South Yorkshire Integrated Care Board

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Our Ref: DC/NB

9th November 2022

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meeting on 12th October 2022

The main outcomes of the meetings were: -

Prescribing Guidelines

The Committee endorsed the following prescribing guidelines:

Leaflet and Poster to support switching from Ventolin® MDI or generic salbutamol MDI to Salamol® MDI [NEW]
The 'How can you help the environment' leaflet and 'Do you use a blue inhaler' poster highlight the lower carbon footprint of Salamol® MDI compared to other salbutamol MDI inhalers such as Ventolin®. The Salamol® canister is smaller than the Ventolin® canister and it therefore contains less propellant. The leaflet and poster will be used to support the Medicines Optimisation Scheme work when switching patients from Ventolin® or generic Salbutamol MDI to Salamol® MDI.

They also highlight the importance of returning **used** inhalers to the pharmacy to dispose of them in an environmentally safe way.

The leaflet and poster are available on the BEST website (link).

Denosumab (Prolia®) Guidance for Primary Care Clinicians; where patients have been previously initiated on Denosumab as Shared Care by Barnsley Osteoporosis Service (patients are no longer under hospital supervision) [NEW]
Barnsley community osteoporosis and the BHNFT orthogeriatrics service have been discontinued. Developed by the Rheumatology department at BHNFT, the purpose of this guidance is to help advise primary care clinicians on the safe use of denosumab (Prolia®) when patients are no longer under hospital supervision. It outlines when a referral to a specialist would (and wouldn't) be necessary.

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

Buprenorphine patches QIPP detail aid and support document [UPDATED]
These updated support documents have received minor amendments and will be available on the BEST website in due course.

As detailed in the support documents, clinicians are reminded that oral analgesics should generally be preferred as first line therapy in chronic non-cancer pain. Buprenorphine patches are unsuitable in acute or unstable pain due to the need for slow titration of doses; it may take up to 72 hours to achieve a stable blood level after a change in dose.

Fentanyl patches QIPP detail aid and support document [UPDATED]
Changes to these support documents includes amendments to the approximate dose equivalents of oral morphine and fentanyl patches to those within the Barnsley Palliative Care Formulary.

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

Choosing medicines for patients unable to take solid oral dosage forms; selecting suitable formulations for adult patients with swallowing difficulties or feeding tubes [UPDATED]
This guideline has received minor amendments and will be available on the BEST website in due course.

Hypertension in adults; diagnosis and treatment (from NICE Guidelines 136) [UPDATED]
This updated guideline, which is based on NICE NG136, includes information on the diagnosis, monitoring and drug treatment of hypertension in adults. It includes blood pressure targets for different age groups, same-day specialist referral criteria and information on cardiovascular risk assessment.

The updated guideline 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 Guidelines

The Committee endorsed the following shared care/amber-G guidelines:

Dapoxetine Amber-G Guidance [NEW]
Dapoxetine (Priligy®), a short-acting selective serotonin-reuptake inhibitor (SSRI), is licensed for the treatment of premature ejaculation (PE) in adult men aged 18 to 64 years. Dapoxetine should be administered only as **on-demand treatment** before anticipated sexual activity. Dapoxetine should not be prescribed to delay ejaculation in men who have not been diagnosed with PE (see the amber-G guideline for all the criteria which should be met).

The patient should have a follow up appointment in primary care 4 weeks after commencing dapoxetine (or at least after 6 doses of treatment) to determine whether continuing treatment is appropriate (careful appraisal of individual benefit risk).

The patient should be reviewed in primary care **every 6 months** to ensure that the treatment is still appropriate. Data regarding the efficacy and safety of Dapoxetine beyond 24 weeks are limited. The clinical need of continuing and the benefit risk balance of treatment with dapoxetine should be re-evaluated.

Up to 6 doses every 1 -2 months is recommended for the majority of patients. (It is more cost-effective to supply one box of 6 tablets rather than 2 boxes of 3 tablets).

The new amber-G guideline will be available on the BEST website in due course.

Amiodarone Shared Care Guideline [MINOR UPDATE]

This guideline has received a minor update in line with the MHRA Alert March 2022, to consider using computerised tomography (CT) scans if pulmonary toxicity is suspected. Patients should be made aware of the need to seek advice if they have new or worsening respiratory symptoms.

An amiodarone patient alert card is available for all patients that take amiodarone. This card includes important safety information including information on side-effects (and their symptoms) and advice on when further medical attention should be sought. Information relating to the alert card has been added to the specialist responsibilities section of the guideline.

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

Shared Care Guideline for Melatonin in Children and Adolescents for sleep disorders [UPDATED]

The Barnsley Formulary preparations have been updated within the guideline and the Formulary will be amended accordingly. See below*.

Adaflex® immediate release tablets are now **first line** in children and adolescents **with ADHD** and other indications where an **immediate release preparation** is suitable **(off label use).**

Melatonin 1mg/ml oral solution (Consilient Health) replaces the Colonis Pharma melatonin 1mg/ml oral solution. The Consilient Health brand does not have the same excipient risk as the Colonis Pharma brand. It is **restricted** to children / adolescents who require medication to be administered via a feeding tube **(off-label use),** or in exceptional circumstances in other patients where Adaflex®, Circadin® and Slenyto® have been trialled without success (as detailed in the shared care guideline).

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

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)**
***Melatonin in Children and Adolescents for sleep disorders SCG**		
Melatonin (Adaflex® tablets)	**First Line** Melatonin preparation for children / adolescents **WITH ADHD** and other indications where an **immediate release formulation** is suitable **(off label use)**	Formulary amber restricted Available in 1mg, 2mg, 3mg, 4mg and 5mg tablets. Can be crushed and mixed with water directly before administration Children and adolescents with both ADHD and ASD diagnoses should be prescribed the formulation(s) which is /are most cost effective to meet the needs of the individual. **Maximum licensed dose 5mg at night** **Doses 6-10mg at night off label use**
Melatonin 1mg/ml oral solution (Consilient Health)	**Restricted** to children / adolescents who require medication to be administered via a feeding tube **(off-label use),** or in exceptional circumstances in other patients where Adaflex®, Circadin® and Slenyto® have been trialled without success (as detailed in the shared care guideline).	Formulary amber restricted **Excipients:** glycerol (E422), sorbic acid, methyl parahydroxibenzoate (E218), sodium hydroxide (for pH adjustments) and purified water **Shelf life after first opening: 6 months.**
Melatonin 1mg/ml oral solution (Colonis Pharma)	N/A	Non-formulary

MHRA Drug Safety Update

The September 2022 MHRA Drug Safety Updates can be accessed at the following links:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1106595/Sept-2022-DSU-PDF.pdf

Issues relating to primary care:

Methylphenidate long-acting (modified-release) preparations: caution if switching between products due to differences in formulations
Prescribers and dispensers should use caution if switching patients between different long-acting formulations of methylphenidate (Concerta XL®, Medikinet XL®, Equasym XL®, Ritalin LA®, and generics) as different instructions for use and different release profiles may affect symptom management. ***Note the modified release brand of choice in Barnsley for new patients is Xenidate® XL tablets.***
Advice for healthcare professionals:

- caution should be used if long-acting formulations of methylphenidate are to be used interchangeably due to the differences between formulations in dosing frequency, administration with food, amount and timing of the modified-release component, and overall clinical effect
- follow specific dosage recommendations for each formulation
- if considering a switch to another long-acting preparation:
  - consult with the patient (and their parent or caregiver if relevant) to discuss the reasons for this and the possible changes they may experience in symptom management and side effects (and what to do if these occur)
  - consider patient preferences such as their individual needs, dose frequency, possible side effects, or other issues related to the patient's condition
  - reiterate the instructions for use for the newly prescribed formulation, especially whether it should be taken with or without food
- clinical guidance advises to prescribe these long-acting formulations of methylphenidate by specifying brand name or by using the generic drug name and name of the manufacturer
- report any suspected adverse drug reactions associated with methylphenidate or other medicines on a Yellow Card

Advice to provide to patients or caregivers:

- there are differences between long-acting methylphenidate medicines in how they release the medicine to manage ADHD symptoms and in the instructions on how to take them
- we have asked doctors and pharmacists to be cautious when switching patients between different long-acting formulations of methylphenidate
- carefully read and follow the advice in the Patient Information Leaflet that comes with your medicine and speak to a healthcare professional if you are concerned about side effects or are concerned about your child's health or medicines
- it is especially important to follow advice on how much methylphenidate to take and to follow instructions on when and how to take it – these can affect how well the medicine works for your ADHD
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Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Management Team
Rebecca Hoskins, 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, South Yorkshire ICB (Sheffield)
Alex Molyneux, South Yorkshire ICB (Doncaster)
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