Barnsley
Clinical Commissioning Group

Medicines Management Team
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Our Ref: DC/NB

2nd July 2020

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 10th June 2020

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Barnsley Guideline for using Antiplatelet drugs in the prevention and treatment of Cardiovascular and Cerebrovascular diseases [UPDATED]
The antiplatelet guidelines have been updated and will be uploaded to the BEST website in due course.

Rubefacients (excluding topical NSAIDS and Capsaicin) Area Prescribing Committee Position Statement [NEW]
This position statement has been developed to support implementation of the NHS England guidance 'Items which should not routinely be prescribed in primary care'. Rubefacients are included within the guidance with no exceptions and have a non-formulary grey classification in Barnsley. No new patients should be initiated on rubefacients. Prior to the pandemic, the Medicines Management Team supported primary care prescribers to review patients and deprescribe rubefacients.

The new position statement will be uploaded to the BEST website 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

The following shared care guidelines were approved by the Committee:

Cabergoline for hyperprolactinaemic disorders Amber-G guideline [UPDATED]
The guideline now states that patients should have an annual cardiovascular examination to screen for cabergoline associated valvulopathy (CAV) if they are on a high dose of cabergoline for hyperprolactinaemia (greater than 3 milligrams per week), or in the presence of valvular heart disease before therapy commences. However routine cardiovascular examinations are not necessary with lower doses.

Cardiac valvulopathy is documented as a common side-effect of cabergoline at higher doses. Published studies have shown that this is unlikely at the doses used to treat cabergoline hyperprolactinaemic disorders. However, there is the possibility that this may very rarely occur. Valvulopathy has been associated with cumulative doses.

The updated Amber-G guideline is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/shared-care-guidelines/cabergoline/16224

Goserelin 3.6mg implant (Zoladex®) Adjuvant treatment of breast cancer in premenopausal women Amber-G guideline [UPDATED]
This guideline has received minor updates and is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/shared-care-guidelines/goserelin-zoladex-for-breast-cancer/64305

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

Other Information/Advice

BEST COVID-19 Medicines and Prescribing Information
https://best.barnsleyccg.nhs.uk/COVID19-medicines-and-prescribing-information.htm

The CCG Medicines Management Team has produced an 'Information Sources for Primary Care during the COVID-19 pandemic' document which collates information and advice on medicines use during the pandemic as it emerges. It is updated two to three times a week and can be accessed via the above link. New additions are highlighted in yellow.

Various local guidelines have also been produced to support clinicians during the pandemic and these can also be found on the BEST COVID-19 page.

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)**
Omeprazole (generic) 2 mg/mL 4 mg/mL powder for oral suspension (Rosemont)	Proton Pump Inhibitor	Formulary green for administration via feeding tubes. Grey for all other indications.
Methylphenidate 10 mg, 20 mg, 30 mg, 40 mg & 60 mg prolonged-release hard capsules (Ritalin XL®, Novartis)	ADHD	Non-formulary provisional amber The MR brand of choice in Barnsley for new patients is Xenidate® XL tablets. Existing patients can remain on Matoride® XL tablets. Different brands of modified-release preparations may differ in clinical effect - brand prescribing is recommended.
Benzylpenicillin benzathine (generic) 1.2 & 2.4 million IU powder & solvent for suspension for injection (Brancaster Pharma)	GU Medicine	Formulary red. *(Benzylpenicillin sodium remains green).*
Azelastine 0.5mg/ml eye drop solution (Brown and Burk UK Ltd)	Allergic conjunctivitis	Non-formulary provisional green
Estradiol 1.53 mg/actuation transdermal spray (Lenzetto®, Gedeon Richter Plc)	Hormone replacement therapy (HRT)	Non-formulary provisional grey
Galantamine 8 mg, 16 mg, 24 mg prolonged-release capsules (Gaalin®, Aurobindo)	Dementia	Non- formulary provisional amber-G Preferred brands in Barnsley are Luventa® XL and Gatalin® XL.
Tamsulosin / dutasteride 400mcg / 500 mcg hard capsules (Dutrozen®, Zentiva)	Benign Prostatic Hyperplasia (BPH).	Non-formulary provisional grey
Ciprofloxacin 2mg/ml ear drops in single-dose container (Cetraxal®)	Acute otitis externa in adults and children older than 1 year with an intact lympanic membrane, caused by ciprofloxacin-susceptible microorganisms. For use only with a positive swab for ciprofloxacin-susceptible microorganisms.	Formulary green (previously non-formulary provisional green)
Liquid paraffin ocular lubricant (HYLO NIGHT®)	Dry eye conditions	Formulary green VitA-POS® has been renamed HYLO NIGHT®. The ointment ingredients and composition remain exactly the same. The dry eye guidelines have been updated to reflect this change and are available on the BEST website: https://best.barnsleyccg.nhs.uk/prescribing-guidelines/eyes-dry-eyes-treatment-guidelines/16109
Dapagliflozin and Sotagliflozin	Type 1 diabetes	Formulary red (previously formulary amber-G) for type 1 diabetes. Sotagliflozin is not yet available in the NHS, but the company anticipates that it will be available to the NHS in England and Wales within 12 months of guidance publication (TA622). SGLT2 inhibitors remain green for type 2 diabetes.

MHRA Drug Safety Update

The March 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/873524/March-2020-PDF.pdf

Issues relating to primary care:

Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression
Benzodiazepines and opioids can both cause respiratory depression, which can be fatal if not recognised in time. Only prescribe together if there is no alternative and closely monitor patients for signs of respiratory depression.
Advice for healthcare professionals: • benzodiazepines (and benzodiazepine-like drugs) and opioid medicines (opioids) can both cause respiratory depression; when used together, additive effects on the central nervous system increase the risks of sedation, respiratory depression, coma, and death • only prescribe benzodiazepines (or benzodiazepine-like drugs) and opioids together if there is no alternative • if a decision is made to co-prescribe, use the lowest doses possible for the shortest duration of time and carefully monitor patients for signs of respiratory depression • if there is any change in prescribing such as new interactions or dose adjustments, re-introduce close monitoring of the patient • if co-prescribing methadone with a benzodiazepine or benzodiazepine-like drug, closely monitor for respiratory depression for at least 2 weeks following initiation or changes to prescribing because the respiratory depression effect of methadone may be delayed • advise patients of the symptoms of respiratory depression and sedation and the need to seek immediate medical attention if these occur • report suspected adverse drug reactions to any medicines to the Yellow Card Scheme

The April 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/881559/April-2020-DSU-PDF.pdf

Issues relating to primary care:

Coronavirus (COVID-19): latest guidance for medicines safety
To support healthcare professionals during the coronavirus pandemic, the drug safety update highlights key advice and guidance issued so far by the MHRA and Commission on Human Medicines on medicines safety and pharmacovigilance. The MHRA is working closely with DHSC and other healthcare partners on coronavirus (COVID-19; see guidance page) and they are prioritising work including supporting and authorising the development of vaccines, clinical trials of medicines, and managing the supply of medicines and healthcare products. They will continue to monitor the safety of medicinal products and provide updates through their information channels and alert systems. Please continue to report suspected adverse drug reactions to the Yellow Card Scheme. They ask for all reactions to be reported electronically via the Yellow Card website, Yellow Card app, or clinical IT systems (see page 2 of the full alert for more information). Relevant COVID-19 medicines guidance from this drug safety update is included in the 'Information Sources for Primary Care during the COVID-19 pandemic' document on the BEST website at the following link: https://best.barnsleyccg.nhs.uk/COVID19-medicines-and-prescribing-information.htm

The May 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/886750/May-2020-DSU.pdf

Issues relating to primary care:

Coronavirus (COVID-19): new dedicated Yellow Card reporting site for medicines and medical devices
Reporting to the new site will enable the MHRA to rapidly identify new and emerging side effects and medical device incidents in COVID-19 treatment, including side effects for medicines taken by patients to manage long-term or pre-existing conditions.

Actions for healthcare professionals:
• be vigilant for any potential safety issues associated with medicines and medical devices used in COVID-19 treatment
• use the new dedicated COVID-19 Yellow Card reporting site to report:
  ○ all suspected side effects associated with any medicine used in patients with confirmed or suspected COVID-19, including medicines to manage long-term or pre-existing conditions, and unlicensed medicines or medicines used off-label
  ○ medical devices incidents related to COVID-19
• reporting of incidents in clinical trials should follow the trial protocol
• for non-COVID related side effects from medicines please continue to report through the standard Yellow Card Website, which can also be used for defective or falsified medicines and medical devices (including fake COVID-19 testing kits)

Valproate Pregnancy Prevention Programme: temporary advice for management during coronavirus (COVID-19)
On 6 May the MHRA published guidance for specialists to support adherence to the pregnancy prevention requirements for girls (of any age) and women of childbearing potential taking valproate during the pandemic, particularly patients who are shielding due to other health conditions. See MHRA guidance at https://www.gov.uk/guidance/valproate-pregnancy-prevention-programme-temporary-advice-for-management-during-coronavirus-covid-19 The valproate pregnancy prevention programme states that patients on valproate who have experienced menarche must have a review at least annually with the prescribing specialist to reassess the need for valproate therapy and consider alternative treatment options. Annual reviews should not be delayed due to the pandemic. No woman or girl should stop taking valproate without first discussing it with their doctor. Guidance will be updated once these temporary recommendations are no longer considered necessary.

Regards

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Lead Pharmacist

cc: CCG 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)
Local Pharmaceutical Committee (Secretary to the LPC to circulate)
Gary Barnfield, NHS Sheffield CCG
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