

Our Ref: DC/NB

6th July 2021

Website: www.barnsleyccg.nhs.uk
<http://twitter.com/nhsbarnsley>
www.facebook.com/nhsbarnsley

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 9th June 2021

The main outcomes of the meeting were: -

Prescribing Guidelines

There were no prescribing guidelines approved by the Committee this month.

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 approved by the Committee this month:

[GLP-1 agonists: Liraglutide \(Victoza®\) Lixisenatide \(Lyxumia®▼\) Dulaglutide \(Trulicity®\) Semaglutide \(Ozempic®\) Amber-G guideline \[UPDATED\]](#)

This Amber-G guideline has received a minor amendment; the new strengths of dulaglutide (3mg once weekly and 4.5mg once weekly) have been added.

[Demeclocycline Hydrochloride Shared Care Guideline for the treatment of chronic hyponatraemia associated with the syndrome of inappropriate secretion of antidiuretic hormone \(SIADH\)](#)

[UPDATED]

This guideline has been updated with minor amendments.

SYB Shared Care Protocol for Epilepsy in Adults [UPDATED]

The Committee received the updated draft collaborative SYB shared care guideline. The guideline will be uploaded to the BEST website in due course when the final version has been received.

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

AMAC Unit Discharge Information

Discharge letters (D1s) for day case patients who have attended the Acute Medical Assessment Clinic (AMAC) at Barnsley Hospital are completed by Physician Associates. The information in the medications changes section is transcribed by the Physician Associate using the information in the patient's notes. As Physician Associates are not prescribers, it has been agreed that when the patient's medication has been changed (e.g. a new drug initiated), the details of the prescribing clinician who made the change will also be included. The Committee agreed that this information would be shared with primary care clinicians.

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 April 2021		
Covid-19 Vaccine Moderna	Active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals aged ≥18 years	Formulary green
Estradiol and progesterone (Bijuve®)	Continuous combined hormone replacement therapy (HRT)	Non-formulary provisional grey
Icosapent ethyl (Vazkepa®)	Vazkepa® is indicated to reduce the risk of cardiovascular events in adult statin-treated patients at high cardiovascular risk with elevated triglycerides (≥150 mg/dL) and <ul style="list-style-type: none"> • established cardiovascular disease, or • diabetes, and at least one other cardiovascular risk factor. 	Non-formulary provisional grey
Oxycodone (Oxyact®) immediate release tablet	Severe pain requiring an opioid analgesic	Non-formulary provisional grey Oxycodone should be prescribed by brand. Shortec® is the immediate release brand of choice in Barnsley as agreed by the Committee.
Respiratory Formulary Review		
Hypertonic sodium chloride (MucoClear® 3%)	Mobilise lower respiratory tract secretions in mucous consolidation (e.g. cystic fibrosis)	Formulary green (previously non-formulary)
Sodium Chloride Solution 7 % Nebules (Nebusal®)	Mobilise lower respiratory tract secretions in mucous consolidation (e.g. cystic fibrosis)	Non-formulary provisional grey (previously non-formulary provisional green)
Fluticasone propionate/formoterol fumerate (Flutiform K-haler®)	Asthma	Non-formulary provisional grey (previously non-formulary provisional green)

Fluticasone propionate/formoterol fumarate (Flutiform®)	Asthma	Non-formulary provisional grey (previously non-formulary provisional green)
Fluticasone and salmeterol (Sirdupla® MDI)	Asthma	Non-formulary provisional grey (previously non-formulary provisional green)
Ciclesonide (Alvesco®)	Asthma	Non-formulary provisional grey (previously non-formulary)
Budesonide (Pulmicort®)	Asthma	Non-formulary provisional grey (previously non-formulary provisional green)
Other		
Betamethasone (as Valerate) 0.1% with Clioquinol 3% Cream / Ointment	Inflammatory skin conditions Eczema and psoriasis	Non-formulary provisional grey. (previously formulary green). The brand Betnovate-C® has been discontinued and whilst this is now available as a generic, the cost has significantly increased (£39 for 30g tube). The Committee agreed that this would be removed from the formulary and replaced with Synalar C® (fluocinolone acetonide 0.025% with clioquinol 3%).
Fluocinolone acetonide 0.025% with clioquinol 3% (Synalar C®) cream / ointment	Inflammatory skin conditions Eczema and psoriasis	Formulary green (previously non-formulary)
Ketovite®	Vitamin and mineral supplement	Formulary grey (previously formulary green) Forceval® is formulary green. Refer to Barnsley self-care guidelines, page 6: https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Self_Care_Guidance.pdf
Bempedoic acid and Bempedoic acid/Ezetimibe	Primary hypercholesterolaemia or mixed dyslipidaemia	Formulary red (previously non-formulary provisional grey) TA694 - Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia
Efudix® 5% cream (fluorouracil) Actikerall® cutaneous solution (fluorouracil and salicylic acid) Aldara 5% cream (imiquimod)	Actinic Keratosis	The Committee agreed that the classification of Efudix®, Aldara® and Actikerall® for Actinic Keratosis would change from Amber-G to Amber (shared care). Shared care guidelines will be developed The Actikerall® Amber G guideline has been removed from the BEST website. An additional tier will be incorporated into the Specialist Drugs Scheme for practices that optionally want to take on the management of patients through the Advice and Guidance pathway.

MHRA Drug Safety Update

The May 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/987707/May-2021-DSU-PDF.pdf

Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products

If a patient reports persistent symptoms when switching between different levothyroxine tablet formulations, consider consistently prescribing a specific product known to be well tolerated by the patient. If symptoms or poor control of thyroid function persist (despite adhering to a specific product), consider prescribing levothyroxine in an oral solution formulation.

The Medicines Management Team can provide advice on how to prescribe a specific generic product on the practice system.

Advice for healthcare professionals:

- generic prescribing of levothyroxine remains appropriate for the majority of patients and the licensing of these generic products is supported by bioequivalence testing
- a small proportion of patients treated with levothyroxine report symptoms, often consistent with thyroid dysfunction, when their levothyroxine tablets are changed to a different product – these cases are noted in [UK professional guidelines](#)
- if a patient reports symptoms after changing their levothyroxine product, consider testing thyroid function
- if a patient is persistently symptomatic after switching levothyroxine products, whether they are biochemically euthyroid or have evidence of abnormal thyroid function, consider consistently prescribing a specific levothyroxine product known to be well tolerated by the patient
- if symptoms or poor control of thyroid function persist despite adhering to a specific product, consider prescribing levothyroxine in an oral solution formulation
- report suspected adverse reactions to levothyroxine medicines, including symptoms after switching products, to the [Yellow Card scheme](#)

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