Barnsley
Clinical Commissioning Group

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Our Ref: DC/NB

3rd August 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 July 2020

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Alimemazine APC Position Statement [NEW]
The prescribing of alimemazine, a sedating antihistamine, is not supported by the Committee. There is no robust clinical evidence to show that alimemazine is more effective than alternative antihistamines and it is significantly more expensive. Alimemazine has a non-formulary grey classification.

No new patients should be commenced on alimemazine. Existing patients should have their prescription reviewed and alimemazine should be stopped where clinically appropriate or changed to an alternative sedating antihistamine (chlorphenamine, hydroxyzine or promethazine), a non-sedating antihistamine or alternative treatment as appropriate.

The position statement is available on the BEST website: https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Almimemazine%20Position%20Statement.pdf?UNLID=104369828220208311201 2

Prescribing of SGLT2 Inhibitors during the COVID-19 pandemic [NEW]
This guidance was developed following feedback from local specialists that the **use of SGLT2 inhibitors in type 1 diabetes** (only dapagliflozin is currently available) **should cease during the pandemic** in line with national guidance. The classification of **dapagliflozin in type 1 diabetes** was changed from amber-G to red. Local specialists have agreed to provide support with stopping dapagliflozin in patients with type 1 diabetes.

Note that the use of SGLT2 inhibitors in **type 2 diabetes** should continue during the pandemic if the patient is well (see the full guidance for further details on 'sick day rules' and information on new initiations of SGLT2 inhibitors in type 2 diabetes).

The guidance is available on the BEST COVID-19 medicines and prescribing information page:
https://best.barnsleyccg.nhs.uk/COVID19-medicines-and-prescribing-information.htm

Primary Care Prescribing Guidelines (Advisory, Minimum and Gold) and Community Pharmacy Key Dispensing Guidelines [UPDATED]

The prescribing and dispensing guidelines have been updated in consultation with the LPC and LMC. The guidelines will be added to BEST in due course.

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

There were no shared care guidelines approved by the Committee this month.

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:
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 – June 2020		
Tramadol hydrochloride 200 mg prolonged-release tablet (Brimisol®, Bristol Laboratories)	Moderate to severe pain	Non-formulary provisional green (The 12 hourly Tramadol preparation should be prescribed as Marol® or Tramulief® brand in Primary Care)
Amlodipine **2.5 mg** tablets (Bristol Laboratories Ltd)	Indicated for: • Hypertension • Chronic stable angina pectoris • Vasospastic (Prinzmental's) angina	Non-formulary provisional grey (Amlodipine 5mg and 10mg tablets are formulary green)

Amoxicillin **1000 mg** dispersible tablets (Sigma)	Indicated for the treatment of specified infections in adults and children, and for the prophylaxis of endocarditis.	Non-formulary provisional grey (Amoxicillin 250mg and 500mg capsules, 125mg/5ml and 250mg/5ml oral suspension, and 3g oral powder sachets are formulary green)
Other		
Gliclazide MR	Type 2 diabetes mellitus	Formulary grey. Standard release tablets should be considered first line if gliclazide is indicated.
Lidocaine 5% medicated plaster (Ralvo®)	Rib trauma/fractures post falls in older frail patients on a short term basis (around 2 – 4 weeks) until rib fractures heal (**unlicensed indication**).	Formulary red (for this specific unlicensed indication). Prescribe as cost-effective brand Ralvo®. Lidocaine plasters are included in the NHS England guidance 'Items Which Should Not Routinely Be Prescribed In Primary Care'. Lidocaine plasters (Ralvo®) are formulary grey for post-herpetic neuralgia and formulary amber-G for other unlicensed indications in exceptional circumstances in line with the Lidocaine 5% Medicated Plaster APC Position Statement

MHRA Drug Safety Update

The June 2020 MHRA Drug Safety Update can be accessed at the following link:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/896274/June-2020-DSU-PDF.pdf

Issues relating to primary care:

Cyproterone acetate: new advice to minimise risk of meningioma
Risk of meningioma with cyproterone acetate increases with increasing cumulative dose. Use of cyproterone is contraindicated in patients with previous or current meningioma (for all indications) and should only be considered for control of libido in severe hypersexuality or paraphilias in adult men when other interventions are inappropriate.
Advice for healthcare professionals: • a review has confirmed a cumulative dose-dependent association between cyproterone acetate and the known increased risk of meningioma; the risk is thought to be rare overall, but is highest for doses of 25mg per day and above • do not use cyproterone for any indication in patients with a meningioma or a history of a meningioma • be vigilant for symptoms and signs of meningioma (see page 4 of the full update) in patients taking cyproterone; stop treatment permanently if a meningioma is diagnosed in a patient taking cyproterone • only use cyproterone for control of libido in severe hypersexuality or paraphilias (sexual deviation) in adult men when other interventions are considered inappropriate • advice on use of cyproterone in the management of patients with prostate cancer remains unchanged

- for low-dose cyproterone (2mg) in combination with ethinylestradiol, a risk of meningioma has not been demonstrated but since the risk with higher-dose products appears to be cumulative, use is now contraindicated in patients with previous or current meningioma
- report suspected adverse drug reactions associated with cyproterone to the Yellow Card Scheme

Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, including availability of reversal agents

Remain vigilant for signs and symptoms of bleeding complications during treatment with DOACs (apixaban, dabigatran, edoxaban, rivaroxaban), especially in patients with increased bleeding risks. Specific reversal agents are available for dabigatran (Praxbind▼, idarucizumab), and apixaban and rivaroxaban (Ondexxya▼, andexanet alfa).

Advice for healthcare professionals:

- use caution if prescribing direct-acting oral anticoagulants (DOACs) to patients at increased risk of bleeding (for example, older people or people with renal impairment)
- remain vigilant for signs and symptoms of bleeding complications during treatment, especially patients with increased bleeding risk
- remind patients of the signs and symptoms of bleeding and encourage them to always read the patient information leaflet that accompanies their medicines
- ensure patients with renal impairment receive an appropriate dose (see advice and table on page 7 of the full update) and monitor renal function during treatment to ensure dose remains appropriate
- specific DOAC reversal agents are available for dabigatran, apixaban, and rivaroxaban
- monitor the reversal effects of andexanet alfa using clinical parameters; anti-FXa assays should not be used to measure the effectiveness of andexanet alfa as the results may not be reliable
- report suspected adverse drug reactions associated with DOACs on a Yellow Card, including thromboembolic or haemorrhagic events

Regards

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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
Alex Molyneux, NHS Doncaster CCG
Stuart Lakin, NHS Rotherham CCG