

Our Ref: DC/NB

9th November 2021

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To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meetings on 8th September and 13th October 2021

The main outcomes of the meetings were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Adult Iron Deficiency Anaemia (IDA) Pathway [NEW]

This pathway details the management and treatment of Iron Deficiency Anaemia. There is also a patient information leaflet 'Taking Iron Supplements' and information for GPs on 'Intravenous Iron Infusions of Ferinject®'. The BHNFT patient information leaflet for Ferinject® Iron Infusion and the 'Patient Journey -for Iron Infusion' were also received by the Committee. The new pathway and additional documents will be available on the BEST website in due course.

[Trial of Stopping your Overactive Bladder Drug Patient Information Leaflet \[NEW\]](#)

This patient information leaflet has been developed to support the overactive bladder review work currently being carried out by Practices as part of the Medicines Optimisation Scheme. In line with the [Treatment of Overactive Bladder in Women guideline](#), all patients who have been taking an antimuscarinic drug for at least 6 months should be offered a trial without treatment for a maximum of 4 weeks where clinically appropriate (exclusions include patients with neurological conditions such as multiple sclerosis or difficult social circumstances). The improvement of symptoms may continue after treatment withdrawal.

[Palliative Care Guideline: Management of Seizures/Epilepsy in Patients Unable to Swallow Oral Medication \[UPDATED\]](#)

This guideline has been updated with additional information.

[Palliative Care Guideline: Ketamine \[UPDATED\]](#)

This guideline was updated with no amendments.

Guidance on the use of strong opioids in Barnsley [UPDATED]

The updated guideline (which was previously entitled 'Opioid Comparison Document') makes reference to the recent MHRA alerts; [Opioids: Risk of dependence and addiction](#) and [Transdermal patches for non-cancer pain: do not use in opioid naive patients](#). The guideline has been updated with the brands of choice in Barnsley as detailed on the Barnsley Formulary. A link has also been added to the [Patient Information Leaflet](#) for the safe use and disposal of opioid patches. The updated guideline will be available on the BEST website in due course.

Sayana® Press – Guidance for Primary Care [UPDATED]

This guideline has been updated with minor amendments, including the removal of the upper age limit of 50 years (to include all women of child bearing potential) in line with the SPC. It was acknowledged that stocks of Sayana® Press are currently low.

Barnsley Continence Guide [UPDATED]

The Barnsley Continence Guide has been updated in liaison with local specialists.

Chronic Coronary Syndrome (Previously Known as Stable Angina) – Management [UPDATED]

This guideline has received minor updates and will be available on the BEST website in due course.

Guideline for the Management of Children and Young Adults with Suspected Vitamin D Deficiency in Primary Care (Full and Summary guideline) [UPDATED]

This guideline has been updated and now includes a 2 page summary document.

The changes to the guideline include:

- Rewording of the guidance in line with the PHE statement regarding vitamin D supplements in children up to the age of 4 and additional recommendations during the current COVID-19 pandemic.
- Minor amendments to the 'when to test' section.
- The treatment options have been renamed in line with NICE guidance as 'high dose treatment' and 'high dose poor compliance treatment'.
- Thorens® and InVita® doses are 'off-label' but in line with the NICE CKS guidance.
- There have been slight amendments to the age categories for calcium supplementation in line with NICE guidance.
- The follow up treatment options have been updated in line with the self-care guidance.
- A link to information on children centres and healthy start vitamin supplements has been added.
- Appendix A has been amended to include current recommended doses (off-label in many cases) and reference made to the self-care guidance with regard to maintenance treatment.

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

Barnsley Asthma Guideline for adults – including algorithm and inhaler chart [UPDATED]

The key changes to the asthma guideline are summarised below:

- The guideline now includes additional sections on symptoms, diagnosis and monitoring based on components of the NICE and BTS/SIGN guidance. Previous versions have comprised an algorithm and inhaler table only.
- The algorithm has been changed to a flow chart only, mainly based on NICE guidance but still allowing for some choice if the clinician prefers to use the BTS/SIGN treatment route.
- The inhaler chart has been simplified to reduce the number of inhaler device types and to try to ensure the same inhaler device can be maintained as treatment is stepped up or down regardless of the type of device chosen (MDI, DPI, once daily etc).

- New additions are the Fobumix® Easyhalers, Kelhale® in place of QVAR®, and the Elliptas® (to provide a cost effective once daily low carbon footprint option).
- AirFlusal Forspiro®, Duoresp® and Symbicort® are no longer listed. Existing patients can remain on these.
- Salamol® MDI has replaced generic salbutamol MDI (Salamol® is a small volume canister containing less propellant than other salbutamol MDIs such as Ventolin®).
- Choice of inhaler should be driven by patient choice, device acceptability and consideration of carbon footprint. The carbon footprint is listed alongside each inhaler.

Relevant changes will be made to the Barnsley Formulary and the updated guidance (enclosed with this memo) will be available on the BEST website in due course.

Adult Primary Care Antimicrobial Treatment Guidelines [MINOR UPDATE]

The Clostridium Difficile, Cellulitis and recurrent UTI in non-pregnant women sections have been updated in line with NICE guidance. The updated guideline will be available on the BEST website in due course.

Management of Allergic Rhinitis in Primary Care [MINOR UPDATE]

The guideline has received minor amendments regarding OTC availability and OTC age restrictions.

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 guidelines were approved by the Committee:

Dapagliflozin (Forxiga®) for Heart Failure with reduced Ejection Fraction (HfrEF) Amber-G guideline [NEW]

This Amber-G guideline has been developed following NICE [TA679](#) evidence-based recommendations on the use of dapagliflozin for symptomatic chronic heart failure with reduced ejection fraction in adults.

SYB Shared Care Protocol for the Treatment of Parkinson's Disease [UPDATED]

The Committee received the final draft of this collaborative SYB Shared Care Protocol. The updated Shared Care Protocol will be uploaded to the BEST website in due course once the final version is received.

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>

Other

Phyllocontin® Reviews

In February 2021 an [alert](#) was issued advising that Phyllocontin® (aminophylline MR tablets) were due to be discontinued in the UK and supplies were expected to be exhausted by April 2021.

The alert advised that all patients should be reviewed to determine if a methylxanthine was still required (as it may be of a minimal benefit with a significant side effect profile) and their inhaled therapies optimised. Patients who still required a methylxanthine should be switched to Uniphyllin Continus® (theophylline MR tablets).

Due to the number of patients within Barnsley who were prescribed Phyllocontin® it was acknowledged that it would not be possible for all patients to be reviewed before supplies were due to be exhausted. The Area Prescribing Committee agreed that patients could be switched to Uniphyllin Continus® and separate discussions would take place to plan how these patients could be scheduled for treatment review. Local [switching guidance](#) was endorsed by the Committee in March 2021.

Since then a considerable amount of work has been undertaken in primary care and many patients have been switched to Uniphyllin® Continus.

Following discussions with the LMC and other key stakeholders, it has been agreed that any remaining reviews will be undertaken in primary care. Patients should be reviewed in line with the recommendations in the alert. The updated asthma guideline has been enclosed with this memo and the [COPD guideline](#) is available on the BEST website. Please liaise with the Clinical Pharmacist in your practice if further information is needed.

Proposed process for sending shared care requests electronically

The proposal was accepted by the Committee. The shared care agreement request form can be completed by the specialist and sent by email to the GP practice safe haven account together with details of where the completed form should be returned to if this information is not already detailed on the request form (*this will be included in new shared care guidelines and added to existing guidelines when they are next reviewed*).

The GP or other primary care clinician should consider and action the request (the process for actioning and saving in the patient's record should be determined by the individual GP practice). The relevant section(s) of the agreement form should be completed by the GP practice and returned electronically to secondary care.

Templates for Shared Care and Amber-G guidelines [UPDATED]

The Shared Care and Amber-G guideline templates have received a routine update. It was agreed that going forward all prescribing and shared care guidelines will have a 3 year review date.

The Amber-G header has been updated to reflect that Amber-G drugs should be recommended or initiated by a specialist* with follow up prescribing and monitoring by primary care clinicians.

**Specialist is defined by the APC as a clinician who has undertaken an appropriate formal qualification or recognised training programme within the described area of practice.*

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 August 2021		
Baloxavir marboxil (Xofluza®)	Treatment of uncomplicated influenza and for post-exposure prophylaxis of influenza.	Non-formulary provisional grey
Beclometasone and formoterol (Luforbec®)	Asthma, Severe COPD	Non-formulary provisional grey
Dapagliflozin (Forxiga®)	Chronic kidney disease	Non-formulary provisional red (Note that the traffic light status of dapagliflozin varies dependent on indication)
Empagliflozin (Jardiance®)	Treatment of symptomatic chronic heart failure with reduced ejection fraction	Non-formulary provisional red (Note that the traffic light status of empagliflozin varies dependent on indication)
Herpes zoster vaccine (Shingrix®)	Prevention of herpes zoster and post-herpetic neuralgia in adults aged ≥50 years, and in adults aged ≥18 years at increased risk of herpes zoster	Formulary green
Tiotropium (Tiogiva®)	COPD	Non-formulary provisional grey
Updated Barnsley Asthma Guideline for Adults		
Fobumix® Easyhalers 160/4.5 and 320/9 (budesonide/formoterol)	Asthma	Formulary green (previously non-formulary provisional grey)
Relvar® Ellipta (fluticasone furoate/vilanterol)	Asthma and COPD	Formulary green
Duosp® Spiromax (budesonide/formoterol)	Asthma and COPD	Non-formulary provisional green (previously formulary green) For existing patients only
Other		
Ferric Maltol (Ferraccru®)	Iron-deficiency anaemia	Formulary green for use in line with Adult Iron Deficiency Anaemia (IDA) Pathway (previously formulary red) The Adult Iron Deficiency Anaemia Pathway will be available on the BEST website in due course
Dapagliflozin (Forxiga®)	Heart Failure with reduced Ejection Fraction	Formulary Amber-G (previously formulary red) (Note that the traffic light status of dapagliflozin varies dependent on indication)

MHRA Drug Safety Update

The August 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/1011467/Aug-2021-DSU-PDF.pdf

The September 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/1017844/Sep-t-2021-DSU-PDF.pdf

Issues relating to primary care:

Topical corticosteroids: information on the risk of topical steroid withdrawal reactions

Rarely, severe adverse effects can occur on stopping treatment with topical corticosteroids, often after long-term continuous or inappropriate use of moderate to high potency products. To reduce the risks of these events, prescribe the topical corticosteroid of lowest potency needed and ensure patients know how to use it safely and effectively.

Advice for healthcare professionals:

- long-term continuous or inappropriate use of topical corticosteroids, particularly those of moderate to high potency, can result in the development of rebound flares after stopping treatment – there are reports of such flares taking the form of a dermatitis with intense redness, stinging, and burning that can spread beyond the initial treatment area
- when prescribing a topical corticosteroid, consider the lowest potency needed
- advise patients on the amount of product to be applied; underuse can prolong treatment duration
- inform patients how long they should use a topical corticosteroid, especially on sensitive areas such as the face and genitals
- inform patients to return for medical advice if their skin condition worsens while using topical corticosteroid, and advise them when it would be appropriate to re-treat without a consultation
- for patients currently on long-term topical corticosteroid treatment, consider reducing potency or frequency of application (or both)
- be vigilant for the signs and symptoms of topical steroid withdrawal reactions and review the position statement from the [position statement from the National Eczema Society and British Association of Dermatologists](#)
- report suspected adverse drug reactions to the [Yellow Card scheme](#), including after discontinuation of topical corticosteroids

Advice for healthcare professionals to provide to parents and carers:

- topical corticosteroids are used on the skin to reduce inflammation; when used correctly, they are safe and effective treatments for skin disorders
- always apply topical corticosteroids as instructed and consult the Patient Information Leaflet provided with your medicine
- seek medical advice before using a topical corticosteroid on a new body area as some areas of the body are more prone to side effects
- very infrequent cases of severe skin reactions have been reported in long-term users of topical corticosteroids after they stop using them – see [Safety Information Leaflet](#) on topical steroid withdrawal reactions
- if your skin worsens within 2 weeks of stopping a topical corticosteroid, do not start treatment again without consulting your doctor, unless they have previously advised you should do so
- as well as the known side effects associated with using too much of a topical corticosteroid or with using it for too long, remember that using too little can prolong treatment time and increase the risk of certain adverse effects
- ask your prescriber or pharmacist if you have any questions about your medicines or are concerned about side effects – you can also report suspected side effects to the [Yellow Card scheme](#)

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

ENC: Barnsley Asthma Guideline for adults - including algorithm and inhaler chart