

Our Ref: DC/NB

15th May 2024

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meeting on 10th April 2024.

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Migraine Management in Primary Care [NEW]

The Committee agreed to endorse the Sheffield migraine guidance which covers advice on the diagnosis and management of migraine in adult patients. It aims to improve the recognition and management of migraine, highlight red flag symptoms, and provide advice on when to refer.

The guideline is available on BEST at the following link: [CNS: Migraine management in Primary Care Prescribing guideline](#) .

Supplementary Prescribing Information for Buccal Midazolam (Buccolam®) [UPDATED]

This supplementary prescribing information has been adapted from the previous Barnsley amber-G guideline to provide additional information to what is included in the South Yorkshire [Shared Care Guideline for the management of epilepsies in children](#).

The supplementary prescribing information is available on the BEST website: [Supplementary Prescribing Information for Buccal Midazolam \(Buccolam®\)](#)

Amber G / Shared Care Guidelines

The following amber-G and shared care guidelines were approved by the Committee:

Amber-G Guideline for the use of Tinzaparin in the Treatment and Prophylaxis of Venous Thromboembolism IN PREGNANCY [NEW]

and

Shared Care Guideline for the use of Tinzaparin in the Treatment and Prophylaxis of Venous Thromboembolism (Non-pregnant patients) [NEW]

BHNFT are now using tinzaparin instead of dalteparin for the treatment and prophylaxis of venous thromboembolism and tinzaparin has replaced dalteparin on the formulary for these indications in new patients.

The new amber-G and shared care guidelines are available on BEST at the following link:
[Tinzaparin Shared care guideline.](#)

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/>

Other

SY ICS Position Statement: Appropriate Use of Monitored Dosage Systems (MDS)

The Committee noted the position statement which was approved by the South Yorkshire Integrated Medicines Optimisation Committee (IMOC) in February 2024. The document can be accessed via the IMOC website:

[SY ICS Position Statement Appropriate use of Monitored Dosage Systems V1.0 Feb 2024.](#)

A link has also been added to the BEST website.

Using Glycopyrronium as an alternative antimuscarinic when unable to source Hyoscine Butylbromide (Buscopan®)

The Committee endorsed the attached information produced by Dr Vedder, Palliative Medicine Consultant, relating to the use of glycopyrronium injection as an alternative to hyoscine butylbromide injection when the latter is unavailable. Glycopyrronium injection is in the process of being incorporated into the palliative care stockist scheme.

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](#)

Barnsley Formulary Updates

The Committee noted the traffic light classifications recently assigned by the South Yorkshire Integrated Medicines Optimisation Committee and the following formulary positions were agreed by the Committee:

Drug	Formulary Indication	Barnsley Formulary status (including traffic light classification)
IMOC Horizon Scanning March 2024		
Cytisine	Smoking cessation and reduction of nicotine cravings in smokers who are willing to stop smoking	Non-formulary grey

Fezolinetant	Treatment of moderate to severe vasomotor symptoms associated with menopause	Non-formulary grey
Levomepromazine 6.25mg tablet	Terminal illness: adjunct therapy in the relief of pain and the accompanying distress (in adults) and second- or third-line treatment of adults with refractory nausea unassociated with chemotherapy, where other agents have failed to give adequate control	Formulary green for terminal illness indications <i>Classification for psychiatry to be determined during amber drug list review when traffic light classifications for antipsychotics considered.</i> 6.25mg tablet is more cost-effective than 6mg tablet. 6mg tablets are an unlicensed special and very expensive.
IMOC Horizon Scanning April 2024		
Tirzepatide	Weight management , including weight loss and weight maintenance, as an adjunct to a reduced-calorie diet and increased physical activity in adults with an initial Body Mass Index (BMI) of $\geq 30\text{kg/m}^2$ (obesity) or $\geq 27\text{kg/m}^2$ to $< 30\text{kg/m}^2$ (overweight) in the presence of at least one weight-related comorbid condition (e.g., hypertension, dyslipidaemia, obstructive sleep apnoea, cardiovascular disease, prediabetes, or type 2 diabetes mellitus)	Non-formulary grey for weight management indication. <i>Tirzepatide has an Amber-G classification for type 2 diabetes.</i>
IMOC February 24		
Ezetimibe in children	Hypercholesterolaemia	Formulary red (use in children is off label).
IMOC March 24		
Hydrocortisone oral solution	Replacement therapy in adrenal insufficiency in infants, children and adolescents (from 1 month to <18 years old).	Formulary amber (change from formulary red). Immediate-release hydrocortisone referenced within the South Yorkshire Efmody® Shared Care Guideline.
Riboflavin	Prevention of migraines	Non-formulary grey
Ibandronic acid	Adjuvant therapy in early breast cancer (unlicensed indication)	Formulary amber-G. Awaiting final version of SY guidance document.
IMOC April 24		
Azathioprine 75mg and 100mg strength tablets	All indications for azathioprine	The high strength 75mg and 100mg tablets have been assigned a non-formulary grey classification due to safety concerns. Please note: The 25mg and 50mg strength azathioprine tablets have an amber classification in line with the respective shared care guideline. Doses should be prescribed using the 25mg and/or 50 mg strength tablets and prescribers are discouraged from prescribing half tablets. The total daily dose should be specified on all scripts.
Doxylamine & Pyridoxine (Xonvea®)	Nausea and vomiting during pregnancy	Formulary green (previously non-formulary grey). Refer to NICE CKS Nausea/vomiting in pregnancy .

TLDL Sub -Group February 2024		
Vitamin supplements and tonics (Including Abidec®, Dalivit®, Forceval®)	Vitamin supplementation	Formulary grey (previously formulary green). Refer to the South Yorkshire Self-Care Guidance
Oral rehydration sachets	Acute diarrhoea in adults	Formulary grey. South Yorkshire Self-Care Guidance
Oral rehydration sachets	For conditions other than acute diarrhoea in adults	Formulary green
Estradiol valerate, dienogest (Qlaira®)	Oral contraception	Non-formulary amber-G (previously non-formulary green)
Aciclovir 3% eye ointment	Herpes simplex infection	Formulary amber-G (previously formulary grey)
Amantadine	In line with NICE guidance on Multiple-Sclerosis	Formulary amber-G. NICE Guidance NG220: Multiple Sclerosis in adults: management <i>Amantadine remains formulary amber for Parkinson's Disease.</i>
Balsalazide	Ulcerative Colitis	Non-formulary amber-G (previously non-formulary grey)
Benperidol	For the control of deviant anti-social sexual behaviour	Formulary red (previously formulary grey)
Betamethasone Plasters	Inflammatory skin disorders (unresponsive to less potent corticosteroids)	Non-formulary amber-G (previously non-formulary grey)
Cariprazine	Antipsychotic	Non-formulary red (previously non-formulary grey)
Cefixime	Antibacterial	Formulary red (previously formulary grey)

MHRA Drug Safety Update

The February and March MHRA Drug Safety Updates can be accessed at the following links:

[DSU February 2024](#)

[DSU March 2024](#)

Issues relating to primary care:

Codeine linctus (codeine oral solutions): reclassification to prescription-only medicine
Advice for healthcare professionals on the reclassification of codeine linctus to a prescription-only medicine (POM), following a public consultation.
Advice for healthcare professionals:
<ul style="list-style-type: none"> codeine linctus is to be reclassified from a pharmacy-only medicine (P) to a prescription-only medicine (POM) owing to the risk of dependence, addiction, and overdose codeine linctus is only authorised for the treatment of dry cough codeine linctus is only considered to be effective in the treatment of chronic cough lasting over 8 weeks advise patients that those with a long-term cough should see a healthcare professional, for review of symptoms and may require medical assessments to check for other conditions which may be the cause of the cough

- the MHRA would encourage healthcare professionals to read the Summary of Product Characteristics for special warnings and contraindications for the use of codeine linctus, especially in patients with a history of substance abuse
- record prescription details in the patient's summary care record (or equivalent) and encourage patients to read the Patient Information Leaflet that comes with their medicine
- report suspected adverse drug reactions to codeine linctus to the [Yellow Card scheme](#)

Advice for healthcare professionals to provide to patients, parents and carers:

- codeine linctus (also known as codeine oral solution) is used in the treatment of dry cough, in adults and children aged 12 to 18 years without breathing difficulties
- codeine is an opioid medicine and is addictive. Codeine linctus will only be available on prescription following assessment with a healthcare professional. This action is being taken to reduce the risk of addiction or overdose
- evidence is limited that codeine linctus is effective in the treatment of short-term cough but may be effective in the treatment of long-term cough (lasting over 8 weeks)
- alternative non-prescription cough medicines are available for short-term cough to soothe an irritated throat, including honey and lemon mixtures and cough suppressants. You can speak to a pharmacist for advice
- if you have a long-term cough, you may be asked to attend further medical assessments to check for other conditions which could be causing the cough. This is to make sure you are on the best treatment
- addiction can happen gradually especially if you have been taking codeine for a long time. If you want to stop taking it and have been taking codeine linctus for a long time, then it is important to reduce the amount you take slowly with the help of your prescriber
- if you feel that you are addicted, speak to your doctor, or if you are concerned for someone who has been using more than the prescribed amount of codeine linctus, you can also [seek advice on the NHS website](#). Support groups and self-help groups are also available such as [Talk to FRANK](#)
- patients are urged not to buy codeine linctus from [an unregistered website](#) as it could be dangerous

Pseudoephedrine: very rare risk of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS)

There have been very rare reports of posterior reversible encephalopathy syndrome (PRES) and reversible cerebral vasoconstriction syndrome (RCVS) with pseudoephedrine. Patients and caregivers should be advised to be alert to the symptoms for PRES and RCVS, to stop the medication immediately and to seek urgent medical attention if these occur. If someone presents with symptoms of PRES or RCVS, ask about their medication history.

Advice for healthcare professionals:

- PRES and RCVS present with the following symptoms: sudden severe headache or thunderclap headache, sudden onset of nausea and vomiting, confusion, seizures and/or visual disturbances
- PRES and RCVS are recognised very rare side effects with pseudoephedrine-containing medicines, which are used for the symptomatic treatment of nasal and sinus congestion with colds, flu and allergies
- pseudoephedrine is for short term use only and should not be used for prolonged or extended use
- use of the product is contraindicated in patients with severe hypertension or uncontrolled hypertension, or severe renal disease
- report suspected adverse drug reactions associated with pseudoephedrine on a [Yellow Card](#).

Advice for healthcare professionals to provide to patients and caregivers:

- pseudoephedrine is used to relieve the symptoms of nasal and sinus congestion with colds, flu and allergies

- pseudoephedrine-containing medicines are for short-term, symptomatic use only; people should follow the instructions for use in the Patient Information Leaflet
- there has been a very small number of reports of PRES and RCVS with these medicines; PRES and RCVS are rare conditions that can involve inflammation and/or reduced blood supply to the brain
- if you experience a severe headache that develops very quickly or you suddenly feel sick or are vomiting, confused or experiencing seizures or changes in vision, then stop taking the medicine immediately and seek urgent medical attention
- do not take pseudoephedrine if you have very high blood pressure (hypertension) or hypertension not controlled by your medicines
- do not take pseudoephedrine if you have severe acute (sudden) or chronic (long-term) kidney disease or kidney failure. Speak to your doctor or pharmacist if you are unsure
- people who take a medicine may experience a non-serious side effect, and these are typically mild, but it is important to read the [Patient Information Leaflet](#) that comes with your medicine and to talk to a healthcare professional if you are experiencing problems

Regards



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Lead Pharmacist

Enc: Using Glycopyrronium as an alternative antimuscarinic when unable to source Hyoscine Butylbromide (Buscopan®)

cc: Medicines Optimisation Team (Barnsley Place)
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Area Prescribing Committee Members (Secretary to the APC to circulate)
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