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Clinical Commissioning Group

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Our Ref: DC/NB

1st February 2022

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 12th January 2022

The main outcomes of the meetings were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Liothyronine (including Armour® Thyroid and liothyronine combination products) Area Prescribing Committee Position Statement [NEW]

This position statement has been developed following inclusion of liothyronine in the NHS England guidance ***'Items which should not routinely be prescribed in Primary Care'.*** Liothyronine has a **formulary red classification** on the Barnsley Formulary for new and existing patients.

In line with NHS England guidance:

- *No **new patients** should be initiated on liothyronine in primary care. New patients should be initiated on liothyronine only in 'exceptional circumstances' by a consultant NHS endocrinologist and the specialist should continue the prescribing.*

- ***Existing patients** currently prescribed liothyronine in primary care, either alone or in combination with levothyroxine, should be reviewed in liaison with a consultant NHS endocrinologist with consideration given to switching to levothyroxine monotherapy where clinically appropriate.*

    - *On-going prescribing of liothyronine in existing patients, where there are 'exceptional circumstances' and on-going need for liothyronine has been confirmed by a consultant NHS endocrinologist, should remain with the secondary care specialist.*

The position statement details the 'exceptional circumstances' and contains information to support deprescribing.

Guidance for Oral Paracetamol dosing [UPDATED]

This guideline has been updated in line with current dosing recommendations.

Management of Osteoporosis and Fragility Fracture Risk Barnsley Guideline [UPDATED]
This guideline has been updated in line with the formulary and contains further information on lifestyle and dietary measures for the treatment of osteoporosis and prevention of fragility fractures. The updated guideline 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

The following shared care guidelines were received by the Committee:

SYB Trans man (this applies to a person assigned female, cis female, at birth undertaking gender transition to become a male) and Trans woman (this applies to a person assigned male, cis male, at birth undertaking gender transition to become female) prescribing guidelines [UPDATED]
The Committee accepted these updated guidelines for use by prescribers within primary care who choose to prescribe within their scope of practice. The updated guidelines will be available on the BEST website in due course.

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 November 2021		
Molnupiravir (Lagevrio®)	Treatment of mild to moderate coronavirus disease 2019 (COVID-19) in adults with a positive SARS-COV-2 diagnostic test and who have at least one risk factor for developing severe illness	Formulary red restricted Restricted for use in high risk patients in line with NHSE criteria for treatment of COVID-19 disease: Coronavirus » Interim clinical commissioning policy: neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19 (england.nhs.uk) Available via the COVID-19 Medicine Delivery Unit at BHNFT.

		COVID Medicine Delivery Unit (CMDU) - Barnsley Hospital May also be in use as part of clinical trials e.g. PANORAMIC study: Homepage — PANORAMIC (panoramictrial.org)
Sotrovimab (Xevudy®)	For the treatment of symptomatic adults and adolescents (aged 12 years and over and weighing at least 40 kg) with acute covid-19 infection who do not require oxygen supplementation and who are at increased risk of progressing to severe covid infection.	Formulary red restricted Restricted for use in high risk patients in line with NHSE criteria for treatment of COVID-19 disease: Coronavirus » Interim clinical commissioning policy: neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19 (england.nhs.uk) Available via the COVID-19 Medicine Delivery Unit at BHNFT COVID Medicine Delivery Unit (CMDU) - Barnsley Hospital
New Product Application		
Acetylcysteine 600mg effervescent tablets (NACSYS®)	Mucolytic	Formulary green Prescribe as the brand NACSYS® (some acetylcysteine preparations have a high cost). The dose for adults is ONE effervescent tablet of 600 mg once daily. The NACSYS® 600 mg effervescent tablet should be dissolved in half a glass of water. This produces a solution that may be consumed immediately. Patients with a reduced cough reflex (elderly and weakened patients) are advised to take the effervescent tablet in the mornings. The dose does not require review, however all oral mucolytic therapy for COPD needs reviewing in order to assess if there has been symptomatic improvement. Therapy should only be continued if there is symptomatic relief. Carbocisteine remains formulary green. Carbocisteine 375mg capsules should be used first line if carbocisteine is indicated. If a liquid form is required, carbocisteine 750mg/10ml sachets are the most cost-effective option as agreed by the APC. Carbocisteine and acetylcysteine have equal positioning on the formulary. The initial dose of carbocisteine is 2.25g daily in divided doses (750mg TDS). Carbocisteine should be reviewed 4-8 weeks after initiation to consider dose reduction to the maintenance dose of 1.5g daily in divided doses (750mg BD or 375mg QDS) if benefitting, or to stop if no benefit.
Other		
Cinacalcet *Granules* 1mg, 2.5mg and 5mg in capsules for opening (Mimpara®)	Secondary hyperparathyroidism adults and children Parathyroid carcinoma and primary hyperparathyroidism in adults	Formulary red restricted Cinacalcet ***tablets*** are formulary amber for the treatment of primary hyperparathyroidism in adults (Shared Care Protocol available) and formulary red restricted for the treatment of secondary hyperparathyroidism in adult patients with end stage renal disease.

Mesalazine (Octasa®, Salofalk®, Pentasa®, Asacol MR® and Mezavant XL®) **and Sulfasalazine**	Ulcerative Colitis/Crohn's	To be reclassified formulary amber-G when amber-G guidance is available (currently formulary green)

MHRA Drug Safety Update

The December 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/1042533/Dec-2021-DSU-PDF_V2_20_December_2021.pdf

Issues relating to primary care:

Haloperidol (Haldol®): reminder of risks when used in elderly patients for the acute treatment of delirium
The MHRA remind healthcare professionals that elderly patients are at an increased risk of adverse neurological and cardiac effects when being treated with haloperidol for delirium. The lowest possible dose of haloperidol should be used for the shortest possible time, and cardiac and extrapyramidal adverse effects should be closely monitored.
Advice for healthcare professionals: • special caution is required when using haloperidol for the acute treatment of delirium in frail, elderly patients • only consider haloperidol for delirium when non-pharmacological interventions are ineffective and no contraindications are present (including Parkinson's disease and dementia with Lewy bodies) • before initiating treatment, a baseline electrocardiogram (ECG) and correction of any electrolyte disturbances is recommended; cardiac and electrolyte monitoring should be repeated during treatment (see the full MHRA alert) • prescribe the lowest possible dose for the shortest possible time, ensuring that any dose up-titration is gradual and reviewed frequently • monitor for and investigate early any extrapyramidal adverse effects, such as acute dystonia, parkinsonism, tardive dyskinesia, akathisia, hypersalivation, and dysphagia • report suspected adverse reactions associated with haloperidol on a Yellow Card
Dapagliflozin (Forxiga®): no longer authorised for treatment of type 1 diabetes mellitus
The authorisation holder for dapagliflozin has withdrawn the indication for type 1 diabetes mellitus. The removal of the type 1 diabetes indication is not due to any new safety concerns and the other indications of dapagliflozin are unchanged.
Advice for healthcare professionals (Note that in Barnsley dapagliflozin had a red classification for type 1 diabetes): • dapagliflozin 5 mg is no longer authorised for the treatment of patients with type 1 diabetes mellitus • the removal of the type 1 diabetes indication is not due to any new safety concerns and the other indications of dapagliflozin are unchanged • dapagliflozin should be reviewed and discontinued in patients with type 1 diabetes by or in consultation with a physician specialised in diabetes care as soon as clinically practical • after stopping dapagliflozin treatment, frequent blood glucose monitoring is recommended • an increased insulin dose may be needed, which should be undertaken carefully to minimise the risk of hypoglycaemia or hyperglycaemia • diabetic ketoacidosis is a known risk with use of dapagliflozin in all patients with diabetes, but it occurs more frequently in patients with type 1 diabetes than those with type 2 diabetes

- additional risk minimisation materials to mitigate the risks in patients with type 1 diabetes are no longer available
- report suspected adverse drug reactions associated with use of dapagliflozin on a Yellow Card

Advice for healthcare professionals to provide to patients and carers:

- always seek advice from your doctor or diabetes team before making changes to your diabetes medicines
- the manufacturer of dapagliflozin (Forxiga®) has voluntarily withdrawn its use in type 1 diabetes
- this decision was not linked to a new safety issue and other patients using dapagliflozin for type 2 diabetes, heart failure, or chronic kidney disease can continue taking their medicine as recommended by a healthcare professional
- if you take dapagliflozin for your type 1 diabetes, your specialist will help you safely discontinue this treatment – you will need to monitor your blood glucose levels more closely to prevent hypoglycaemia or hyperglycaemia in the transition

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