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Clinical Commissioning Group

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Our Ref: DC/NB

27th April 2020

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 11th March 2020

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Lidocaine 5% Medicated Plasters Position Statement [NEW]
This Position Statement has been produced to support practices to review patients currently prescribed lidocaine 5% medicated plasters, with a view to deprescribing, in line with the NHS England guidance 'Items not to be routinely prescribed in primary care'.

Lidocaine 5% medicated plasters remain **formulary grey** for patients with **post-herpetic neuralgia** where alternative treatments are contraindicated, not tolerated or ineffective.

Lidocaine 5% medicated plasters have been assigned an **amber-G classification** for **unlicensed indications in 'exceptional circumstances'**. Exceptional circumstances include the management of neuropathic pain in palliative care patients / patients currently under the pain clinic with focal neuropathic pain (e.g. scar pain, post total knee replacement neuropathic pain, complex regional pain syndrome) who are intolerant of oral neuropathic agents or where these therapies have been ineffective or contraindicated.

Lidocaine plasters should only be initiated in these circumstances by specialist pain / palliative care specialists. Clear advice should be provided to the GP in a management and review plan, included in a clinic letter from the specialist. The palliative care team should undertake regular reviews (at least every 6 months) of these patients and update the GP after each review. Patients initiated by the pain specialist should have a review every 6 months but this may be included as part of the patient's GP practice medication review.

Lidocaine 5% Medicated Plasters should be prescribed as the cost-effective brand **Ralvo®** where indicated.

The position statement is available on the BEST website at the following link:

https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Lidocaine%205%20Percent%20Medicated%20Plasters%20-%20Position%20Statement.pdf

Diagnosing diabetes – which test should be used? [UPDATED]
This guideline has been updated and now includes information on primary care follow up of women with gestational diabetes in the postnatal period.

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

Insomnia Management Guideline [UPDATED]
This guideline has been updated. A section on withdrawal symptoms has been added. Lorazepam and oxazepam have also been removed as a choice of hypnotic as they are licensed only for anxiety (with or without insomnia).

The updated guideline is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Insomnia%20Management%20Guidelines.pdf

Prescribing Information

Using Standardised Strengths of Unlicensed Liquid Medicines in Children [UPDATED]
The NPPG (Neonatal and Paediatric Pharmacists Group) and RCPCH (Royal College of Paediatrics and Child Health) have updated their position statement on using Standardised Strengths of Unlicensed liquid Medicines in Children.

It is strongly recommended that when children require unlicensed liquid medications, they should receive the RCPCH and NPPG recommended strength, where one exists. There are currently 13 such recommended strengths detailed in the guidance, 12 of which are published in the relevant drug monographs of the BNF for Children. Melatonin, midazolam, clonazepam and lisinopril have been removed from the guidance as licensed preparations are now available. The recommended strength of chloral hydrate has changed and is now 500mg/5ml.

The updated guideline is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/NPPG%20Position%20Statement%2018-01.pdf

Relevant changes will be made to the wording on the Barnsley Formulary.

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 guideline was approved by the Committee:

Toujeo® Amber-G Guideline (High strength Insulin glargine 300units/ml) [UPDATED]
This shared care guideline has been updated to include Toujeo® DoubleStar in addition to Toujeo® SoloStar. Toujeo® should be prescribed by brand name.

Each Toujeo® SoloStar pen contains 1.5 ml of solution for injection, equivalent to 450 units.
With Toujeo SoloStar® pre-filled pen, a dose of 1-80 units per single injection, in steps of 1 unit, can be injected.

Each Toujeo® DoubleStar pen contains 3 ml of solution for injection, equivalent to 900 units.
With Toujeo DoubleStar® pre-filled pen a dose of 2-160 units per single injection, in steps of 2 units, can be injected.

Toujeo DoubleStar® prefilled pen is recommended for patients requiring at least 20 units per day.

The updated guideline is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Toujeo_AmberG.pdf

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 – February 2020		
Melatonin (generic) 3 mg film-coated tablets (Melatonin Pharma Nord, Pharma Nord)	Short-term treatment of jet-lag in adults	Non-formulary provisional grey
Lacidipine (generic) 6 mg film-coated tablets (Dr Reddy's Laboratories)	Hypertension	Non-formulary provisional green
Valproate semisodium 250 mg & 500 mg gastro-resistant tablets (Syonell®▼, Lupin Healthcare)	Indicated for treatment of manic episode in bipolar disorder	Formulary amber shared care
Obstetrics and Gynaecology Formulary Review		
Ovestin® 0.1% cream	Topical oestrogen to improve the vaginal epithelium in menopausal atrophic vaginitis (short-term use)	Formulary green Ovestin® 0.1% cream has replaced Gynest® 0.01% cream on the formulary as Gynest® has been discontinued (both creams deliver the same amount of estriol per application due to the difference in applicator size)
Other		
Tadalafil 2.5mg and 5mg	Erectile dysfunction	Formulary grey for existing patients (Tadalafil 2.5mg and 5mg are

		formulary red for new patients)
Lidocaine 5% Medicated Plaster (Ralvo®)	Unlicensed indications in 'exceptional circumstances'	Formulary Amber-G See the Lidocaine 5% Medicated Plaster Position Statement for further details Lidocaine 5% Medicated Plaster (Ralvo®) remains formulary grey for patients with post-herpetic neuralgia where alternative treatments are contraindicated, not tolerated or ineffective. Prescribe as cost-effective brand Ralvo®.
Sotagliflozin	Type 1 diabetes	Formulary Amber-G Amber-G guidance for the use of sotagliflozin in Type 1 Diabetes is currently in development

MHRA Drug Safety Update

The February 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/865491/Feb-2020-PDF.pdf

Issues relating to primary care:

Valproate (Epilim▼, Depakote▼) pregnancy prevention programme: updated educational materials
In January 2020, healthcare professionals received updated educational materials to support the valproate pregnancy prevention programme. Valproate is contraindicated in girls and women of childbearing potential, unless the conditions of the pregnancy prevention programme are met.

Advice for healthcare professionals:
○ valproate is contraindicated in girls and women of childbearing potential, unless the conditions of the valproate pregnancy prevention programme are met
○ changes have been made to the educational materials to support healthcare professionals and female patients; the updates clarify the existing regulatory situation and are not due to new advice
○ use the updated educational materials to support the valproate Pregnancy Prevention Programme (dated November 2019):
  ○ Patient card
  ○ Patient booklet
  ○ Booklet for healthcare professionals
  ○ Annual Risk Acknowledgement Form
○ review all girls and women of childbearing potential using valproate medicines to ensure that the conditions of the valproate pregnancy prevention programme, described in the documents, are met
○ consult the latest clinical guidance for use of valproate, including recent amendments by NICE on four clinical guidelines to support the regulatory position that valproate should not be used in women and girls of childbearing unless other options are unsuitable and the pregnancy prevention programme is in place

Nexplanon (etonogestrel) contraceptive implants: new insertion site to reduce rare risk of

neurovascular injury and implant migration
Amended advice on the insertion site for Nexplanon contraceptive implants following concerns regarding reports of neurovascular injury and implants migrating to the vasculature (including the pulmonary artery).

Advice for healthcare professionals:
• an implant should be inserted subdermally by a healthcare professional who has been appropriately trained and accredited – correct insertion of the implant just under the skin is essential to reduce the risk of neurovascular injury and the implant migrating through the vasculature
• review the updated guidance for how to correctly insert the implant, including an amended diagram that illustrates:
  ○ the new insertion site
  ○ the correct position of the arm for insertion (flexed at the elbow with the woman's hand underneath her head)
  ○ how to view the needle (by sitting and viewing it from the side) to avoid deep insertion
• show the woman how to locate the implant and advise her to do this occasionally; if she has any concerns, she should return promptly to the clinic for advice
• localise any implant that cannot be palpated (for example, by imaging the arm) and remove it at the earliest opportunity – perform chest imaging if it cannot be located in the arm
• implants inserted at the previous site that can be palpated should not pose a risk and do not need to be moved to the new site; only replace implants if you have concerns regarding their location or if routine replacement is due
• report any suspected side effects to Nexplanon on a Yellow Card, including difficulties with insertion or adverse incidents from migration of the implant or related to its removal

Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Management Team
Sarah Petty, BHNFT
Mike Smith, BHNFT
Sarah Hudson, SWYPFT
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