South Yorkshire Integrated Care Board

South Yorkshire Integrated Care Board
Barnsley Office: Hillder House
49-51 Gawber Road
Barnsley
S75 2PY
01226 433798

Our Ref: DC/NB

15th August 2023

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meetings on 14th June 2023 and 12th July 2023.

The main outcomes of the meetings were: -

Prescribing Guidelines

The following guidelines were approved by the Committee:

Optimising Lipid Management for Secondary Prevention of Cardiovascular Disease in Barnsley [NEW]
This guidance which has been adapted from the Accelerated Access Collaborative Summary of National Guidance for Lipid Management for Primary and Secondary Prevention of CVD was approved subject to a minor amendment. The final version will be uploaded to the BEST website and the link will be shared in a future memo.

Ezetimibe has a green classification on the Barnsley Formulary. Bempedoic acid has an amber G classification and an amber-G guideline is available for bempedoic acid with ezetimibe in line with TA694. Inclisiran has an amber classification (amber guideline will be developed) and the PCSK9 inhibitors (Alirocumab and Evolocumab) have a red classification. Refer to the guidance for further information on the different therapies and their eligibility criteria.

Barnsley Lipid Management for Primary Prevention of Cardiovascular Disease in Adults guidance and the Barnsley Severe Hyperlipidaemia Pathway are also available.

Supporting Information on the Prescribing and Dispensing of Antiviral Medicines to Barnsley Care Home Residents following an Influenza Outbreak [NEW]
The information has been produced by the Medicines Management Team to support with the prescribing and dispensing of antivirals to care home residents following an influenza outbreak. It is intended to be used in conjunction with the Barnsley Care Home Influenza Outbreak protocol which has been developed by BMBC colleagues in consultation with key stakeholders (the outbreak protocol will also be uploaded to BEST in due course).

Seborrhoeic Dermatitis (cradle cap) Position Statement and Dandruff Position Statement [NEW]
Cradle cap and dandruff are included in the NHS England and Barnsley self-care guidance and the position statements will support the work which is being undertaken as part of the Medicines Optimisation Scheme 2023-24.

The position statements were approved subject to minor amendments and the final versions will be uploaded to the BEST website.

Treatment of Overactive Bladder in Women and Management of Lower Urinary Tract Symptoms (LUTS) in Men [MINOR UPDATES]

These guidelines have received minor amendments:

- Tolthen XL® has replaced Neditol® XL as the preferred brand of tolterodine modified release.
- Solifenacin oral suspension has replaced solifenacin oral solution, as the suspension is more cost-effective (*the oral suspension is a second line option for patients with swallowing difficulties or in patients who are unable to tolerate the solid formulation, refer to the guidelines for more information).*

Asthma Algorithm and COPD Algorithm [MINOR UPDATES]

These guidelines have received minor amendments and will be uploaded to the BEST website in the near future:

- Luforbec® MDI has replaced Fostair® MDI in the asthma algorithm.
- Tiogiva® has replaced Braltus® in the COPD algorithm.

Guidance for approved choice of blood glucose testing strips, meters and lancets. Also includes guidance for self monitoring of blood sugars and ketones [MINOR UPDATES]

The Committee noted the commissioning recommendations relating to blood glucose and ketone meters, test strips and lancets published by NHS England in April 2023. It was agreed that the local guidance would be reviewed against these commissioning recommendations in due course.

In the interim the following minor changes have been made following a change to one of the first line meters in the existing guideline:

- GlucoFix Tech has been replaced by GlucoFix Tech GK which accepts both glucose and ketone strips. *Both meters use the same glucose strips so patients on the GlucoFix Tech can remain on this if they are solely measuring blood glucose until they need a replacement meter.*
- Where one meter is needed to test both blood glucose and ketones, GlucoFix Tech GK is now first line. *Glucomen Areo 2K has been removed from the guidance.*
- If separate meters are needed, the advice is to offer GlucoFix Tech GK for testing ketones together with an additional formulary glucose meter.

Lidocaine 5% Medicated Plasters Position Statement [UPDATED]

This guideline has received minor amendments/additions only.

Insomnia Management Guideline [UPDATED]

This guideline has received minor amendments/additions only.

Amber G / Shared Care Guidelines

Toujeo® (High strength Insulin glargine 300 units/ml) Amber G Guideline for use in adults and children over 6 years [UPDATED]

The updated guideline was approved by the Committee. The changes include:

- A change from use in 'adults only' to 'adults and children over 6 years' in line with the product license.
- The addition of a Toujeo® prescribing initiation checklist within Appendix A.

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

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

The Barnsley Joint Formulary can be accessed at the link below:
http://www.barnsleyformulary.nhs.uk/

Healthcare professionals (including primary and secondary care clinicians and community pharmacists) are encouraged to report any medicines related interface issues (examples include shared care, prescribing guideline, formulary or discharge related issues), particularly where guidelines are not being complied with, to the following email address: BarnsleyAPCReport@nhs.net.

The Barnsley Interface Issues Form available on the BEST website should be used to report the issue: link

Other

Morphine Sulphate Oral Solution Serious Incident: Reminder to take extra care when prescribing and dispensing liquid medicines

The Committee considered the serious incident case study: infant morphine overdose investigation summary and learning which has recently been circulated to GP practices and community pharmacies following a serious incident in the North East and Yorkshire region where a 4-week-old baby was administered a dose of morphine sulphate oral solution 20 times higher than the intended dose.

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 local 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 also 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.

It was agreed that the Barnsley formulary would be updated to note that the **morphine sulphate oral solution 100micrograms/ml strength** referred to within the alert was a red drug (hospital only). This strength is available as an unlicensed 'specials' product. Information has also been added to ScriptSwitch.

GLP-1 Receptor Agonist Shortage

The information circulated last month following the discussion in the July APC meeting is available on the BEST website (link).

Medicines Shortages

The letter recently sent to GP practices and community pharmacy teams regarding the unprecedented number of medicine shortages was noted by the Committee. The letter can also be accessed on the ICB website (link).

Traffic Light and Formulary Classifications

South Yorkshire Integrated Medicines Optimisation Committee Traffic Light Drugs List

Work is ongoing by the South Yorkshire Integrated Medicines Optimisation Committee (SY IMOC) to create **one** Traffic Light Drugs List (TLDL) for South Yorkshire. This is going to take some time and in the interim until this process has been completed, the SY IMOC TLDL will run alongside the existing Barnsley Place TLDL.

Formulary status will still be agreed at Place by the Barnsley Area Prescribing Committee. **The Barnsley formulary will continue to be updated and it is recommended that this is used as an initial reference point in preference to the respective traffic light lists as it provides information on both the traffic light classification and formulary status as well as links to relevant local and national guidelines and other medicines related information.** SY IMOC traffic light classifications will be incorporated into the Barnsley formulary going forward and ScriptSwitch will also continue to be updated.

Please note that if accessing either the SY IMOC traffic light list or the Barnsley Place traffic light list rather than the formulary, the two traffic lights lists should be used in conjunction with each other as a drug may only feature on one of the lists whilst the work to harmonise the traffic light classifications across South Yorkshire progresses.

The SY IMOC TLDL can be accessed via the SYICB website: https://southyorkshire.icb.nhs.uk/our-information/medicines-optimisation/south-yorkshire-icb-medicines-optimisation-committee.

Barnsley Formulary Updates

The Committee noted the traffic light classifications recently assigned by the SY IMOC and the following formulary positions were agreed by the Committee:

Drug	Formulary Indication	Formulary status (including traffic light classification)
SPS New Medicines Newsletter March 2023 / Horizon Scanning IMOC June 2023		
Tozinameran + famtozinameran (Comirnaty® Original/Omicron BA.4/5)	Suitable for use in individuals aged ≥12 years who have previously received at least a primary vaccination course against COVID-19.	Formulary green
SPS New Medicines Newsletter April 2023/ Horizon Scanning IMOC June 2023		
Eroxon® Stimgel	Treatment of erectile dysfunction in adult men [medical device – gel formulation of volatile solvent components]	Non-formulary grey
Fludroxycortide 0.0125% cream	Eczema and dermatitis	Formulary grey (previously formulary green)
SPS New Medicines Newsletter May 2023/ Horizon Scanning IMOC July 2023		
Clobetasol propionate/neomycin sulphate/nystatin 0.5mg/5mg/100,000 IU/g Cream/ointment	Indicated in more resistant dermatoses such as recalcitrant eczemas and psoriasis (excluding widespread plaque psoriasis) where secondary bacterial or candidal infection is present, suspected or likely to occur, as when using occlusive dressings	Formulary grey (previously formulary green). Prescribing in primary and secondary care should only be undertaken if other options have been explored and there is no suitable alternative. N.B. Dermovate® NN brand was discontinued many years ago. Later launched as a generic and the cost

		has increased significantly [currently £100.12 for 30g]. NG190: Secondary bacterial infection of eczema and other common skin conditions: antimicrobial prescribing
Eflornithine cream (Vaniqa®)	Treatment of facial hirsutism in women.	Formulary Amber-G (previously non-formulary)
COVID-19 Horizon Scanning IMOC June 2023		
Casirivimab and imdevimab (Ronapreve®)	COVID-19	Non-formulary grey (previously non-formulary red) NICE TA878 - not recommended
IMOC April 2023		
Gluten Free products: bread and mixes ONLY	Coeliac disease	Formulary amber-G (previously formulary green)
Gluten Free products: all except bread and mixes e.g. biscuits, cereals, oats, pasta, pizza bases, flour	Coeliac disease	Non-formulary grey (previously formulary grey)
IMOC May 2023		
Glucagon (Ogluo®)	Treatment of severe hypoglycaemia in adults, adolescents, and children aged 2 years and over with diabetes mellitus.	Non-formulary amber-G (previously non-formulary provisional grey)
Cyanocobalamin (CyanocoMinn®)	Vitamin B12	Formulary green in line with the exceptions in the self-care guidance (clinical reasons such as non-diet related deficiency, reviewed on a regular basis). Non-formulary grey for use as a dietary supplement in line with the Barnsley Self-Care guidance.
June 2023 IMOC TLDL Sub-group list		
Agomelatine	Major Depression	Non-formulary grey (previously non-formulary red)
Amifampridine (3,4 diaminopyridine phosphate) (Firdapse®)	Lambert-Eaton Myasthenic Syndrome (LEMS) in adults	Non-formulary grey (previously non-formulary red) Clinical Commissioning Policy: Amifampridine phosphate for the treatment of Lambert-Easton Myasthenic Syndrome
Anakinra	Rheumatoid arthritis in adults	Formulary grey NICE NG100: Rheumatoid arthritis in adults: management (Anakinra is formulary red restricted for Still's disease NICE TA 685)
Armour thyroid	Hypothyroidism	Non-formulary grey Items which should not routinely be prescribed in primary care (NHS England) SPS: Avoid prescribing of desiccated (natural) thyroid extract
Belzutifan (Welireg®)	Von Hippel-Lindau (VHL) disease	Non-formulary grey (previously non-formulary red)
Bemiparin (Zibor®)	Low molecular weight heparin	Non-formulary grey (previously non-formulary provisional amber)
Erenumab (Aimovig®)	Prophylaxis of migraine	Non-formulary red (previously non-formulary provisional grey)

Other		
Morphine sulphate **100 micrograms/ml** oral solution	Opioid analgesic	Formulary red. Hospital only strength. Unlicensed special. Serious Incident Case Study: Infant Morphine Overdose
GlucoFix Tech beta ketone sensor	Blood ketone sensor	Formulary green. First line choice for ketone testing. Training and education for the patient must be from the diabetes specialist nursing team.
GlucoFix Tech sensor test strips	Blood glucose sensor	GlucoFix Tech has been replaced by GlucoFix Tech GK which accepts both glucose and ketone strips. Both meters use the same glucose strips so patients on the GlucoFix Tech can remain on this if they are just measuring blood glucose until they need a replacement meter.

MHRA Drug Safety Update

The May 2023 MHRA Drug Safety Update can be accessed at the following link:
Drug Safety Update (publishing.service.gov.uk)

The June 2023 MHRA Drug Safety Update can be accessed at the following link:
Drug Safety Update (publishing.service.gov.uk)

Issues relating to primary care:

Direct-acting oral anticoagulants (DOACs): paediatric formulations; reminder of dose adjustments in patients with renal impairment
Risk minimisation materials are available to support the safe use of new paediatric formulations of rivaroxaban (Xarelto®) and dabigatran etexilate (Pradaxa®). In addition, the MHRA ask healthcare professionals to consult the current advice to ensure that all patients with renal impairment receive an appropriate dose of DOAC medicines.
Advice for healthcare professionals: • for paediatric use of these medicines, counsel parents and caregivers about the reconstitution and dosing of dabigatran granules and rivaroxaban granules to reduce the risk of medication errors; highlight the new instructions for use and other educational materials to support safe use in children • ensure all patients with renal impairment receive an appropriate DOAC dose and monitor renal function during treatment to ensure dose remains appropriate • report suspected adverse drug reactions associated with DOACs on a Yellow Card, including thromboembolic or haemorrhagic events **Advice for healthcare professionals to give to patients and carers:** • DOACs are a group of medicines that help to prevent blood clots from forming – they are used to prevent strokes, heart attacks and other issues associated with blood clots • parents and caregivers of children and adolescents prescribed these medicines should read and follow the Instructions for Use (IFU) booklet provided for instructions on how to prepare and administer these medicines

- all patients with renal impairment who are taking DOACs will be reviewed regularly to make sure they are taking the correct dose
- if patients or carers have any concerns about these medicines, they should talk to their healthcare professional

Febuxostat: updated advice for the treatment of patients with a history of major cardiovascular disease

Caution is required if prescribing febuxostat in patients with pre-existing major cardiovascular disease, particularly, in those with evidence of high urate crystal and tophi burden or those initiating urate-lowering therapy. This article replaces advice issued in Drug Safety Update published in July 2019.

Advice for healthcare professionals:

- in patients with pre-existing major cardiovascular diseases, febuxostat therapy should be used cautiously, particularly in those with evidence of high urate crystal and tophi burden or those initiating urate-lowering therapy
- following initiation of febuxostat, prescribers should titrate the febuxostat dose to minimise gout flares and inflammation
- note that clinical guidelines for gout (see, for example, NICE guideline 219 - Gout: diagnosis and management) recommend that allopurinol should be offered as first-line treatment for people with gout who have major cardiovascular disease
- report suspected adverse drug reactions associated with febuxostat to the Yellow Card scheme

Advice for healthcare professionals to give to patients and caregivers:

- febuxostat is used to treat gout by reducing an excess of a chemical called uric acid (urate) in the body, which prevents attacks of gout in the long term; it can also be used to treat and prevent high blood levels of uric acid that may occur when you start to receive chemotherapy for blood cancer
- there are new recommendations to healthcare professionals about use of febuxostat in patients with previous heart problems
- if you currently have or have previously had heart failure, heart problems or stroke, it is recommended to talk to your doctor before taking febuxostat
- no action is needed from patients already on febuxostat, but talk to a healthcare professional if you are concerned

Non-steroidal anti-inflammatory drugs (NSAIDs): potential risks following prolonged use after 20 weeks of pregnancy

The MHRA want to remind healthcare professionals that use of systemic (oral and injectable) NSAIDs such as ibuprofen, naproxen, and diclofenac is contraindicated in the last trimester of pregnancy (after 28 weeks of pregnancy). A review of data from a 2022 study has identified that prolonged use of NSAIDs from week 20 of pregnancy onwards may be associated with an increased risk of oligohydramnios (low levels of amniotic fluid surrounding the baby) and fetal renal dysfunction. Some cases of constriction of the ductus arteriosus (narrowing of a connecting blood vessel in the baby's heart) have also been identified at this early stage.

If, following consultation between the patient and a healthcare professional, use of a systemic NSAID after week 20 of pregnancy is considered necessary, it should be prescribed for the lowest dose for the shortest time and additional neonatal monitoring considered if used for longer than several days. This is in addition to giving advice to discontinue use of any NSAID in the last trimester of pregnancy.

Advice for healthcare professionals:

- the MHRA remind healthcare professionals that systemic (oral and injectable) NSAIDs are contraindicated during the last trimester (after 28 weeks) of pregnancy due to the risk of premature closure of the ductus arteriosus and renal dysfunction in the fetus and due to prolongation of maternal bleeding time and inhibition of uterine contractions during labour
- a review of data from a 2022 study has identified that prolonged use of NSAIDs from week 20 of pregnancy onwards may be associated with an increased risk of:

    - oligohydramnios resulting from fetal renal dysfunction; this may occur shortly after initiation, although it is usually reversible upon discontinuation.
    - cases of constriction of the ductus arteriosus, most of which resolved after treatment cessation
- avoid prescribing systemic NSAIDs from week 20 of pregnancy unless clinically required and prescribe the lowest dose for the shortest time in these circumstances
- antenatal monitoring for oligohydramnios should be considered if the mother has been exposed to NSAIDs for several days after week 20 of pregnancy; the NSAID should be discontinued if oligohydramnios is found or if the NSAID is no longer considered to be clinically necessary
- please advise patients who are pregnant to avoid use of NSAIDs available without prescription from week 20 of pregnancy onwards unless advised by their healthcare professional
- continue to follow clinical guidelines about taking and recording current and recent medicines, including over-the-counter medicines, at each antenatal appointment (for example, see NICE guideline on antenatal care [NG201])
- report suspected adverse reactions to NSAIDs to the Yellow Card scheme

Advice for healthcare professionals to provide to patients:
New information for patients about NSAIDs in pregnancy

- NSAID (non-steroidal anti-inflammatory) medicines such as ibuprofen, naproxen, and diclofenac are well established medicines for short-term pain relief, but all NSAIDs have recognised side effects and these are listed in the Patient Information Leaflet
- this advice is for oral NSAIDs (taken by mouth) and NSAIDs administered by injection
- if you are pregnant and are worried about taking a NSAID, please discuss this with a healthcare professional who will be able to advise further on your treatment plan
- NSAID should not be taken during the third (last) trimester of pregnancy (after 28 weeks of pregnancy) as they can in some cases cause labour to be delayed or last longer than expected. It can also have potential effects on the unborn baby's kidneys and heart
- while it is already well known that NSAIDs should not be taken during the third trimester of pregnancy, new information has identified that there may be potential risks to the baby following prolonged use of a NSAID after week 20 of pregnancy
- this new evidence has shown that prolonged use of NSAIDs after week 20 of pregnancy may increase the risk of problems with the unborn baby's kidneys and heart – however, these effects are usually reversible when the NSAID is stopped
- NSAIDs should be avoided from week 20 of pregnancy onwards unless absolutely necessary and advised by your healthcare professional
- if you and your doctor decide you should take a NSAID during pregnancy, then this should be at the lowest dose for the shortest period
- if you are treated with an NSAID during later pregnancy for more than a few days, your doctor may recommend additional monitoring such as ultrasound scans to check on your baby's health
- it is vitally important that you seek medical advice if pain persists for longer than 3 days or if you have repeated pain during pregnancy

Adrenaline auto-injectors (AAIs): new guidance and resources for safe use

Resources for the safe use of adrenaline auto-injectors (AAIs)

On 19 June 2023, the MHRA, with the support of allergy awareness advocates, has launched a safety campaign to raise awareness of anaphylaxis and provide advice on the use of adrenaline auto-injectors (AAIs). The launch coincides with the World Allergy Week, an annual initiative led by the World Allergy Organization.

A toolkit of resources is now available for health and social care professionals to support the safe and effective use of AAIs. The resources are freely available for download from the MHRA's guidance page on Adrenaline Auto-Injectors (AAIs) and include:

- Infographic about the correct use of your AAI

- Video about the correct use of your AAI

Advice for healthcare professionals:

- use the materials to inform patients and caregivers what do if they suspect anaphylaxis and how to use adrenaline auto-injectors (AAIs)
- prescribers should prescribe 2 AAIs to make sure patients always have a backup
- talk to your colleagues about the safe use of AAIs and the signs of anaphylaxis using the mnemonic A, B, C for Airway, Breathing and Circulation.
- report any suspected defective AAIs to the Yellow Card scheme. Keep defective AAIs for investigation. Your report improves the safety of medicines and medical devices.

Advice for healthcare professionals to provide to patients and carers:

- adrenaline auto-injectors (AAIs) should be used without delay if anaphylaxis is suspected, even if in doubt about the severity of the event
- signs may include swelling in the throat or tongue, wheezing or breathing difficulty, dizziness, tiredness and confusion
- immediately dial 999 to summon emergency medical help after administering adrenaline; say anaphylaxis ("ana-fill-axis")
- if you are not already lying down, lie down flat and raise your legs (if you're pregnant, lie on your left side); this will assist blood flow to the heart and vital organs
- stay lying down even if you feel better
- if you struggle to breathe, you can gently sit up - don't change position suddenly; you should then lie down again as soon as you can
- do not stand up even if someone encourages you to
- use your second AAI if you haven't improved after 5 minutes
- you should always carry 2 AAIs at all times; check the expiry dates and see a pharmacist if you need a replacement
- report any suspected defective AAIs to the Yellow Card scheme. Keep defective AAIs for investigation. Your report improves the safety of medicines and medical devices

Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Management Team
Rebecca Hoskins, BHNFT
Nisha Pounj-Taylor, 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
Heidi Taylor, South Yorkshire ICB (Sheffield Place)
Charlotte McMurray, South Yorkshire ICB (Doncaster Place)
Stuart Lakin, South Yorkshire ICB (Rotherham Place)