

Our Ref: DC/NB

7th April 2021

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To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 10th March 2021

The main outcomes of the meeting were:-

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee this month:

Nutrition and Wound Care – a guide for service users and carers [NEW]

This new nutrition and diet resource for patients with pressure sores or leg ulcers is available on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/prescribing-guidelines/gi-nutrition-and-wound-care-a-guide-for-service-users-and-carers-apc-approved/307600>

Guidance on the most appropriate and cost effective prescribing of infant formula in primary care [UPDATED]

This guidance has been updated in line with recent formulary changes and will be available on the BEST website in due course.

Phyllocontin® Discontinuation: Guidance for Switching Phyllocontin® (aminophylline MR tablets) to Uniphyllin Continus® (theophylline MR tablets) [NEW]

An [alert](#) was issued in February advising that Phyllocontin® (aminophylline MR) will be discontinued in the UK and that remaining supplies of the 225mg strength were expected to be exhausted by 30th March 2021 and the 350mg strength by 5th April 2021. The alert advises that all patients are reviewed and their inhaled therapies optimised and those patients who still require a methylxanthine, are switched to theophylline tablets (Uniphyllin Continus®).

Due to the number of patients within Barnsley who will be affected it is not possible for all patients to be reviewed before supplies are exhausted. The Committee has agreed that patients can be switched to Uniphyllin Continus® and discussions are underway with the relevant specialist teams to plan how these patients can be scheduled for treatment review. Local switching [guidance](#) including

dose conversions is available on the BEST website. Following switching, patients should be advised to report symptoms suggestive of toxicity or a reduction in disease control.

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 this month:

Daxas® (Roflumilast) Amber Shared Care Guideline [NEW]

The traffic light classification of roflumilast has been changed from red to amber. The shared care guideline is available on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Roflumilast%20Amber%20Guideline.pdf>

Naldemedine (Rizmoic®) and Naloxegol (Moventig®) for the treatment of opioid-induced constipation Amber-G Guideline [UPDATED]

The Amber-G guideline for the treatment of opioid-induced constipation now includes naldemedine in addition to naloxegol. Naldemedine is recommended in line with [NICE TA651](#), within its marketing authorisation, as an option for treating opioid-induced constipation in adults who have previously had laxative treatment. The Amber-G guideline is available on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/clinical-support/shared-care-guidelines/naloxegol-and-naldemedine/307626>

Prostate Cancer: LHRH analogues / Cyproterone / Bicalutamide Amber-G Guideline [UPDATED]

This Amber-G guideline has been updated and is available on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Prostate%20Cancer%20Amber%20with%20guidance.pdf>

Additional monitoring information has been added for LHRH analogues (goserelin, leuprorelin, triptorelin). Blood pressure should be checked every 3 months. More frequent blood pressure checks may be required if it is outside of the normal range. Liver function should also be monitored for patients on leuprorelin.

Shared Care Protocol for the Prescribing of Oral Antipsychotics in Adults [UPDATED]

This Shared Care Protocol has been developed on the basis of implied consent and includes all of the amber oral antipsychotics on the formulary (aripiprazole, amisulpride, olanzapine, quetiapine and risperidone) in one guideline. The guideline also includes details of antipsychotics with a green and red traffic light classification.

There is a new risk assessment form (in Appendix C) providing additional information for patients who are being discharged from the service. The Shared Care Protocol is available on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Antipsychotics%20in%20Adults.pdf>

Other

Dapagliflozin for heart failure with reduced ejection fraction (HFrEF)

Dapagliflozin (Forxiga®) is an SGLT2 inhibitor which has been licensed for a number of years for the management of type 2 diabetes. It has recently received an additional license for the management of patients with symptomatic chronic heart failure with reduced ejection fraction.

A [NICE technology appraisal \(TA679\)](#) was published on 24th February 2021 recommending dapagliflozin as follows:

Dapagliflozin is recommended as an option for treating symptomatic chronic heart failure with reduced ejection fraction in adults, only if it is used as an add-on to optimised standard care with:

- *Angiotensin converting enzyme (ACE) inhibitors or angiotensin-2 receptor blockers (ARBs), with beta blockers, and, if tolerated, mineralocorticoid receptor antagonists (MRAs)*

Or

- *Sacubitril valsartan, with beta blockers, and, if tolerated, MRAs.*

Treatment should be started on the advice of a heart failure specialist, and an Amber-G guideline for the use of dapagliflozin in this indication is in development for the Barnsley area.

The APC has agreed that prescribing of dapagliflozin for use in heart failure with reduced ejection fraction (HFrEF) should be retained by the specialist (formulary red) until the amber G guideline is available.

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)
SPS New Medicines Newsletter January 2021		
Formoterol + glycopyrronium (Bevespi Aerosphere®) pressurised inhalation, suspension	Chronic obstructive pulmonary disease	Non-formulary provisional grey

Pridinol (Myopridin®) tablets	Central and peripheral muscle spasms (lumbar pain, torticollis, general muscle pain) in adults.	Non-formulary provisional grey
Zonisamide (Desizon®) 20mg/ml oral suspension formulation	Epilepsy	Formulary amber. Zonisamide is included in the Shared Care Protocol for Epilepsy in Adults and the Shared Care Guideline for the Management of Epilepsies in Children .
Other		
Dapagliflozin tablets	Heart Failure with reduced ejection fraction (HFrEF)	Formulary red until amber G guideline is available. (Dapagliflozin remains formulary green for use in Type 2 diabetes and formulary red for use in Type 1 diabetes).

MHRA Drug Safety Update

The February 2021 MHRA Drug Safety Update can be accessed at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/962557/Feb-2021-DSU-PDF_final.pdf

Pregabalin (Lyrica®): reports of severe respiratory depression

Pregabalin has been associated with infrequent reports of severe respiratory depression, including some cases without the presence of concomitant opioid medicines. Patients with compromised respiratory function, respiratory or neurological disease, renal impairment; those using concomitant central nervous system (CNS) depressants; and people older than 65 years might be at higher risk of experiencing these events and adjustments in dose or dosing regimen may be necessary.

Advice for healthcare professionals:

- pregabalin has been associated with reports of respiratory depression, in some cases without concomitant opioid treatment
- consider whether adjustments in dose or dosing regimen are necessary for patients at higher risk of respiratory depression, this includes people:
 - with compromised respiratory function, respiratory or neurological disease, or renal impairment
 - taking other CNS depressants (including opioid-containing medicines)
 - aged older than 65 years
- report suspected adverse drug reactions associated with use of pregabalin on a [Yellow Card](#) (see reporting section)

Advice to give to patients and carers:

- some patients have experienced breathing difficulties when taking pregabalin – certain people may need a lower dose to reduce the risks of these issues
- contact your doctor if you notice new or increased trouble breathing or you experience shallow breathing after taking pregabalin; a noticeable change in breathing might be associated with sleepiness
- read the leaflet that comes with your medicine and talk to your doctor or pharmacist if you are worried about the other prescribed medicines you are taking with pregabalin
- avoid drinking alcohol during pregabalin treatment

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