South Yorkshire Integrated Care Board

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Our Ref: DC/NB

23rd September 2024

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meetings July and August 2024.

The main outcomes of the meeting were: -

Prescribing Guidelines

CKD Testing and Diagnosis (Simplified – NICE guidelines NG203) [NEW]

This has been developed to simplify NICE NG203: CKD assessment and management. It is noted within the guideline that the 'CKD monitoring (KRFE*)' box should be selected on ICE. The new guideline will be available on the BEST website in due course.

*Kidney Failure Risk Equation

Barnsley Asthma Guideline 2024 [UPDATED]

The updated Barnsley Asthma guideline, which has been adapted from the Sheffield Guideline, is now available on the BEST website Asthma treatment algorithm. The updated guideline includes advice on the management of adults and children and incorporates the GINA (Global Initiative for Asthma) strategy for asthma management.

Summary of key changes:

There are now two treatment algorithms for adults and children 12 years and older in the updated guideline:

- Flexible regimen (locally preferred approach): incorporates the GINA strategy which involves the use of low dose budesonide/formoterol as an anti-inflammatory reliever as required for mild asthma with infrequent symptoms, instead of a SABA.
    - Evidence is with budesonide/formoterol DPI, usually 200/6mcg metered dose (160/4.5mcg delivered dose).
    - Not all budesonide/formoterol inhalers currently have a licence to be used as a reliever alone without regular maintenance doses. Symbicort® is licensed for reliever therapy use in adults and children 12 years and older and has been added to the Barnsley formulary for this indication.
    - Fobumix® has a 23% lower acquisition cost than Symbicort® and remains the first line budesonide/formoterol dry powder inhaler on the Barnsley formulary for use in fixed dose or MART regimes, for which it is licensed. Use as anti-inflammatory reliever therapy would be off label. The Fobumix® licensed age range has recently been extended

to include children (aged 6 years and over or 12 years and over for MART regimes) and this information is in the process of being incorporated into the guideline.

- Traditional regimen: this is much the same as in the previous guideline and is based on BTS/NICE guidance.

- Soprobec® (beclometasone pMDI) has been included in the guideline as a more cost-effective alternative to Clenil®. As part of the Medicines Optimisation Scheme work, the team will be supporting practices to change patients from Clenil® to Soprobec® where clinically appropriate.

- The inhalers which have the lower carbon footprint have been placed at the top of the inhaler table, emphasising the greener options.

Online training sessions have been arranged for next month to introduce the updated asthma guideline and information has been sent to practices separately regarding this. To book, please contact lynne.white10@nhs.net detailing which one you would like to book:

- Tuesday 8th October 8am – 9am
- Thursday 10th October 7pm – 8pm
- Monday 14th October 12 – 1pm
- Wednesday 23rd October 12 – 1pm

Guidelines for the treatment of Generalised Anxiety Disorder (GAD) and Panic Disorders in primary care [UPDATED]
This guideline has received a routine update and changes include the addition of information on self-referral to Talking Therapies and the removal of propranolol as a treatment for anxiety as national guidelines do not include propranolol for treatment of GAD or panic disorder.

Dandruff APC Position Statement [MINOR UPDATE]
This position statement has received a minor update to note that when ketoconazole shampoo is prescribed in line with the exceptions in the position statement, it should be prescribed as the cost-effective brand Nizoral® shampoo.

Amber G / Shared Care Guidelines

Shared Care Guideline Inclisiran 284mg injection (Leqvio®) for treating primary hypercholesterolaemia or mixed dyslipidaemia [MINOR UPDATE]
A link to patient decision aids for different lipid lowering medications has been added to the Inclisiran shared care guideline

Other

Barnsley Formulary links to guidelines on the BEST website
There has been an update to the BEST website which has unfortunately affected a significant number of the links from the Barnsley formulary to various guidelines on the BEST website. We are fixing these issues as and when they are identified and in addition plan to check the full formulary sections in due course. Guidelines continue to be available through the BEST website, in either the prescribing guidelines or shared care guideline sections as appropriate.

The Barnsley Joint Formulary can be accessed at the link below:
http://www.barnsleyformulary.nhs.uk/

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

Barnsley Formulary Updates

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

Drug	Formulary Indication	Barnsley Formulary status (including traffic light classification)
IMOC Horizon Scanning July 24		
Bismuth subcitrate potassium, metronidazole, tetracycline hydrochloride 140 mg/125 mg/125 mg capsules	Indicated in combination with omeprazole for the eradication of Helicobacter pylori and prevention of relapse of peptic ulcers in patients with active or a history of H. pylori associated ulcers	Non-formulary grey
IMOC Horizon Scanning August 24		
Aminophylline	Indicated in adults and children aged 6 years and above for the treatment and prophylaxis of bronchospasm associated with asthma, chronic obstructive pulmonary disease and chronic bronchitis. Indicated in adults for the treatment of left ventricular and congestive cardiac failure.	Formulary green Discontinued in 2021 by the previous holders of the marketing authorisation
TLDL sub-group June 2024		
Fludroxycortide	Eczema and dermatitis	Formulary green (previously formulary grey)
Hydrocortisone oral solution	Replacement therapy in adrenal insufficiency in infants, children and adolescents (from 1 month to <18 years old)	Formulary amber-G (previously formulary amber)
TLDL sub-group July 2024		
Tadalafil 5mg once daily tablets	Erectile dysfunction	Formulary green (previously formulary red for new patients and formulary grey for existing patients) It is more cost effective to prescribe tadalafil generically and therefore generic prescribing is recommended.
Tadalafil 2.5mg once daily tablets	Erectile dysfunction	Formulary grey (previously formulary red for new patients and formulary grey for existing patients) Tadalafil 2.5mg once daily tablets have a significantly higher cost than tadalafil 5mg once daily tablets. It is more cost effective to prescribe tadalafil generically and therefore generic prescribing is recommended.
IMOC June 2024		

Gonadotrophin releasing hormone (GnRH) analogues	Use of puberty supressing hormones (GnRH analogues) for children and young people under 18 years of age who have gender incongruence or gender dysphoria	Non-formulary grey
IMOC July 2024		
Rimegepant	Acute migraines	Formulary green for the acute treatment of migraine. NICE TA919 Rimegepant for treating migraine A rimegepant fact sheet to support primary care clinicians in the prescribing of rimegepant for the acute treatment of migraine is in development via the IMOC. Rimegepant currently has a formulary red classification for preventing migraine. The IMOC agreed that the traffic light classification would be reviewed when an Amber-G guideline was available.
Other		
Rosuvastatin capsules	For exceptional use in patients with swallowing difficulties or NG tubes when the capsules may be opened in line with the SPC.	Rosuvastatin capsules have a formulary grey classification. The capsules are significantly more expensive than the tablets. Rosuvastatin tablets remain formulary green.
Symbicort® Turbohaler	For use in line with the updated Barnsley Asthma Guideline	Symbicort® has been added to the formulary with a green classification for use as Anti-Inflammatory Reliever (AIR) therapy in line with the Barnsley asthma guideline . Fobumix® has a lower acquisition cost than Symbicort [Fobumix® £21.50, Symbicort® £28.00] and remains the first line budesonide/formoterol dry powder inhaler on the Barnsley formulary for use in fixed dose or MART regimes.

MHRA Drug Safety Update

Recent issues relating to primary care include:

Topiramate (Topamax): introduction of new safety measures, including a Pregnancy Prevention Programme
Topiramate is now contraindicated in pregnancy and in women of childbearing potential unless the conditions of a Pregnancy Prevention Programme are fulfilled. This follows a review by the MHRA which concluded that the use of topiramate during pregnancy is associated with significant harm to the unborn child. Harms included a higher risk of congenital malformation, low birth weight and a potential increased risk of intellectual disability, autistic spectrum disorder and attention deficit hyperactivity disorder in children of mothers taking topiramate during pregnancy.
General advice for healthcare professionals:

- topiramate should not be used:
  - in pregnancy for prophylaxis of migraine
  - in pregnancy for epilepsy unless there is no other suitable treatment
- topiramate should not be used in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme are fulfilled. This aims to ensure that all women of childbearing potential:
  - are using highly effective contraception
  - have a pregnancy test to exclude pregnancy before starting topiramate
  - are aware of the risks from use of topiramate
- please see specific advice for prescribers and advice for dispensers below
- ensure women of childbearing potential sign the Risk Awareness Form, you will receive materials including the Risk Awareness Form by post in the coming weeks to use in the implementation of the Pregnancy Prevention Programme
- report suspected adverse drug reactions associated with topiramate to the Yellow Card scheme

Advice for healthcare professionals to provide to patients:

- new measures are being introduced because there is evidence that taking topiramate during pregnancy can increase the risk to the baby of congenital malformation, low birth weight, intellectual disability, autistic spectrum disorder and attention deficit hyperactivity disorder
- use effective birth control (contraception) at all times during your treatment with topiramate and for at least 4 weeks after the last dose
- topiramate may interact with some hormonal contraceptives. Your General Practitioner (GP), specialist, sexual health and contraception clinic or contraception service in community pharmacy will discuss which method of birth control is best for you
- if you are thinking about having a baby, make an appointment with your GP. Do not stop using topiramate and contraception before you have talked to your doctor
- if you think you are pregnant and are taking topiramate for epilepsy, do not stop using topiramate. This may cause your seizures to start again or happen more often and last longer. Make an urgent appointment with your GP or epilepsy team (within a few days)
- if you think you are pregnant and are taking topiramate for migraine prevention, stop taking topiramate straight away and contact your GP
- it is important to visit your doctor to review your treatment at least once each year
- always read the safety leaflet that comes with your medicine and consult the new Patient Guide for information about the risk of topiramate use during pregnancy.

Advice for prescribers:

- all women of childbearing potential being treated with topiramate- containing medicines must follow the requirements of the Pregnancy Prevention Programme. These conditions are also applicable to female patients who are not sexually active unless the prescriber considers that there are compelling reasons to indicate that there is no risk of pregnancy
- for all new women of childbearing, potential prescribers must:
  1. assess their potential for pregnancy and discuss the need for them to be on the Pregnancy Prevention Programme
  2. ensure that pregnancy has been excluded, by means of a negative pregnancy test, prior to starting treatment with topiramate
  3. inform them of the potential risks of topiramate use in pregnancy and counsel them on treatment options
  4. discuss with them the need to use highly effective contraception throughout treatment and for at least four weeks after the last dose of topiramate. See guidance from Faculty of Family Planning and Sexual Health on potential drug interactions with hormonal contraceptives and what this means for topiramate
  5. complete the Risk Awareness Form with the patient (or responsible person)
  6. provide a copy of the Patient Guide to the patient (or responsible person)
- for existing patients, prescribers must:

  1. identify all women and girls of childbearing potential on topiramate and invite them in for review 2. complete the Risk Awareness Form with the patient (or responsible person) and at each annual review
  3. provide a copy of the Patient Guide to the patient (or responsible person)

Advice for dispensers:

- a visual warning symbol will be added to the pack of topiramate. This symbol will show a pregnant woman in a red circle with a line through it, with warning text about the risks and information about the new measures
- until warning symbols are present on packs, stickers will be available to print locally on eMC

- pharmacists should dispense in whole packs whenever possible. This will ensure that patients always see the warning symbol and receive the statutory information
- pharmacists should give the patient card to female patients when dispensing topiramate
- ask women or girls of childbearing potential if they are taking highly effective contraception, if they are not, pharmacists should advise them to contact their GP for a follow-up appointment

Warfarin: be alert to the risk of drug interactions with tramadol

Taking warfarin and tramadol together can cause harmful drug interactions, which can raise the International Normalised Ratio (INR), and result in severe bruising and bleeding, which in some patients could be fatal.

Advice for healthcare professionals:

- warfarin is a coumarin-derived vitamin K antagonist which has a low therapeutic index, so continue to exercise caution when co-prescribing warfarin with other drugs, to minimise the risk of drug interactions
- ask patients about all the medicines that they are currently taking
- be aware of the risk of increased INR when warfarin and tramadol are used together, with a risk of major bruising and bleeding which could be life-threatening
- consult the product information of any new concomitant therapy for specific guidance on use with warfarin and consider whether warfarin dose adjustment is required
- consider whether additional monitoring of INR is required when starting tramadol or another concomitant medicine
- ensure patients are aware of the need to seek medical treatment should they notice the signs of a major bleeding event
- caution should also be taken if tramadol is co-prescribed with other coumarinderived anticoagulants such as acenocoumarol
- report suspected adverse drug reactions to the Yellow Card Scheme

Advice for healthcare professionals to provide to patients:

- warfarin can interact with some medicines, such as tramadol, leading to an increased risk of bleeding
- you should seek medical treatment and have an urgent International Normalised Ratio test should you experience any of the following symptoms:
    - prolonged nose bleeds (more than 10 minutes)
    - blood in vomit, sputum (phlegm), stool (poo) or urine (pee)
    - severe or unexplained bruising
    - severe bleeding gums
    - unusual headaches (headaches with blurred vision, slurred speech, loss of movement, feeling or being sick, fits, loss of consciousness, dizziness)
    - women who experience heavy or increased bleeding during their menstrual period or any other heavy vaginal bleeding
- inform your healthcare professional that you are taking warfarin and carry your anticoagulant alert card with you at all times
- inform your healthcare professional of all the medicines you are currently taking
- do not take any new medicines without first discussing this with your healthcare professional
- do not stop taking warfarin without first discussing this with your healthcare professional
- report suspected adverse drug reactions to the Yellow Card Scheme

Epimax Ointment and Epimax Paraffin-Free Ointment: reports of ocular surface toxicity and ocular chemical injury

Epimax Ointment and Epimax Paraffin-Free Ointment can harm the eyes if used on the face. Do not prescribe these ointments for use on the face. Tell patients to wash their hands and avoid touching their eyes after using these products.

Information has been added to ScriptSwitch and the emollient guideline is in the process of being reviewed.

Advice for healthcare professionals:

- do not prescribe or advise use of Epimax Ointment or Epimax Paraffin-Free Ointment on the face
- be aware that if Epimax Ointment or Epimax Paraffin-Free Ointment comes into contact with the eyes, patients may present with pain, swelling, redness or watering of eyes, sensitivity to light, blurred vision, burning or grittiness
- symptoms should resolve with discontinuation of the product around the eyes and can be treated with topical lubricants, topical antibiotics or topical steroids as required
- follow the advice in the manufacturer's Field Safety Notice

- healthcare professionals should report suspected adverse reactions associated with Epimax Ointment or Epimax Paraffin-Free Ointment via local and national reporting systems as described under the 'report suspected reactions' section further below in the article

Advice for healthcare professionals to provide to patients:

- do not use Epimax Ointment or Epimax Paraffin-Free Ointment on your face as it has been reported to cause serious symptoms if it comes into contact with your eyes. It is only for use on the body
- wash your hands thoroughly after applying Epimax Ointment or Epimax ParaffinFree Ointment and avoid touching your eyes after using these products
- if the product accidentally gets into your eyes, rinse well with water and seek medical advice

Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Optimisation Team (Barnsley Place)
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