

Our Ref: DC/NB

7th April 2022

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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 Meeting on 9th March 2022

The main outcomes of the meetings were: -

Prescribing Guidelines

Calcium and Vitamin D, and Vitamin D Summary of formulary choices in adults over 18 years [UPDATED]

Following on from the approval of this guideline at the February meeting, a minor update has been made to reference the 'Management of Osteoporosis and Fragility Fracture Risk' guideline.

The guideline is available on the BEST website at the following link:

https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Ca_plus_VitD_or_VitD_Formulary_Choices.pdf?UNLID=9692595012022314131123

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

Sheffield Area Prescribing Group (APG) shared care protocol for topical testosterone replacement therapy in post-menopausal women.

This shared care protocol which was approved by Sheffield APG in July 2021 was received by the Committee. The menopause clinic in Sheffield is a tertiary centre and therefore see patients from other areas including Barnsley. The Committee endorsed the guidance and it was agreed that the link to the Sheffield shared care protocol will be added to the BEST website and Barnsley Formulary 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>

Other

Guidelines with extended review dates

Following the recent APC decision to move to a 3 yearly review of all guidelines, the Committee agreed to extend the review dates of a number of existing guidelines (to 3 years from date approved).

The list of guidelines with extended review dates has been enclosed. This information will also be made available on the BEST website in due course.

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 January 2022		
Betamethasone and calcipotriol (Wynzora®) 50 micrograms/g calcipotriol + 0.5 mg/g betamethasone cream	Psoriasis	Non-formulary provisional grey Enstilar® Foam (formulary green) is the first line calcipotriol/betamethasone preparation as agreed by Barnsley APC Dovobet® gel / ointment is also formulary green
Buprenorphine (Sixmo®) 74.2mg implant	Substitution treatment for opioid dependence	Non-formulary provisional red
Cenobamate (Ontozry®) 50mg, 100mg, 150mg, 200mg tablets (plus a treatment initiation pack containing 12.5mg and 25mg tablets)	Adjunctive treatment of focal-onset seizures with or without secondary generalisation	Non-formulary provisional amber
Nirmatrelvir and ritonavir (Paxlovid®) 150mg nirmatrelvir tablet and 100mg ritonavir tablet	Treatment of COVID-19	Formulary red restricted Restricted for use in high risk patients in line with NHSE criteria for treatment of COVID-19 disease. Available via the COVID-19 Medicine Delivery Unit at BHNFT COVID Medicine Delivery Unit (CMDU) - Barnsley Hospital Coronavirus » Interim clinical commissioning policy: neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19 (england.nhs.uk)
Remdesivir (Veklury®) 100mg vial	NEW INDICATION Treatment of coronavirus disease 2019 (COVID-19) in adults who do not require supplemental oxygen and who	Formulary red restricted Hospitalised patients: Interim Clinical Commissioning Policy: Antivirals or neutralising monoclonal antibodies in the treatment of COVID-19 hospitalised patients

	are at increased risk of progressing to severe COVID-19	MHRA COVID-19 Therapeutic Alert (3rd September 2020) Also for use in high risk non-hospitalised patients in line with NHSE criteria for treatment of COVID-19 disease. Available via the COVID-19 Medicine Delivery Unit at BHNFT COVID Medicine Delivery Unit (CMDU) - Barnsley Hospital Coronavirus » Interim clinical commissioning policy: neutralising monoclonal antibodies or antivirals for non-hospitalised patients with COVID-19 (england.nhs.uk)
Other		
Sucralfate 1g in 5ml oral suspension <i>sugar-free</i>	Benign gastric ulceration, benign duodenal ulceration, chronic gastritis, prophylaxis of stress ulceration.	Formulary amber-G (previously formulary red) Amber-G guidance currently in development
Bempedoic acid Bempedoic acid/ezetimibe combination	Bempedoic acid with ezetimibe is indicated for treating primary hypercholesterolaemia or mixed dyslipidaemia in line with NICE TA694: Overview Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia Guidance NICE	Formulary amber-G in line with NICE TA694 (previously formulary red) National guidance for lipid management for primary and secondary prevention of CVD is available: Lipid-Management-Pathway-NEW-version-4.pdf (england.nhs.uk) A local pathway and amber-G guidance are currently in development. It is more cost-effective to prescribe Bempedoic acid 180mg/ Ezetimibe 10mg tablets combination product than Bempedoic acid and Ezetimibe as two separate products.
Testim® transdermal gel 50g/5g	Topical testosterone replacement therapy in post-menopausal women (unlicensed indication)	Formulary amber (previously non-formulary provisional grey) for this indication only. The Committee have endorsed the Sheffield Shared Care Protocol for topical replacement therapy in post-menopausal women: SCP_testosterone_HRT_women.pdf (sheffieldccg.nhs.uk)
Degarelix	Advanced hormone dependent prostate cancer	Following feedback received from the specialists, degarelix will remain formulary red and the shared care guideline will no longer be progressed.

MHRA Drug Safety Update

The February 2022 MHRA Drug Safety Update can be accessed at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1055032/Feb-2022-DSU-PDF.pdf

Issues relating to primary care:

<p>COVID-19 antivirals: reporting to the UK COVID-19 Antivirals Pregnancy Registry</p> <p>As the safety of COVID-19 antivirals in pregnancy has not been established, please report any pregnancies which occur during use of an antiviral, including paternal use, to the UK COVID-19 Antivirals Pregnancy Registry.</p>
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This advice applies to molnupiravir (Lagevrio ▼), the combination of PF-07321332 (nirmatrelvir) plus ritonavir (Paxlovid ▼), and remdesivir (Veklury ▼).

Advice for healthcare professionals:

- the [UK COVID-19 Antivirals Pregnancy Registry](#) is being operated by the MHRA in collaboration with the UK Teratology Information Service (UKTIS) to collect information about exposures to COVID-19 antivirals in pregnancy and enable follow-up of any reported pregnancies; the registry is also collecting information on outcomes for pregnancies where conception occurred during or shortly after paternal exposure to antiviral treatment
- to report to the registry, telephone: 0344 892 0909 (available 9:00am to 5:00pm, Monday to Friday, excluding bank holidays) – for more information see the [UKTIS website](#)
- healthcare professionals in England, Scotland, and Wales (as well as patients and their partners) can report an exposure to a COVID-19 antiviral during pregnancy or around the time of conception, or of partners on a COVID-19 antiviral around the time of conception
- in Northern Ireland, healthcare professionals cannot currently report on behalf of a pregnant women or their partner, but should encourage them to self-report using the same contact details
- since an exposure may occur in very early pregnancy before pregnancy is recognised, we ask healthcare professionals to report (or to encourage patients to self-report), even if some time has passed since the end of their COVID-19 antiviral treatment.

This registry is not relevant to pregnancy exposure or outcomes associated with COVID-19 vaccines. For information about the use of COVID-19 vaccines and pregnancy, see [guide on COVID-19 vaccination in pregnancy and breastfeeding](#)

Hydroxychloroquine, chloroquine: increased risk of cardiovascular events when used with macrolide antibiotics; reminder of psychiatric reactions

Carefully consider the benefits and risks before prescribing systemic azithromycin or other systemic macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine. An observational study in patients with rheumatoid arthritis has shown that co-administration of azithromycin with hydroxychloroquine is associated with an increased risk of cardiovascular events and cardiovascular mortality.

Advice for healthcare professionals:

- an observational study has shown that co-administration of azithromycin with hydroxychloroquine in patients with rheumatoid arthritis is associated with an increased risk of cardiovascular events (including angina or chest pain and heart failure) and cardiovascular mortality
- carefully consider the benefits and risks before prescribing systemic azithromycin or other systemic macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine
- if there is a clinical need to prescribe systemic macrolide antibiotics with hydroxychloroquine or chloroquine, use caution in patients with risk factors for cardiac events and follow advice in the product information for each medicine
- be vigilant for psychiatric reactions associated with hydroxychloroquine or chloroquine, especially in the first month of treatment; events have been reported in patients with no prior history of psychiatric disorders
- report suspected adverse drug reactions on a [Yellow Card](#)

Advice for healthcare professionals to give to patients and carers:

- some antibiotics (known as macrolides) taken by mouth or given as an injection at the same time as hydroxychloroquine or chloroquine have been associated with an increased risk of side effects that affect the heart
- seek urgent medical help if you have any signs of problems with your heart (for example, palpitations, fainting, chest pain, or unexplained breathlessness)

- some patients have also reported mental health symptoms when they started treatment with hydroxychloroquine or chloroquine
- speak to your doctor as soon as possible if you or your family members or caregivers notice any new or worsening mental health symptoms
- read the patient information leaflet that comes with your medicine ([hydroxychloroquine](#) or [chloroquine](#)) and keep it handy in case you need to read it again

Regards



Deborah Cooke
Lead Pharmacist

ENC: Guidelines with extended review dates (to 3 years from date approved)

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