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Clinical Commissioning Group

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Our Ref: DC/NB

9th February 2021

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 13th January 2021

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines approved by the Committee this month:

Management of Allergic Rhinitis in Primary Care [UPDATED]
Reference to the NHS England 'Guidance on conditions for which over the counter items should not routinely be prescribed in primary care' and a link to the Barnsley Self-Care Guidance has been added. Nasofan® is no longer the 'brand of choice' of fluticasone propionate nasal spray, as the brand is no more cost effective than the generic.

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

Bath Additives and Shower Emollients Area Prescribing Committee Position Statement [NEW]
Bath additives (e.g. Zerolatum®, Aveeno® bath/shower oil) and shower emollients (e.g. E45® shower cream, Oilatum® shower emollient) are included in the NHS England guidance 'Items which should not routinely be prescribed in primary care', with no exceptions. Bath additives / shower emollients have a non-formulary grey classification. No new patients should be initiated on bath additives / shower emollients. Patients currently prescribed bath additives / shower emollients should have their prescription reviewed and these items should be deprescribed in all patients.

Please note: patients advised to use a shower emollient (e.g. Dermol® 200) as a shampoo by a consultant dermatologist may continue to be prescribed their shower emollient on prescription. The dermatological condition it is prescribed for should be documented in the clinical notes.

The new guideline is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Bath%20additives%20and%20shower%20emollients%20position%20statement.pdf

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 / Amber-G guidelines were approved by the Committee this month:

Melatonin in Children and Adolescents Shared Care Guideline [UPDATED]
The melatonin shared care guideline has been updated in line with the changes to the melatonin section of the Barnsley formulary which were agreed by the Committee at the November 2020 APC.
The melatonin section of the formulary is available at the following link:
http://www.barnsleyformulary.nhs.uk/chaptersSubDetails.asp?FormularySectionID=4&SubSectionRef=04.01.01&SubSectionID=A100&drugmatch=3181#3181

The updated shared care guideline is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Melatonin%20Shared%20Care%20Guidelines%20-children%20and%20adolescents.pdf

Minoxidil Amber-G guideline [UPDATED]
The minoxidil Amber-G guideline has received minor amendments in line with the SPC and BNF.

The updated Amber-G guideline is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Minoxidil%20Amber%20with%20guidance.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)
New Product Applications		
Nualtra® Altrajuce	Oral Nutritional Supplement	Formulary green The ONS prescribing guidelines

		for Adults are currently being updated to include Nualtra® Altrajuce.
Aymes® Actacal Creme	Oral Nutritional Supplement	Formulary amber-G The ONS prescribing guidelines for Adults are currently being updated to include Aymes® Actacal Creme.
Other		
Lidocaine Hydrochloride 1% Injection	Local anaesthetic	Formulary green
Galcanezumab	Migraine prevention	Formulary red

MHRA Drug Safety Update

The December 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/945824/Dec-2020-DSU-PDF-1712.pdf

Systemic and inhaled fluoroquinolones: small risk of heart valve regurgitation; consider other therapeutic options first in patients at risk

Fluoroquinolones should only be used after careful benefit-risk assessment and after consideration of other therapeutic options in patients at risk for heart valve regurgitation (incompetence).

Advice for healthcare professionals:

- fluoroquinolones are authorised for use in serious, life-threatening bacterial infections
- systemic (by mouth or injection) and inhaled fluoroquinolones have been associated with a small increased risk of heart valve regurgitation, with one retrospective case-control study suggesting a 2-fold increased relative risk with current oral fluoroquinolone use compared with the risk with use of amoxicillin or azithromycin
- fluoroquinolones should only be used after careful benefit-risk assessment and after consideration of other therapeutic options in the following patients at risk:
  - patients with congenital heart valve disease or pre-existing heart valve disease
  - patients diagnosed with connective tissue disorders (for example, Marfan syndrome or Ehlers-Danlos syndrome)
  - patients with other risk factors or conditions predisposing for heart valve regurgitation (for example, hypertension, Turner's syndrome, Behçet's disease, rheumatoid arthritis, and infective endocarditis)
- advise patients, especially those at risk, of the importance of seeking immediate medical attention if they experience:
  - a rapid onset of shortness of breath, especially when lying down flat in bed
  - swelling of the ankles, feet, or abdomen
  - new-onset heart palpitations
- due to the small increased risk of aortic aneurysm and dissection, we have previously advised that fluoroquinolones should only be used after careful assessment of the benefits and risks in patients at risk of aneurysms and after consideration of other therapeutic options
- fluoroquinolones have also been associated with disabling, long-lasting or potentially irreversible adverse reactions affecting musculoskeletal and nervous systems – treatment should be discontinued at the first signs of a serious adverse reaction, including tendon pain or inflammation
- report suspected adverse drug reactions associated with fluoroquinolone antibiotics via the Yellow Card Scheme

Erythromycin: caution required due to cardiac risks (QT interval prolongation); drug interaction with rivaroxaban

Erythromycin has been associated with events secondary to QT interval prolongation such as cardiac arrest and ventricular fibrillation. Erythromycin should not be given to patients with a history of QT interval prolongation or ventricular cardiac arrhythmia, including torsades de pointes, or patients with electrolyte disturbances.

A potential drug interaction between rivaroxaban and erythromycin resulting in increased risk of bleeding has also been identified.

Advice for healthcare professionals:

- be aware of reports of cardiotoxicity (QT interval prolongation) with macrolide antibiotics, in particular with erythromycin and clarithromycin
- erythromycin should not be given to:
  - patients with a history of QT interval prolongation (congenital or documented acquired QT interval prolongation) or ventricular cardiac arrhythmia, including torsades de pointes
  - patients with electrolyte disturbances (hypokalaemia or hypomagnesaemia due to the risk of arrhythmia associated with QT interval prolongation)
- consider the potential benefit of treatment against the cardiac risks when prescribing in patients at increased risk of a cardiac event; patients in whom caution is needed are those with:
  - cardiac disease or heart failure
  - conduction disturbances or clinically relevant bradycardia
  - those concomitantly taking other medicines associated with QT interval prolongation
- direct patients to the patient information leaflet and remind at-risk patients of the importance of seeking medical attention if they develop signs or symptoms of a cardiac event
- erythromycin is widely used in children, some of whom may have QT interval prolongation; therefore, consider the child's medical history and balance the treatment benefits against the potential risks
- erythromycin may interact with rivaroxaban and increase the risk of bleeding – consider this interaction when prescribing antibiotics and follow precautions in the product information if concomitant use is necessary
- report suspected adverse drug reactions (ADRs) associated with erythromycin to the Yellow Card Scheme

Erythromycin: update on known risk of infantile hypertrophic pyloric stenosis

Updates have been made to the magnitude of the known risk of infantile hypertrophic pyloric stenosis following exposure to erythromycin in infancy as a result of new epidemiological data. The risk is particularly increased in the first 14 days after birth. Weigh the benefit of erythromycin therapy in infants against the potential risk of infantile hypertrophic pyloric stenosis.

Advice for healthcare professionals:

- an increased risk of infantile hypertrophic pyloric stenosis following exposure to erythromycin in infancy has been reflected in the product information for some time
- data from three recent meta-analyses has led to updates for the magnitude of increased risk with erythromycin use during infancy in general, and to reflect that the risk is highest in the first 14 days after birth
- consider the benefit of erythromycin therapy against the potential risk of developing infantile hypertrophic pyloric stenosis
- advise parents to seek advice from their doctor if vomiting or irritability with feeding occurs in infants during treatment with erythromycin
- report suspected adverse drug reactions (ADRs) to the Yellow Card Scheme

Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Management Team
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Sarah Petty, BHNFT
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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