 500mg can be considered instead of co-amoxiclav 875mg/125mg tablets. BHNFT are looking to include additional information on the lab report.

#### **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)	
SPS New Medicines Newsletter November 2022			
COVID-19 vaccine (Nuvaxovid®)	COVID-19 Vaccine	Formulary green	
	Available via specialist clinics – alternative seasonal booster. Nuvaxovid® is only suitable in rare cases where people have had severe allergic reactions to more common types of vaccine (mRNA vaccines, which include the bivalent COVID-19 vaccines) in the past. This includes those with a previous history of immediate anaphylactic reactions with an unidentified trigger.  Coronavirus » Alternative seasonal booster (england.nhs.uk)		
	Information for Healthcare Professionals (SPC) can be found <a href="https://example.com/here">here</a>		
Elasomeran + imelasomeran (Spikevax® bivalent Original/ Omicron BA.1)	COVID-19 Vaccine  Suitable for use in individuals aged ≥18 years, who have previously received at least a primary vaccination course against COVID-19.  Information for Healthcare Professionals (SPC) can be found here  (Spikevax® as the original formulation has been discontinued)	Formulary green	

Tozinameran + riltozinameran (Comirnaty® Original/Omicron BA.1)	COVID-19 Vaccine  Suitable for use in individuals aged ≥12 years who have previously received at least a primary vaccination course against COVID-19.  Information for Healthcare Professionals (SPC) can be found here	Formulary green	
Melatonin (Ceyesto®)	For insomnia in children and adolescents aged 6-17 years with attention-deficit/hyperactivity disorder, where sleep hygiene measures have been insufficient	Non-formulary provisional grey	
Rimegepant (Vydura®)	Acute treatment of migraine with or without aura, and preventive treatment of episodic migraine.	Non-formulary provisional grey	
Other			
Mesalazine	Ulcerative colitis and Crohn's disease	Formulary amber-G (Previously formulary green)	
Sulfasalazine	Ulcerative colitis and Crohn's disease	Formulary amber-G (Previously formulary green)	

#### MHRA Drug Safety Update

The December 2022 MHRA Drug Safety Updates can be accessed at the following link: Drug Safety Update (publishing.service.gov.uk)

Issues relating to primary care:

# Valproate: reminder of current Pregnancy Prevention Programme requirements; information on new safety measures to be introduced in the coming months

In view of data showing ongoing exposure to valproate in pregnancy, this article reminds healthcare professionals of the risks in pregnancy and the current Pregnancy Prevention Programme requirements, and provides information about the potential risks of valproate in other patients following a review of the latest safety data. Following advice from the Commission on Human Medicines (CHM), new safety measures for valproate-containing medicines are to be put in place in the coming months.

## Advice for healthcare professionals:

- continue to follow the existing strict precautions, including that valproate should not be prescribed
  to female children or women of childbearing potential unless other treatments are ineffective or
  not tolerated and that any use of valproate in women of childbearing potential who cannot be
  treated with other medicines is in accordance with the Pregnancy Prevention Programme
- following a new safety review conducted in light of concerns that the current regulatory requirements for safe use are not being consistently followed, the <u>Commission on Human Medicines</u> (CHM) has advised that there should be greater scrutiny of the way valproate is prescribed and that further risk minimisation measures are required in particular that 2 specialists should independently consider and document that there is no other effective or tolerated treatment for patients aged under 55 years
- consider all other suitable therapeutic options before newly prescribing valproate in patients younger than 55 years
- these new measures will be implemented over the coming months. In the meantime, GPs and pharmacists should continue to provide repeat prescriptions for valproate and dispensers should continue to ensure patients receive the patient card, a copy of the Patient Information Leaflet and packaging bearing pregnancy warnings
- patients currently taking valproate must be advised not to stop taking it unless they are advised by a specialist to do so

# Regards

Deborah Cooke Lead Pharmacist

cc: Medicines Management Team

Rebecca Hoskins, 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)

Alex Molyneux, Chief Pharmacy Officer, South Yorkshire ICB

Gary Barnfield, South Yorkshire ICB (Sheffield)

Charlotte McMurray, South Yorkshire ICB (Doncaster)

Stuart Lakin, South Yorkshire ICB (Rotherham)