NHS
South Yorkshire
Integrated Care Board

South Yorkshire Integrated Care Board
Barnsley Office: Westgate Plaza One
Westgate
Barnsley
S70 2DR
01226 433798

Our Ref: DC/NB

9th July 2024

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meetings on 12th June 2024.

The main outcomes of the meeting were: -

Prescribing Guidelines

MRSA decolonisation guidance [UPDATED]
The updated guidance was received by the Committee and will replace page 16 in the Primary care antimicrobial Prescribing Guidance - Barnsley Supporting Information

The main change is the addition of chlorhexidine 4% wash as the first line option for washing (for use in the bath/shower daily for 5 days and as a hair wash twice during this period). Skin integrity should be assessed prior to prescribing this treatment. Octenisan® 2% solution remains an alternative option for use when chlorhexidine 4% is not suitable.

The updated guideline will be available on the BEST website in due course.

Choice of Direct Oral Anticoagulant (DOAC) for prevention of stroke and systemic embolism in adults with non-valvular AF (NVAF) Barnsley APC Position Statement [UPDATED]
This position statement has been updated in line with the updated NHS commissioning recommendations and will be uploaded to the BEST website. **Generic apixaban is the DOAC with the lowest acquisition cost and is therefore the first line DOAC for NVAF.**

If generic apixaban (best value twice a day treatment) is contraindicated or not clinically appropriate for the specific patient then, in line with NHS England commissioning recommendations, clinicians should then consider edoxaban (Lixiana®) (best value once a day treatment), then rivaroxaban (Xarelto®), then dabigatran (Pradaxa®), then branded apixaban (Eliquis®).

Patients who have previously been switched to edoxaban (Lixiana®) should remain on edoxaban unless there is a specific clinical reason to switch.

Apixaban dosing in NVAF
In line with the SPC, the recommended dose for the prevention of stroke and systemic embolism in patients with NVAF is 5 mg twice daily (usual dose).

A dose reduction to 2.5 mg twice daily is recommended in:

➢ *Patients with **at least two** of the following characteristics: age ≥ 80 years, body weight ≤ 60 kg, or serum creatinine ≥ 1.5 mg/dL (133 micromole/L)*

OR

➢ *In patients with severe renal impairment (creatinine clearance 15-29 mL/min).*

For further information please consult the SPC. Please note that prescribing a lower dose of apixaban than recommended leads to inappropriate stroke prevention with similar bleeding risk.

Amber G / Shared Care Guidelines

SGLT2 Inhibitors: Dapagliflozin (Forxiga®) and Empagliflozin (Jardiance®) for Heart Failure Amber-G guideline [UPDATED]

This Amber-G guideline has been updated to incorporate NICE TA929 which provides recommendations for empagliflozin for treating symptomatic chronic heart failure with preserved or mildly reduced ejection fraction in adults.

The updated Amber-G guideline was approved subject to a minor amendment and will be available on the BEST website in due course.

Metolazone (Xaqua®) for Oedema Amber-G guideline [UPDATED]

The Xaqua® brand of metolazone holds a UK product license and should be product of choice for new patients. Whilst this guideline replaces the previous guideline for the use of Zaroxolyn® and Metenix® (unlicensed imports), the doses of the preparations are not interchangeable due to differences in bioavailability and the guideline states that patients should be maintained on their usual brand where possible. Specialist teams and/or Medicines Information should be contacted if advice is need on switching brands.

The updated Amber-G guideline was approved subject to a minor amendment and will be available on the BEST website in due course.

Other

Medicines Optimisation Scheme 2024/25 QIPP proposals involving specific brands or preparations

The areas within the scheme were discussed and the formulary updates summarised in the table below were endorsed by the Committee.

Lipid Management Guidance

The lipid targets in the local guidelines will be updated in line with the updated national guidance for lipid management which includes aiming for an LDL-C of ≤ 2.0 mmol/L, or non HDL-C of ≤ 2.6 mmol/L in the secondary prevention of CVD.

Sheffield guidelines (for information):

- **Mycophenolate, and Azathioprine & Mercaptopurine Shared Care Protocols**
  These shared care protocols have received minor updates to include contact details for the nephrologists, as patients are managed in a jointly run clinic for systemic lupus erythematosus, including both rheumatologists and nephrologists. Links to the guidelines will be added to the BEST website.

- **Sheffield Shared Care Protocol for Topical Testosterone Replacement Therapy in Menopausal Women**
  The link to the guideline, which is currently hosted on the BEST website, has been updated.

Prescribing guidelines are available on the BEST website:
http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/

Shared Care and Amber-G guidelines are available on the BEST website:
http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/.

The Barnsley Joint Formulary can be accessed at the link below:
http://www.barnsleyformulary.nhs.uk/

Healthcare professionals (including primary and secondary care clinicians and community pharmacists) are encouraged to report any medicines related interface issues (examples include shared care, prescribing guideline, formulary or discharge related issues), particularly where guidelines are not being complied with, to the following email address: BarnsleyAPCReport@nhs.net.

The Barnsley Interface Issues Form available on the BEST website should be used to report the issue: link

Barnsley Formulary Updates

The Committee noted the traffic light classifications recently assigned by the South Yorkshire Integrated Medicines Optimisation Committee (IMOC) and the following formulary positions were agreed by the Committee:

Drug	Formulary Indication	Barnsley Formulary status (including traffic light classification)
Review of mesalazine rectal preparations on the Barnsley Formulary		
Mesalazine 1g suppositories (Octasa®)	Treatment of acute mild to moderate ulcerative proctitis. Maintenance of remission of ulcerative proctitis.	Formulary Amber-G. First line choice mesalazine suppository. Prescribe by brand. The Mesalazine Amber-G guideline is being updated to include mesalazine rectal preparations.
Mesalazine 500mg suppositories (Salofalk®)	Management of mild and moderate episodes of ulcerative colitis that is limited to the rectum.	Formulary Amber-G. Second line choice mesalazine suppository. Prescribe by brand.
Mesalazine 1g rectal foam (Salofalk®) **Or** **Mesalazine 1g enema (Pentasa®)**	Treatment of active, mild ulcerative colitis of the sigmoid colon and rectum Treatment of ulcerative colitis affecting the distal colon and rectum.	Formulary Amber-G. First line choice mesalazine enema. Prescribe by brand.
Mesalazine 2g enema (Salofalk®)	Therapy and prophylaxis of acute attacks of mild ulcerative colitis, especially in the rectum and sigmoid colon and also in the descending colon.	Formulary Amber-G. Second line choice mesalazine enema. Prescribe by brand.
TLDL Sub - Group May 2024		
Alverine + Simeticone (SimAlvia®)	Relief of abdominal pain in irritable bowel syndrome.	Non-formulary green. To be discussed further in a future meeting when additional information is available.

May 2024 IMOC minutes		
L-Tryptophan	In treatment-resistant depression after trials of standard antidepressant drug treatments and as an adjunct to other anti-depressant medication.	Non-formulary red. SWYPFT D&T approval would be required prior to any initiation and prescribing would be retained in secondary care.
Anakinra	For the treatment of gout (unlicensed indication). Maximum of 7 days treatment.	Formulary red
Cenobamate in children **Eslicarbazepine in children**	Epilepsy	Currently formulary red. The traffic light classifications will be reviewed when a draft shared care guideline is available for consideration (the Shared Care Guideline for the Management of Epilepsies in Children will be updated). Cenobamate and eslicarbazepine are also classified amber for use in adults in line with the Shared Care Protocol for use in Epilepsy in Adults
Ryaltris® nasal spray **(Olopatadine and Mometasone furoate)**	Indicated in adults and adolescents 12 years of age and older for the treatment of moderate to severe nasal symptoms associated with allergic rhinitis.	Formulary green. The combination product containing both olopatadine and mometasone should be reserved for those with persistent symptoms, in whom the combination of an oral antihistamine and an intra-nasal corticosteroid has been tried and found to be sufficiently ineffective. The oral antihistamine can then be stopped. It should not be used as a first-line therapy. Management of Allergic Rhinitis in Primary Care Guidelines will be updated in due course.
Medicines Optimisation Scheme 2024-2025 Areas		
Salazopyrin® EN (Sulfasalazine EC)	Ulcerative Colitis, Crohn's Disease, rheumatoid arthritis	Sulfasalazine E/C tablets should be prescribed as the brand **Salazopyrin® En** in primary care as this brand is more cost-effective. (Currently formulary amber for rheumatoid arthritis and formulary amber-G for ulcerative colitis and Crohn's disease).
Ursodeoxycholic acid capsules	Treatment of primary biliary cirrhosis (PBC), dissolution of gallstones	The capsules are more cost effective than the tablets. If tablets are indicated, it is more cost effective to prescribe 2 x 250mg tablets instead of 1 x 500mg tablet, as the 500mg tablets have a high acquisition cost. (Currently formulary green).

Ketoconazole shampoo	Dandruff and seborrhoeic dermatitis.	Should an NHS script for ketoconazole shampoo be indicated*, it is more cost effective to prescribed as the brand **Nizoral® 2% shampoo**. *Self-care guidance applies, formulary green classification for conditions not covered by self care guidance. Existing position statement is available.
Fluoxetine 10mg capsules	Selective serotonin re-uptake inhibitor	Patients prescribed 30mg fluoxetine daily as 1 x 20mg capsule and 1 x 10mg capsule, should be considered for dose optimisation where appropriate to 1x 30mg capsule. Fluoxetine 10mg capsules currently have a non-formulary grey classification.
Calcipotriol 50micrograms/g with betamethasone 0.05%	Psoriasis	Generic calcipotriol/betamethasone ointment/gel is the first line calcipotriol/betamethasone preparation as it has the lowest acquisition cost. This section of the formulary is due to be reviewed.
Atorvastatin chewable tablets and oral suspension	Hypercholesterolaemia, prevention of cardiovascular disease	**Atorvastatin chewable tablets** are reserved for patients in whom the standard tablets are not suitable. **Atorvastatin 20mg/5ml suspension** has a high acquisition cost [£216 for 150ml]. Alternative formulations with a lower acquisition cost (e.g. atorvastatin chewable tablets) should be considered where clinically appropriate. The suspension is **restricted** for use in circumstances when the standard tablets and chewable tablets are unsuitable.
Simvastatin oral suspension	Hypercholesterolaemia, prevention of cardiovascular disease	Non-formulary. Simvastatin 40mg/5ml suspension has a significantly higher cost [£285 for 150ml] than simvastatin tablets and atorvastatin oral suspension.
Metformin 1g/5ml oral solution	Type 2 diabetes mellitus	Non-formulary The Metformin 1g/5ml oral solution has a significantly higher cost than the 500mg/5ml oral solution.
Oxycodone MR (Oxypro®)	Opioid analgesic	The APC has previously agreed that oxycodone modified release (MR) should be prescribed by brand. **Oxypro®** will replace Longtec® on the formulary as the brand of choice in primary care. Longtec® will continue to be used within BHNFT. It was agreed that both brands will be documented on the discharge letter (e.g. Longtec®/Oxypro®) to indicate that Oxypro® can be substituted for Longtec® following discharge back to

		primary care. Information will also be added to ScriptSwitch.
Soprobec® MDI (beclometasone dipropionate MDI)	Asthma	Soprobec® MDI will replace Clenil® MDI as the beclomethasone dipropionate (standard particle) MDI on the Barnsley formulary.

MHRA Drug Safety Update

The May 2024 MHRA Drug Safety Update can be accessed at the following link:
Drug Safety Update (publishing.service.gov.uk)

Issues relating to primary care:

Topical steroids: introduction of new labelling and a reminder of the possibility of severe side effects, including Topical Steroid Withdrawal Reactions

Topical steroid products are safe and highly effective treatments for the management of a wide range of inflammatory skin diseases but have important risks, especially with prolonged use at high potency. In the coming months, as a result of regulatory action, topical steroid products will be labelled with information on their potency to simplify advice for patients.

Advice for healthcare professionals:

- adverse reactions have been reported following long-term (generally 6 months or more) use of moderate or stronger potency topical steroids, particularly when used for eczema treatment – these reactions are often referred to as 'Topical Steroid Withdrawal Reactions' (TSW)
- symptoms of TSW can include intense redness, stinging, and burning of the skin that can spread beyond the initial treatment area
- the risk of these and other serious reactions increases with prolonged use of higher potency steroid products
- over the coming year, topical steroids will be labelled with information on their potency to assist with counselling patients
- when prescribing or dispensing topical steroids, advise on the amount of product to apply, how often, where to apply it and when to stop treatment
- if previous discontinuation was associated with reactions that raise suspicion of TSW, alternative treatments should be considered
- provide support to patients living with symptoms of TSW and review treatment plans with patients
- report suspected adverse drug reactions to the Yellow Card scheme, including after discontinuation of topical steroids

Advice for healthcare professionals to provide to patients, parents and carers:

- cases of skin reactions have been reported by long-term users of topical steroids when stopping treatment, including intense redness, stinging, and burning of the skin that can spread beyond the initial treatment area (see Patient Safety Leaflet on topical corticosteroids and withdrawal reactions)
- the exact frequency cannot be determined but the reactions are estimated to be rare 3
- if using more than one topical steroid on different body areas, ensure you are using the correct strength for the area of the body concerned. In the future the strength will be displayed on the packaging of your medicine
- seek medical advice before using a topical steroid on a new body area as some areas may require a different topical steroid
- always apply topical steroids as instructed and read the Patient Information Leaflet provided with your medicine
- ask your prescriber or pharmacist if you have any questions about your medicines or are concerned about side effects – and report suspected side effects to the Yellow Card scheme

Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Optimisation Team (Barnsley Place)
Rebecca Hoskins, BHNFT
Nisha Pounj-Taylor, BHNFT
Osman Chohan, BHNFT
Sarah Hudson, SWYPFT
Area Prescribing Committee Members (Secretary to the APC to circulate)
Local Medical Committee (Secretary to the LMC to circulate)
Alex Molyneux, South Yorkshire ICB
Heidi Taylor, South Yorkshire ICB
Charlotte McMurray, South Yorkshire ICB
Govinder Bhogal, South Yorkshire ICB