NHS
Barnsley
Clinical Commissioning Group

Medicines Management Team
Hillder House
49/51 Gawber Road
Barnsley
South Yorkshire
S75 2PY

Tel: 01226 433798

Website: www.barnsleyccg.nhs.uk
http://twitter.com/nhsbarnsley
www.facebook.com/nhsbarnsley

Our Ref: DC/NB

6th January 2022

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 8th December 2021

The main outcomes of the meetings were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Needles for pre-filled and resuable pens Area Prescribing Committee Position Statement [NEW]

This position statement has been developed following the inclusion of insulin pen needles costing more than £5 per 100 needles in the NHS England guidance **'Items which should not routinely be prescribed in Primary Care'** with no exceptions.

The prescribing of insulin pen needles that cost greater than £5 per 100 needles is not supported by the Committee for any indication. Insulin pen needles above this threshold have a grey non formulary classification.

In line with NHS England guidance:

- No new patients should be initiated on insulin pen needles that cost greater than £5 per 100 needles.
- Patients currently prescribed insulin pen needles that cost greater than £5 per 100 needles should have their prescription reviewed and the insulin pen needles switched to the Barnsley Formulary brand of choice (GlucoRx Carepoint - first choice, BD Viva – second choice).
- Safety needles should not be prescribed in primary care unless the 'exceptional circumstances' detailed in the position statement are met:
    - In 'exceptional circumstances', for third party carers e.g. school, care home, childminder, relative etc, safety needles may be prescribed on an FP10. The first line cost effective choice is GlucoRx safety needles (grey classification on the Barnsley Formulary for use in these exceptional circumstances only).
    - For patients unable to self-administer it may be appropriate for the healthcare professional to use a safety needle but these would not be prescribed on an FP10 prescription. It is the healthcare professional employer's responsibility to provide these for their staff.

In addition the forum for injection technique (FIT) UK recommends a 4mm needle as the safest pen needle for adults and children regardless of age, gender and Body Mass Index. They also state that a 4mm pen needle inserted perpendicularly is long enough to penetrate the skin and enter subcutaneous tissues, with little risk of intramuscular injection.

Patients currently using longer pen needle lengths (6mm, 8mm and 12mm), should be advised to change to a shorter length needle (4mm or 5mm) with advice from a healthcare professional on the correct injection technique.

Adult Iron Deficiency Anaemia (IDA) Pathway [NEW]

This pathway was approved at the October meeting. Further amendments have been made following a gastroenterology paper which was published in the BMJ in September 2021: British Society of Gastroenterology guidelines for the management of iron deficiency anaemia in adults | Gut (bmj.com)

The updated IDA pathway will be available on 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 / Amber-G Guidelines

There were no shared care guidelines approved by the Committee this month.

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 October 2021		
Betula Verrucosa (Itulazax®) oral lyophilisate	Moderate-to-severe allergic rhinitis and/or conjunctivitis induced by pollen from the birch homologous group	Non-formulary provisional red

Mometasone and Olopatadine (Ryaltris®) nasal spray	Allergic rhinitis	Non-formulary provisional grey
Standardised allergen extract from house dust mites D. pteronyssinus and D. farinae (Acarizax®) oral lyophilisate	Moderate to severe house dust mite allergic rhinitis [in patients who have failed to respond to anti-allergy drugs]	Non-formulary provisional amber South Yorkshire Amber guidance in development
Grass pollen extract (Grazax®) oral lyophilisate	Disease-modifying treatment of grass pollen induced rhinitis and conjunctivitis.	Non-formulary provisional amber South Yorkshire Amber guidance in development
Management of children and young adults with suspected vitamin D deficiency in primary care update (approved at October 2021 APC).		
Invita D3® 25,000 IU/ml oral solution	Vitamin D Supplementation	Formulary green Children's Vitamin D guidance available at: MSK: Vitamin D Guidelines - Children (APC Approved) Prescribing guideline (barnsleyccg.nhs.uk)
Pro-D3 vegan liquid 2000IU/ml	Vitamin D Supplementation	Formulary green Children's Vitamin D guidance available at: MSK: Vitamin D Guidelines - Children (APC Approved) Prescribing guideline (barnsleyccg.nhs.uk) Self-care guidance available at: Self_Care_Guidance.pdf (barnsleyccg.nhs.uk) ONLY for use in vegan patients Please note this is an unlicensed food supplement
Pain and neurology formulary review		
Tramadol orodispersible 50mg tablets (Zamadol Melt®)	Treatment of moderate to severe pain.	Non-formulary grey. Practices are asked to review any existing prescribing.
Frovatriptan 2.5mg tablets	For use in line with NICE CG 150 Overview | Headaches in over 12s: diagnosis and management | Guidance | NICE For women and girls with predictable **menstrual-related migraine** that does not respond adequately to standard acute treatment, consider treatment with frovatriptan (2.5 mg twice a day) on the days migraine is expected **(off-label use)**	Formulary green for use in line with NICE CG 150 (previously non-formulary grey).
Naratriptan 2.5mg tablets	Acute treatment of migraine attacks with or without aura.	Formulary green (previously non-formulary grey). Second line oral triptan (sumatriptan tablets remain the first line option).

Other		
Dapoxetine (Priligy®)	Treatment of premature ejaculation (PE) in adult men aged 18-64 who meet specific criteria detailed in the SPC.	Formulary amber-G Amber-G guideline in development
Dapagliflozin	Type 1 diabetes	Removed from the formulary for this indication (previously formulary red) NICE TA597 'Dapagliflozin with insulin for treating type 1 diabetes' has been withdrawn because dapagliflozin with insulin is no longer licensed for treating type 1 diabetes.
Sucralfate 1g/5ml oral suspension	Benign gastric ulceration, benign duodenal ulceration chronic gastritis, prophylaxis of stress ulceration	Formulary red (This preparation has replaced the unlicensed special order product on the formulary)
Inclisiran (Leqvio®)	Primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia TA 733: Overview | Inclisiran for treating primary hypercholesterolaemia or mixed dyslipidaemia | Guidance | NICE	Formulary amber (previously formulary red). Inclisiran is included in the national lipid management pathway. Discussions regarding local implementation of the pathway are ongoing.

MHRA Drug Safety Update

The November 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/1033823/Nov-2021-DSU-PDF.pdf

Issues relating to primary care:

Adrenaline auto-injectors: reminder for prescribers to support safe and effective use
Emerade 300 and 500 microgram adrenaline auto-injectors have been re-supplied to the market following the implementation of corrective actions – patients and their caregivers should be provided with training and advice specific to their prescribed adrenaline auto-injector. Follow the advice in the Summary of Product Characteristics for dosing considerations and continue to reiterate to patients the importance of carrying 2 in-date adrenaline auto-injectors with them at all times.
Advice for healthcare professionals: • Emerade 300 microgram and 500 microgram adrenaline auto-injectors have been re-supplied to the market following the implementation of corrective actions to resolve the issue that caused some devices to fail to activate and deliver adrenaline • for each adrenaline auto-injector, follow advice in the Summary of Product Characteristics to prescribe appropriate doses for individual patients (see section on dosing considerations) • remind patients to follow existing advice to carry 2 in-date adrenaline auto-injectors with them at all times and to replace them before they expire • provide patients and their caregivers with training and advice specific to their prescribed adrenaline auto-injector; encourage them to order a trainer device from the manufacturer to ensure they are familiar with using their auto-injector

- suspected adverse drug reactions or defective medicines should be reported to the Yellow Card Scheme

Advice for healthcare professionals to provide to patients:

- the 300 and 500 microgram strengths of Emerade are being made available again, following corrections made to the auto-injector device
- the Epipen and Jext brands of adrenaline auto-injector in a strength of 300 microgram continue to be suitable alternatives to the Emerade 500 microgram adrenaline auto-injector; this has been confirmed by measurement of adrenaline blood levels following administration
- it is vital to carry 2 in-date adrenaline auto-injectors with you at all times and replace them before they expire
- make sure you and your caregivers know when and how to use your adrenaline auto-injector before you need to use it in an emergency; practice with a training device so you are familiar with how your particular auto-injector works
- always read the Patient Information Leaflet that accompanies your medicines and ask your doctor, nurse, or pharmacist if you have any questions
- you should use your adrenaline auto-injector as soon as you suspect a severe allergic reaction (anaphylaxis), especially any signs affecting your airway (swelling of your tongue or a feeling of constriction in your throat), breathing (wheezing, difficulty in breathing), or your circulation (feeling faint, dizzy, cold clammy skin)
- At first signs of anaphylaxis:
  1. Use an adrenaline auto-injector immediately; do not delay
  2. Call 999, ask for an ambulance, and say ana-phyl-ax-is (even if symptoms appear to be improving after using an auto-injector)
  3. Lie down and raise your legs
  4. Use a second auto-injector if your symptoms haven't improved after 5 minutes
  5. Lying down is important to keep blood flowing to your organs; you can sit up if you are struggling to breathe, but keep your legs elevated as far as possible and lie back down again as soon as you can

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, NHS Sheffield CCG
Alex Molyneux, NHS Doncaster CCG
Stuart Lakin, NHS Rotherham CCG