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Barnsley
Clinical Commissioning Group

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Our Ref: DC/NB

29th January 2020

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 8th January 2020

The main outcomes of the meeting were: -

Prescribing Guidelines

There were no new / updated prescribing guidelines approved by the Committee this month.

The following prescribing guidelines have been discontinued by the Committee as they have been superseded by national guidance:

- **Omega-3 fatty acids and Glucosamine QIPP detail aids**

The QIPP detail aids will be removed from the BEST website. Omega - 3 fatty acids and glucosamine are included in the NHS England guidance 'Items which should not routinely be prescribed in Primary Care' available at the following link:
https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf

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 following link:
http://www.barnsleyformulary.nhs.uk/

Shared Care / Amber-G Guidelines

The following shared care guideline was approved by the Committee:

- **Azathioprine, 6-Mercaptopurine, Methotrexate and Mycophenolate for Inflammatory Bowel Disease and Autoimmune Hepatitis Shared Care guideline [MINOR UPDATE]**

This shared care guideline has been updated to include the addition of U&Es to the routine monitoring for azathioprine. This has been added at the request of the Committee to bring the monitoring in line with other shared care guidelines for azathioprine in different specialities (dermatology and rheumatology).

The updated shared care guideline will be uploaded to the BEST website in due course.

The following Amber-G guideline has been removed by the Committee:

- **Glucodrate® Amber-G guideline**

Glucodrate® has been discontinued. It has therefore been removed from the formulary and the Amber-G guideline has been removed from the BEST website.

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.

The Barnsley Interface Issues Form should be used to report such problems and can be accessed on the Barnsley CCG website:
http://www.barnsleyccg.nhs.uk/members-professionals/area-prescribing-committee.htm

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)
Horizon Scanning Document – December 2019		
Octreotide acetate 10 mg, 20 mg & 30 mg powder and solvent for prolonged-release suspension for injection (Olatuton®, Teva UK Limited)	Indicated for the: • treatment of patients with acromegaly • treatment of patients with symptoms associated with functional gastro-entero-pancreatic endocrine tumours • treatment of patients with advanced neuroendocrine tumours of the midgut or of unknown primary origin where non-midgut sites of	Formulary amber restricted

	origin have been excluded • treatment of TSH-secreting pituitary adenomas	
Travoprost/timolol (generic) 40 micrograms/mL + 5 mg/mL eye drops (Mylan)	Indicated in adults for the decrease of intraocular pressure in patients with open-angle glaucoma or ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues	Non-formulary provisional green
Other		
Dipyridamole 200mg/5ml oral suspension sugar-free	An adjunct to oral anti-coagulation for prophylaxis of thrombo-embolism associated with prosthetic heart valves.	Formulary green (previously non-formulary provisional grey)
Tadalafil daily 2.5mg and 5mg	Erectile dysfunction; for patients who anticipate sexual activity at least twice a week, and where the patient is unresponsive to on demand therapy.	Formulary red for new patients
Tildiem® Retard	Hypertension / angina	Formulary green Tildiem® Retard twice daily tablets should be reserved for vegetarian and vegan patients. Angitil SR® capsules are the brand of choice in Barnsley when a twice daily diltiazem preparation is indicated, as agreed by the APC.
Rivaroxaban	Prevention of atherothrombotic events in people with coronary or peripheral artery disease.	Formulary green Antiplatelet guidance is currently being updated

MHRA Drug Safety Update

The December 2019 MHRA Drug Safety Update can be accessed at the following link:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/852497/Dec-2019-PDF.pdf.pdf

Issues relating to primary care:

Domperidone for nausea and vomiting: lack of efficacy in children; reminder of contraindications in adults and adolescents
Domperidone is no longer licensed for use in children younger than 12 or those weighing less than 35 kg. Results from a placebo-controlled study in children younger than 12 years with acute gastroenteritis did not show any difference in efficacy at relieving nausea and vomiting compared with placebo.
Advice for healthcare professionals: **Change of indication** • domperidone is now authorised for the relief of symptoms of nausea and vomiting only in adults and adolescents 12 years of age or older and weighing 35 kg or more • consider alternative treatments to domperidone in children younger than 12 years of age who need relief of symptoms of nausea and vomiting

Reminder of contraindications

- European regulatory studies show that some physicians, including in the UK, are not aware of the important precautions for use of domperidone introduced in 2014
- domperidone is contraindicated:
    - in patients with moderate to severe hepatic impairment
    - in patients with known existing prolongation of cardiac conduction intervals (particularly QTc)
    - in patients with underlying cardiac diseases such as congestive heart failure,
    - in patients with significant electrolyte disturbances,
    - during co-administration with QT-prolonging drugs (for more information about considerations with apomorphine see Drug Safety Update published in April 2016)
    - during co-administration with potent CYP3A4 inhibitors (regardless of their QT-prolonging effects)
    - in patients with hypersensitivity to domperidone
    - in patients with a prolactin-releasing pituitary tumour
    - in patients in which stimulation of the gastric motility could be harmful (for example, in patients with gastro-intestinal haemorrhage, mechanical obstruction, or perforation)

Reminder of recommendations for dose and treatment duration

- for adults and adolescents 12 years of age or older and weighing 35 kg or more, the recommended maximum dose in 24 hours is 30 mg (dose interval: 10 mg up to 3 times a day)
- domperidone should be used at the lowest effective dose for the shortest possible duration and maximum treatment duration should not usually exceed 1 week
- report suspected adverse drug reactions associated with domperidone to the Yellow Card scheme

Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Management Team
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Area Prescribing Committee Members (Secretary to the APC to circulate)
Local Medical Committee (Secretary to the LMC to circulate)
Gary Barnfield, NHS Sheffield CCG
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