

Our Ref: DC/NB

6th November 2023

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meeting on 11th October 2023.

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee and will be available on the BEST website in due course:

Heart Failure Pathway [NEW]

This guideline details heart failure diagnosis and services along with treatment guidelines. Primary care clinicians can refer patients directly to the diagnostic heart failure clinic and the guideline outlines the referral requirements.

Osteoporosis Management in Primary Care – Summarised Pathway [NEW]

This guideline summarises the various Barnsley osteoporosis guidelines available; it is not a stand-alone pathway. This Osteoporosis Summary Pathway will be made available on the following page of the BEST website: [Bone health / Osteoporosis / Bisphosphonates Local guideline or pathway \(barnsleyccg.nhs.uk\)](https://www.barnsleyccg.nhs.uk/bone-health/osteoporosis/bisphosphonates-local-guideline-or-pathway)

Barnsley Emollient Formulary Choices Guidance [NEW]

This new guideline outlines the points to take into consideration when prescribing emollients and includes information on suggested quantities to prescribe and formulary options.

The Epimax® range of emollients has replaced the Zeroderma® range of emollients as the first line brand of choice on the Barnsley formulary. A table summarising the formulary choices (separated into ointments, creams, gels, lotions, colloidal oatmeal and paraffin-free emollients) has been included within the guideline. The formulary changes are also included in the table on page 5.

South Yorkshire Self-Care Guidance - Guidance on conditions for which over the counter items should not routinely be prescribed in primary care [NEW]

This guidance has been adapted from the Barnsley Self-Care Guidance which has recently been updated. The Barnsley Place specific information/ guideline links which have been removed from the guideline will be added to the holding page on the BEST website when the guideline is uploaded.

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

This guideline has been updated with the following changes:

- Changes to the positioning of some of the products in liaison with the dietitians, taking into account price changes.
- Items which are temporarily unavailable have been highlighted (these will revert to being first line options again when the temporary stock issues have resolved and therefore remain in the guideline). Pregestimil® Lipil has been discontinued and removed from the guideline.
- Additional information* added for one product (Nutramigen 2® with LGG) as its preparation instructions have changed and are now non-standard compared to all the other formulae.
**preparation instructions differ to other milk formulas. Contains probiotics. Not suitable for premature or immunocompromised infants.*
- Updated referral contact information for community paediatric dietitians.

Amber G / Shared Care Guidelines

The following amber-G / shared care guidelines were approved by the Committee and will be added to the BEST website:

South Yorkshire Shared Care Protocol for the Use of Efmody® in Patients with Adrenal Insufficiency (CAH) [NEW]

The Committee received the Efmody® shared care protocol which has been endorsed by the South Yorkshire Integrated Medicines Optimisation Committee. A link to the guideline will be made available on the BEST website.

Cabergoline for hyperprolactinaemic disorders Amber-G guideline [UPDATED]

This Amber-G guideline has undergone a routine update with minor changes.

SGLT2 Inhibitors: Dapagliflozin (Forxiga®) and Empagliflozin (Jardiance®) for Heart Failure with reduced Ejection Fraction (HFrEF) and Dapagliflozin (Forxiga®) for Heart Failure with preserved ejection fraction (HFpEF) Amber-G guideline [UPDATED]

This Amber-G guideline has been updated to include empagliflozin for heart failure with reduced ejection fraction and dapagliflozin for heart failure with preserved ejection fraction in line with recommendations within the relevant NICE TAs.

GLP-1 agonists: Liraglutide (Victoza®) Lixisenatide (Lyxumia®) Dulaglutide (Trulicity®) Semaglutide (Ozempic®▼ injection and Rybelsus® ▼oral tablets) Amber G guideline [UPDATED]

This Amber-G guideline has been updated, key changes include:

- Addition of GLP-1 agonist short supply information section and a link to the Medicines Supply Notification (MSN).
- Inclusion of semaglutide (Rybelsus®▼) oral tablets.
- Update to indication section to include:
 - NICE NG28 guidance on prescribing triple therapy with a GLP-1 agonist in patients with type 2 diabetes.
 - Update to the SIGN 154 guidance section to include dulaglutide and semaglutide which both now have proven cardiovascular benefits.

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/>

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](#)

Other

ADHD medication shortage

The Committee discussed the [national patient safety alert](#) issued on 27th September 2023 relating to the shortage of methylphenidate prolonged-release capsules and tablets, lisdexamfetamine capsules, and guanfacine prolonged-release tablets. The Medicines Management Team have been supporting practices with the actions detailed in the alert.

SWYFT have produced supporting resources which were circulated to primary care clinicians last month. The resources have also been enclosed with this memo.

It was highlighted that patients on guanfacine are at particular risk if they are unable to obtain a supply as guanfacine should not be stopped abruptly (risk of rebound hypertension). Refer to the supporting resources for further information.

Citalopram oral drops 40mg/ml

Following recent issues locally relating to the prescribing and administration of citalopram oral drops, clinicians are reminded to exercise care when prescribing and dispensing, noting the following points:

- The dose instructions for citalopram oral drops should be expressed in terms of both the number of drops and the dose in milligrams, for example 8 drops (16mg) once daily.
- Citalopram oral drops solution has an approximately 25% higher bioavailability compared to tablets and this should be taken into consideration when switching from tablets to liquid:

Dose of citalopram in TABLET form	Equivalent dose of citalopram in DROP form	Number of DROPS to deliver the required dose
10 mg	8 mg	4 drops
20 mg	16 mg	8 drops
30 mg	24 mg	12 drops
40 mg	32 mg	16 drops

- The dose instructions for escitalopram oral drops should also include both the number of drops and the dose in milligrams, for example 10 drops (10mg) once daily. Escitalopram oral drops solution and escitalopram tablets are bioequivalent. Escitalopram oral drops have a grey classification on the Barnsley formulary.

The Medicines Management Team will provide support in reviewing prescriptions for citalopram and escitalopram oral drops to ensure that the dose instructions include both the numbers of drops and dose in milligrams.

DOACs national commissioning recommendations

Following the reduction in the Drug Tariff price of generic apixaban in October, NHS England have confirmed that there continues to be uncertainty around the apixaban patent (which would potentially impact on pricing and stock availability) and edoxaban therefore remains the recommended DOAC in new patients at this time. It is recommended that DOACs are not changed in existing patients unless there is a clinical reason to do so.

In summary:

- New patients – edoxaban remains the first line DOAC where clinically appropriate.
- Existing patients – do not switch DOAC unless there is a clinical reason to do so.

Any further updates will be shared when available.

COVID guidance review

A review of the prescribing and medicines related guidelines which were developed during the Covid pandemic has been completed. The Committee agreed that most of the guidance could now be stepped down in line with national guidance. These guidelines will be removed from the BEST website.

Please note that the information circulated more recently regarding Covid medicines treatment pathways together with details of the pharmacies participating in the Covid medicines supply services remains available on the South Yorkshire ICB website:

<https://southyorkshire.icb.nhs.uk/our-information/medicines-optimisation/therapeutic-area-guidance/covid-19>

Medication changes – a guide for patients [UPDATED]

This leaflet has received minor updates.

Barnsley Formulary Updates

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

Drug	Formulary Indication	Formulary status (including traffic light classification)
October 2023 IMOC TLDL Sub-group list		
Hyaluronic acid Intra-articular injections	Osteoarthritis	Non-formulary grey
Lutein and antioxidants (All dietary antioxidants and supplements to prevent AMD)	Age related macular degeneration (AMD)	Non-formulary grey Lutein and antioxidants are include in the NHSE guidance: Items which should not routinely be prescribed in primary care
Levofloxacin	Fluoroquinolone antibiotic	Formulary amber-G (previously formulary grey)
Betula Verrucosa (Itulazax®)	Moderate-to-severe allergic rhinitis and/or conjunctivitis induced by pollen from the birch homologous group	Non-formulary grey (previously non-formulary provisional red)
Travel Vaccines		Formulary grey Travel vaccines are include in the NHSE guidance: Items which should not routinely be prescribed in primary care
Ketoprofen (topical)	Topical NSAID	Non-formulary grey Areas of skin treated with ketoprofen 2.5 % gel should not be exposed to direct sunlight, or solarium ultraviolet light, either during treatment or for two weeks following treatment discontinuation, in order to avoid phototoxicity reactions and photoallergy.
Loxapine	Mild-to-moderate agitation in patients with schizophrenia or bipolar disorder	Non-formulary grey (previously non-formulary provisional red)

October 2023 IMOC Horizon Scanning		
Dengue vaccine (Qdenga®)	Prevention of dengue disease in individuals aged ≥4 years	Non-formulary grey Not yet included in the Green Book
Emollient formulary section will be updated with the information below in line with the emollient guideline:		
Epimax® original cream	Emollient	Formulary green First line choice emollient cream. Alternative to Diprobase® cream/ Zerobase® cream.
Epimax® moisturising cream	Emollient	Formulary green Second line choice emollient cream. Please note contains lanolin. Alternative to E45® cream/ Zerocream® cream.
Epimax® excetra cream	Emollient	Formulary green Third line choice emollient cream. Alternative to Cetraben® cream.
Epimax® ointment	Emollient	Formulary green First line choice emollient ointment Alternative to Epaderm® ointment/ Hydromol® ointment/ Zeroderm® ointment.
AproDerm® emollient ointment	Emollient	Formulary green Second line choice emollient ointment.
Epimax® isomol gel	Emollient	Formulary green First line choice emollient gel. Alternative to Doublebase® gel/ Zerodouble® gel.
AproDerm® gel	Emollient	Formulary green Second line choice emollient gel.
Miclaro® oat lotion	Emollient	Formulary green First line choice emollient lotion.
QV® skin lotion	Emollient	Formulary green Second line choice emollient lotion.
Epimax® oatmeal cream	Emollient	Formulary green First line choice colloidal oat emollient. Alternative to Aveeno® cream/ Zeroveen® cream. Also fourth line choice emollient cream.
Miclaro® oat cream	Emollient	Formulary green Second line choice colloidal oat emollient.
Epimax® paraffin- free ointment	Emollient	Formulary green First line choice Paraffin-Free emollient - where specifically indicated for paraffin sensitive patients or patients using oxygen therapy. Also alternative choice emollient ointment.
Aproderm® colloidal oat cream	Emollient	Formulary green Second line choice Paraffin-Free emollient - where specifically indicated for paraffin sensitive patients or patients using oxygen therapy. Also alternative choice colloidal oat emollient.
AproDerm® emollient Cream	Emollient	Formulary green Alternative choice emollient cream.
ZeroAQS® cream	Emollient	Non- formulary green (previously formulary green)
Zerobase® cream	Emollient	Non- formulary green (previously formulary green)

Medicines Optimisation Scheme QIPP areas – Change to preferred brands or generic prescribing only, traffic light classification/ formulary status remains the same.		
Glycopyrronium Bromide (Assicco® tablets)	Symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders	It is more cost effective to prescribe oral glycopyrronium bromide as the brand Assicco® in primary care.
Generic Melatonin 2mg MR tablets	Refer to the Melatonin Shared Care Guideline	It is more cost-effective to prescribe melatonin 2mg MR tablets generically rather than as Circadin® 2mg PR tablets. Generic melatonin 2mg MR tablets will be incorporated into the shared care guideline. (formulary amber)
Hypromellose 0.3% eye drops	Dry eye	Brand prescribing is now recommended. Aaculose® Hypromellose is the brand of choice in primary care. (formulary green)
Other		
Capsaicin patch (Qutenza®)	Peripheral neuropathic pain	Non-formulary red (previously non-formulary grey)
Lixisenatide (Lyxumia®)	Type 2 diabetes	Non-formulary amber-G (previously formulary amber-G) in line with the updated GLP-1 agonist Amber-G guideline. For existing patients only.
Rimegepant oral lyophilisate	In line with NICE TA906 recommendations for preventing migraine	Formulary red (previously non-formulary provisional grey)

The Barnsley Formulary can be accessed at the link below:

<http://www.barnsleyformulary.nhs.uk/>

MHRA Drug Safety Update

The September 2023 MHRA Drug Safety Update can be accessed at the following link:

[Drug Safety Update \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1154443/drug-safety-update-september-2023.pdf)

Issues relating to primary care:

Statins: very infrequent reports of myasthenia gravis
<p>Globally, there has been a very small number of reports of new-onset or aggravation of pre-existing myasthenia gravis with atorvastatin, pravastatin, lovastatin, fluvastatin, simvastatin, rosuvastatin and pitavastatin (single-ingredient and fixed-dose combination products). Advise patients taking statins to be alert to new symptoms for myasthenia gravis, or worsening symptoms of pre-existing myasthenia gravis, and to seek medical advice if these occur.</p>
<p>Advice for healthcare professionals:</p> <ul style="list-style-type: none"> • there have been some suspected reports of new-onset or aggravation of pre-existing myasthenia gravis or ocular myasthenia associated with statin use; the current frequency of these adverse events is not known but given the extensive use of statins in the population, the reports are understood to be very infrequent • the majority of UK reports note that the patient recovered after stopping statin treatment, while a minority continued to experience symptoms; recurrence of symptoms has been reported when patients restarted on the same or a different statin • refer patients presenting with suspected new-onset myasthenia gravis after starting statin therapy to a neurology specialist – it could be necessary to discontinue statin treatment depending on the assessment of the individual benefits and risks • advise patients with pre-existing myasthenia gravis to be alert to aggravation of symptoms while taking a statin (see advice below); it could be necessary to discontinue statin treatment depending on the assessment of the individual benefits and risks • report suspected adverse drug reactions associated with statins on a Yellow Card

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

- statins are important medicines to lower a person's risk of having cardiovascular events such as angina, heart attacks and stroke
- many people who take statins do not experience side effects and, where this does happen, these are typically mild – but it is important to read the Patient Information Leaflet that comes with your medicine and talk to a healthcare professional if you are experiencing problems
- do not stop your statin treatment without first discussing this with your doctor
- before taking a statin, inform your doctor if you have history of myasthenia gravis or ocular myasthenia
- talk to your doctor if you experience weakness in your arms or legs that worsens after periods of activity, double vision or drooping of your eyelids, difficulty swallowing, or shortness of breath
- seek medical help immediately if you develop severe breathing or swallowing problems

Fluoroquinolone antibiotics: suicidal thoughts and behaviour

Healthcare professionals prescribing fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) are reminded to be alert to the risk of psychiatric reactions, including depression and psychotic reactions, which may potentially lead to thoughts of suicide or suicide attempts. Healthcare professionals are also reminded to advise patients to be alert to these risks.

Advice for healthcare professionals:

- advise patients to carefully read the advice in the Patient Information Leaflet about possible psychiatric reactions, and to seek medical advice if they experience these symptoms
- when prescribing a fluoroquinolone, advise patients to be alert to any mood changes, distressing thoughts, or feelings about suicide or harming themselves at any point during treatment
- note that fluoroquinolones can exacerbate existing psychiatric symptoms
- advise patients to seek medical advice if they develop such thoughts or behaviours, and ensure that a suitable referral for treatment is made, if necessary
- fluoroquinolones should be discontinued at the first signs of a serious adverse reaction, including new or worsening depression or psychosis
- report suspected adverse drug reactions (ADRs) to the [Yellow Card Scheme](#)

Advice for healthcare professionals to provide to patients and caregivers:

- fluoroquinolone antibiotics are a group of antibiotics that include ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, and ofloxacin – sometimes these medicines may also have a brand name so patients should check the details of all antibiotics prescribed to them
- if you are prescribed one of the antibiotics listed above and you suffer from depression or psychosis, tell your healthcare professional – this is important as your symptoms may become worse under treatment
- psychiatric reactions include confusion, disorientation, anxiety, depression and suicidal thoughts or suicide attempts
- you may not notice some changes in your mood and behaviour so it is very important to tell your friends and family that you are taking these medicines, and that they have rare psychiatric side effects associated with them – others may notice changes and help you quickly identify any symptoms that you need to talk to your doctor about
- if you develop thoughts of suicide or have attempted suicide, do not take any further doses of your fluoroquinolone, and talk to your doctor or another healthcare professional immediately

Regards



Deborah Cooke
Lead Pharmacist

enc: ADHD Medication Shortage FAQs and patient/carer information

cc: Medicines Management Team, South Yorkshire ICB (Barnsley Place)
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Nisha Pounj-Taylor, 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, Chief Pharmacy Officer, South Yorkshire ICB
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