

Our Ref: DC/NB

17th October 2024

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meeting on 11th September 2024.

The main outcomes of the meeting were: -

Prescribing Guidelines

Barnsley Guidelines for approved choice of Blood Glucose Testing Strips, Meters and Lancets. Also includes guidance for self-monitoring of blood sugars and ketones [UPDATED]

This guideline has been reviewed in line with the NHS England national commissioning recommendations.

Glucofix Tech GK and Contour Plus Blue remain first line blood glucose meters. For patients who need a talking meter, On Call Extra Voice meter has replaced Palmdoc 2 meter.

Glucofix Tech GK also remains the first line blood ketone meter. The second line blood ketone meter is 4Sure Smart Duo Meter; this should be reserved for use when Glucofix Tech GK is unsuitable. Freestyle Optium Neo has been removed from the guideline.

The ketone monitoring section for patients with type 2 diabetes has also been updated and notes that ketone strips should only be prescribed on specialist advice – circumstances include high risk of DKA, recurrent DKA, testing during periods of illness and hyperglycaemia. Ketone strips should not be issued solely for patients prescribed SGLT2 inhibitors. If patients present as unwell they should be managed as per 'sick day guidance'. Information on DKA and 'sick day rules' in relation to SGLT2 inhibitors has also been incorporated into the guideline.

The updated guidance will be available on the BEST website in due course.

Barnsley Asthma Guideline 2024 [MINOR UPDATE]

Following the approval of the updated Barnsley Asthma Guideline at the August APC meeting, the Fobumix® license has since been extended to include use in children age 6 and over (a lower strength; 80 micrograms/ 4.5 micrograms is available for children 6– 11 years), or 12 years and over as 'Maintenance and Reliever Therapy' (MART) therapy (160 micrograms/ 4.5 micrograms and 80 micrograms/ 4.5 micrograms strengths can be used for maintenance and reliever therapy).

The guidance has been updated in line with this and will be available on the BEST website in due course.

Primary Care Orlistat Prescribing and Review Guidelines for Adults (over 16yrs of age) [UPDATED]

This guideline has been updated with minor changes and will be available on the BEST website in due course.

South Yorkshire Prescribing Guidelines

The Committee noted receipt of the following South Yorkshire prescribing guidelines recently approved by the South Yorkshire Integrated Medicines Optimisation Committee (IMOC).

- [Guidance for patients on HRT with unscheduled bleeding](#) [NEW]
- [Interim Position statement: Hybrid Closed Loop \(HCL\) position statement](#) [NEW]
- [Hybrid Closed Loops FAQ](#) [NEW]

South Yorkshire prescribing guidelines, shared care and amber G guidelines can be accessed via the [South Yorkshire Integrated Medicines Optimisation Committee section](#) of the SYICB website. Links to South Yorkshire IMOC guidelines are also incorporated into the Barnsley formulary and the BEST website.

Amber G / Shared Care Guidelines

Sucralfate Amber-G Guideline [1g/5ml oral suspension sugar-free (licensed preparation) and 1g tablets (unlicensed preparation) for benign gastric ulceration, benign duodenal ulceration, chronic gastritis, prophylaxis of stress ulceration in adults] [UPDATED].

This Amber-G guideline has been updated to include the unlicensed tablets in addition to the licensed sugar-free oral suspension, as the cost of the licensed oral suspension has increased substantially.

The updated Barnsley Amber-G guideline will be available on the BEST website in due course.

South Yorkshire Amber-G /Shared Care Protocols

The Committee noted receipt of the following South Yorkshire Shared Care Protocols recently approved by the IMOC:

- [Liothyronine \(T3\) Shared Care Protocol for the treatment of hypothyroidism in selected cohort of adults despite optimal dosage with levothyroxine and where alternative cause of symptoms have been excluded](#) [NEW South Yorkshire Shared Care Protocol]
- [Denosumab 60mg/ml injection \(Prolia®\) Shared Care Protocol](#) [NEW South Yorkshire Shared Care Protocol, previously Barnsley APC had agreed to adopt the Sheffield guidance]
- [Alimemazine in the treatment of sleep disorders in children Shared Care Protocol](#) for patients initiated on alimemazine by the Specialist Clinicians at Sheffield Children's NHS Foundation Trust Tertiary Sleep Service [NEW South Yorkshire Shared Care Protocol].
- [Finerenone in patients with CKD and type 2 diabetes within adult services Shared Care Protocol](#) [NEW South Yorkshire Shared Care Protocol]
- [Epilepsy in Adults South Yorkshire Shared Care Protocol](#) [INTERIM UPDATE of the valproate section in line with MHRA guidance]

Other

Medicine Supply Notification – Methylphenidate prolonged-release tablets.

The Committee considered the Medicines Supply notification for methylphenidate prolonged-release tablets which was issued in August. SWYPFT produced the enclosed 'Shortages of Medicines for Attention Deficit Hyperactivity Disorder (ADHD)' FAQ document when the supply issue first arose in 2023 and this is being re-circulated for information.

Key points for primary care (produced in liaison with SWYFT colleagues):

- **Methylphenidate MR Tablets:** Shift patients from brand-specific to generic versions to enable pharmacies to provide any bioequivalent brand if stocks allow (Afferid XL[®], Concerta XL[®], Delmosart XL[®], Matoride XL[®], Xaggitin XL[®], Xenidate XL[®]).

Methylphenidate XL Capsules: Note that these are not bioequivalent and have different release profiles with differing amounts of the immediate-release and modified-release components, and may not therefore have the same clinical effect. Patients can consider a different formulation if their usual one is out of stock. Refer to comparison tables in the SWYPFT guidance enclosed for information on switching, the closest match to the immediate-release component should be considered. Methylphenidate XL capsules should be prescribed by brand.

However please note:

- While this is a good starting point, the patient/carer should be informed that the long-acting duration will be reduced. The patient should be reviewed a month later and if needed the dose potentially titrated up gradually.
- The patient should also be reviewed to ensure that appetite is not suppressed (however given the limited change with the immediate-release component this is less likely). If so the clinician would need to contact the specialists. Also review the patient to ensure no palpitations or fast heart rate.
- Please also be aware that for Medikinet XL® specifically it should be taken with food as there is a risk of 'dose dumping' (this is not the case with Meflynate® XL).
- A good food intake at breakfast is usually encouraged prior to the medication being given, as the patient may not have an appetite when the drug is in the system.
- If primary care professionals have concerns about a specific patient's treatment, they should consult specialist services.
- If modified release preparations are unable to be sourced and consideration is being given to switching to an immediate release preparation, it is recommended that advice from the specialist team is sought, particularly if the medication is for a child. There are additional factors which need to be taken into consideration if switching from a modified release preparation to an immediate release preparation as the different pharmacokinetic profiles may result in a change in overall clinical effect and side effects experienced (e.g. appetite suppression, greater side effects and faster wearing off period). Additionally for school aged children consideration will need to be given as to whether the medication can be safely stored and given during the school day.

Prescribing guidelines, shared care guidelines and amber-G guidelines are available on the BEST website:

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/>

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/>.

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 Area Prescribing Committee:

Drug	Formulary Indication	Barnsley Formulary status (including traffic light classification)
TLDL sub-group August 2024		
Ceftazidime injection	Antibacterial	Formulary red (previously formulary green)
Ciprofloxacin eye drops	Antibacterial eye drops	Formulary red (previously formulary amber-G)
Estradiol valerate, dienogest (Qlaira®)	Oral contraception	Non-formulary (previously non-formulary amber-G) Refer to the Barnsley formulary for formulary options.
Mycophenolate	Indications not covered by the Shared Care Guidelines	Formulary red
Levofloxacin tablets	Quinolone antibacterial	Formulary green (previously formulary amber-G)
Aciclovir 3% eye ointment	Herpes simplex keratitis.	Formulary green (previously formulary amber-G)
Betamethasone plasters	Topical corticosteroid	Non-formulary green (previously non-formulary amber-G)
IMOC approved guidelines		
Alimemazine	Treatment of sleep disorders in children.	Formulary amber (previously non-formulary grey). A South Yorkshire Shared Care Guideline is available for alimemazine in the treatment of sleep disorders in children for patients initiated on alimemazine by the Specialist Clinicians at Sheffield Children's NHS Foundation Trust Tertiary Sleep Service.
Liothyronine	For the treatment of hypothyroidism in selected cohort of adults despite optimal dosage with levothyroxine and where alternative cause of symptoms have been excluded.	Formulary amber (previously formulary red). A South Yorkshire Shared Care Guideline is available for Liothyronine (T3) for the treatment of hypothyroidism in selected cohort of adults despite optimal dosage with levothyroxine and where alternative cause of symptoms have been excluded.
Finerenone	Chronic Kidney Disease and Type 2 Diabetes for patients within adult services.	Formulary amber (previously non-formulary red). A South Yorkshire Shared Care Guideline is available for the use of Finerenone in patients with Chronic Kidney Disease and Type 2 Diabetes for patients within adult services.
Blood Glucose Test Strip guidance		
Palmdoc® test strips	Blood glucose test strips	Non-formulary (previously formulary green). Removed from the guidelines for approved choice of blood glucose testing strips, meters and lancets.
On Call Extra® test strips	Blood glucose test strips	Formulary green Added as a first line choice for type 1 and type 2 diabetes stable on insulin therapy or on sulfonylureas or glinides, for patients who require a talking meter.

Freestyle Optium® beta Ketone test strips	Blood ketone test strips	Non-formulary Removed from the guidelines for approved choice of blood glucose testing strips, meters and lancets.
Freestyle Optium® test strips	Blood glucose test strips	Non-formulary Removed from the guidelines for approved choice of blood glucose testing strips, meters and lancets.
4SURE® beta-ketone test strips	Blood ketone test strips	Formulary green Second line choice for ketone testing. Training and education for the patient must be from the diabetes specialist nursing team. GlucoFix Tech® beta ketone sensors are the first line choice for ketone testing. If separate meters are required patients should be supplied with a Glucofix Tech GK® meter for ketones and another formulary meter for glucose e.g. Contour plus® blue.
4SURE® test strips	Blood glucose test strips	Formulary green Only for use where one meter (4SURE Smart Duo® Meter) is required to test for both ketones and glucose, for clinical and safety reasons and Glucofix Tech GK is unsuitable. Note Glucofix Tech GK® meter is the first line choice for ketone testing.

MHRA Drug Safety Update

The August 2024 MHRA Drug Safety Update can be accessed at the following link:

[DSU_August_2024.pdf \(publishing.service.gov.uk\)](#)

Issues relating to primary care:

<p>Yellow Card Biobank: call to contribute to study of genetic links to side effects</p> <p>Support this initiative to explore whether there is a genetic basis of side effects associated with direct-acting oral anticoagulants (DOACs) and allopurinol.</p> <p>About the Biobank</p> <p>The Yellow Card Biobank is a collaboration between the MHRA and Genomics England. The goal is to improve understanding of how a patient's genetic makeup may increase their risk of experiencing harmful side effects to medicines.</p> <p>Adverse drug reactions, or side effects, continue to be a significant burden on the NHS and account for one in 6 hospital admissions. 1 The Yellow Card Biobank forms part of a long-term vision for more personalised medicine approaches. By collecting biological samples from patients who have experienced suspected side effects, the Yellow Card Biobank aims to create a rich resource of genetic information that could help researchers to determine whether a suspected side effect was caused by a specific genetic trait. Ultimately it is hoped this would support the development of pharmacogenetic testing strategies.</p> <p>If a patient under your care has experienced one of the side effects included in the pilot phase of the study, please report without delay to the Yellow Card scheme, providing as much information as possible.</p>

Study details

Side effects covered in this pilot study are:

- severe bleeding events with a DOAC - apixaban, dabigatran, edoxaban, rivaroxaban – see [Drug Safety Update](#) for a reminder on this risk
- rare severe skin reactions with [allopurinol](#), including Stevens-Johnson Syndrome (SJS), Toxic Epidermal Necrolysis (TEN), and Drug Reaction with Eosinophilia and Systemic Symptoms (DRESS) syndrome

Once reported, the MHRA may contact you directly to discuss the case further and may ask you to contact the patient on our behalf to ask if they will participate in the Yellow Card Biobank study. The patient will be able to choose whether or not to take part. Having consented to participate the patient may then be asked to provide a blood sample for genetic analysis.

If you have already submitted a Yellow Card report in the past relating to either of the 2 study topics, we may also contact you directly in the coming months to discuss the case further.

Patients who report directly to Yellow Card will also be contacted to be included in the study.

How the biobank works

The MHRA will be responsible for patient recruitment and sample collection. Genomics England will work alongside the MHRA to sequence and analyse genomes from patients and add this genomic data to the National Genomic Research Library, a secure national database of de-identified genomic and health data. In addition, Genomics England's secure research environment will enable approved researchers to access the data.

All the information collected about you and patients through Yellow Card Biobank will be de-identified before researchers see it. Details of our privacy policy can be found in the [Biobank Privacy Policy](#).

If you have any questions about the biobank, you can email Yellowcardbiobank@mhra.gov.uk or call 0203 080 6600 (lines are open Monday-Friday, 9am-12pm excluding bank holidays. Calls are charged at the standard rate). For general queries or more information, contact info@mhra.gov.uk

Kind Regards



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Enc: ADHD Medication Shortage FAQs (SWYPFT)

cc: Medicines Optimisation Team (Barnsley Place)
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Area Prescribing Committee Members (Secretary to the APC to circulate)
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