Barnsley
Clinical Commissioning Group

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Our Ref: DC/NB

2nd December 2021

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meetings on 10th November 2021

The main outcomes of the meetings were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Guidance on the Prescribing of Oral Nutritional Supplements in Dysphagia [NEW]
This guidance has been produced following the addition of the pre-thickened ONS Slo Milkshakes® (IDDSI level 1, level 2, level 3 and level 4) to the formulary with an amber-G classification.

Pre-thickened oral nutritional supplements (ONS) are the only type of ONS that have been identified by the product's manufacturer as suitable for patients with dysphagia who have an active SLT recommendation for thickened fluids. 'Standard' ONS products are unsuitable whilst on thickened fluids as room temperature, flavour and product shelf-life can all influence their thickness. Adding thickener to 'standard' ONS products is not recommended as achieving a consistent final texture can be challenging. **Pre-thickened ONS should only be prescribed following the recommendation of a Dietitian or Speech and Language Therapist.**

Slo Milkshakes® (powdered pre-thickened ONS) and are the first line pre-thickened ONS products of choice as they are the most cost effective and are available in IDDSI levels 1, 2, 3 and 4. Fresubin Thickened® is a pre-thickened ONS in a ready-to-drink formulation (available in IDDSI Levels 2 and 3 only).

It is important to note that product packaging can look similar across the Slo Milkshake product range and care should be exercised when dispensing or administering the product.

The guidance is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/prescribing-guidelines/gi-prescribing-of-ons-in-dysphagia-apc-approved/526064

Guidance for the Appropriate Prescribing for Phenylketonuria (PKU) [NEW]
This guidance has been produced in consultation with the specialist dietitians at Sheffield Children's Hospital. All patients with PKU will be under the care of the specialists.

The guidance details the maximum number of monthly units for prescribable low protein foods based on the age of the patient. Examples of prescribable low protein foods are given (and their unit equivalent). Protein substitutes and low protein milk replacements should only be prescribed in line with recommendations from the patient's dietitian

The guidance is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/prescribing-guidelines/gi-appropriate-prescribing-for-phenylketonuria-pku-apc-approved/526061

Management of stable COPD [MINOR UPDATE]
This guidance has undergone minor updates including:

- The separation of Fostair® MDI and DPI within the guideline to detail the carbon footprint of each device
- The addition of Trimbow Nexthaler® DPI, in addition to Trimbow® MDI
- Salamol® MDI has replaced generic salbutamol MDI (Salamol® is a small volume canister containing less propellant than other salbutamol MDIs such as Ventolin® and therefore has a lower carbon footprint).

The updated guidance is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/COPD%20inhaled%20therapies.pdf?UNLID=389456909201891414103

Drug Management of Neuropathic Pain [UPDATED]
The updated guidance is available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Neuropathic%20Pain%20Drug%20Management.pdf

Ranitidine Liquid Shortage: Barnsley Guidance on Alternatives to Ranitidine Liquid for Gastro-Oesophageal Reflux Disease in Babies and Children [UPDATED]

Changes to omeprazole dosing:
This guidance has been updated to remove the option of dispersing omeprazole dispersible tablets (MUPS) in water to draw of a portion with an oral syringe, as a non-uniform mixture is produced.

The dose should be rounded to the nearest quarter omeprazole dispersible tablet (MUPS) (e.g. 2.5mg, 5mg, 7.5mg or 10mg) where appropriate (the practicalities of this should be discussed with the parent/carer and a tablet cutter will be required to half/quarter the tablets). The division must be done before mixing the tablet in a small amount of water (approx. 10ml) and then mixing with fruit juice, apple sauce or yoghurt on a spoon. Where it is not appropriate to round to the nearest quarter omeprazole dispersible tablet (MUPS), the omeprazole oral suspension (available in 2mg/ml and 4mg/ml) should be used (licensed for children over 1 month of age).

Omeprazole oral suspension is restricted for use in the following circumstances:

- ***patients with feeding tubes***
- ***in other patients when omeprazole dispersible tablets (MUPS) have been tried and not tolerated or in cases where doses cannot be safely rounded to the nearest quarter omeprazole dispersible tablet (MUPS).***

Omeprazole capsules and tablets are now licensed for GORD and acid-related dyspepsia in children over 1 year and ≥10kg (previously unlicensed for use in children except for severe ulcerating reflux oesophagitis in children over 1 year).

The updated guidance 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 September 2021		
Beclometasone + formoterol + glycopyrronium (*Trimbow NEXThaler*®)	Maintenance of moderate to severe COPD	Formulary green
Bemiparin (*Zibor*®)	Low molecular weight heparin	Non-formulary provisional amber
Casirivimab + imdevimab (*Ronapreve*®)	Prophylaxis and treatment of acute Covid-19 infection	Formulary red restricted Restricted for use in line with NHSE/Public Health England criteria for prevention or treatment of COVID-19 disease Overview | COVID-19 rapid guideline: managing COVID-19 | Guidance | NICE

Hydrocortisone (*Efmody*®) extended-release capsules	Treatment of congenital adrenal hyperplasia	Non-formulary provisional grey
Meningococcal groups A +C+ W135 +Y Vaccine	Active immunisation against invasive meningococcal disease caused by *Neisseria meningitidis* serogroups A, C, W and Y	Formulary green For use in line with national recommendations
Relugolix + estradiol + norethisterone (*Ryeqo*®) tablets	Uterine fibroids	Non-formulary provisional red
Roxadustat (*Evrenzo*®) tablets	Treatment of symptomatic anaemia associated with chronic kidney disease	Non-formulary provisional red
Tirbanibulin (*Klisyri*®) ointment	Treatment of non-hyperkeratotic, non-hypertrophic actinic keratosis (Olsen grade 1) of the face or scalp	Non-formulary provisional amber

MHRA Drug Safety Update

The October 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/1023578/Oct-2021-DSU-PDF.pdf

Issues relating to primary care:

Chloral hydrate, cloral betaine (Welldorm): restriction of paediatric indication

The paediatric indication for chloral hydrate (for children aged 2 years and older) and cloral (previously chloral) betaine (children aged 12 years and older) has been restricted to short-term treatment (maximum 2 weeks) of severe insomnia only when the child or adolescent has a suspected or definite neurodevelopmental disorder and when the insomnia is interfering with normal daily life. Chloral hydrate and cloral betaine should only be used when other therapies (behavioural and pharmacological) have failed.

Note that Chloral hydrate and cloral betaine are non-formulary in Barnsley.

Advice for healthcare professionals:

• chloral hydrate and cloral betaine are indicated currently only for the short-term treatment of severe insomnia that is interfering with normal daily life and when other therapies (behavioural and pharmacological) have failed, as an adjunct to non-pharmacological therapies

• use of these medicines in children and adolescents is not generally recommended and should be under the supervision of a medical specialist

• following a national review of safety and efficacy data, the paediatric indication for chloral hydrate and cloral betaine has been further restricted to only children and adolescents with a suspected or definite neurodevelopmental disorder – this reflects current clinical practice

• for all patients, treatment should be for the shortest duration possible and should not exceed 2 weeks

• repeated courses are not recommended and can only be administered following medical specialist re-assessment

• following prolonged treatment, slowly taper the dose before discontinuation – abrupt discontinuation can lead to delirium

• report suspected adverse drug reactions associated with chloral hydrate and cloral betaine to the Yellow Card Scheme

Advice to give to patients and carers:

• chloral hydrate and cloral betaine (brand names Welldorm Elixir and Welldorm) are short-term treatments (maximum of 2 weeks) for severe insomnia that is interfering with normal daily life when other therapies (behavioural and medicines) have not worked
• the MHRA and its independent advisors have reviewed the benefits and risks of these medicines in the paediatric population and recommended that they should only be used in children and adolescents who have a suspected or definite neurodevelopmental disorder
• always read the leaflet that accompanies your or your child's medicines and talk to your doctor, nurse, or pharmacist if you have any concerns

Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Management Team
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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
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Stuart Lakin, NHS Rotherham CCG