

Our Ref: DC/NB

10<sup>th</sup> May 2023

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

**Re: Summary of Key Points from the Area Prescribing Committee Meeting on 12<sup>th</sup> April 2023**

The main outcomes of the meetings were: -

### **Prescribing Guidelines**

The Committee endorsed the following Barnsley prescribing guidelines:

#### **Primary Care Antimicrobial Prescribing Guidance Barnsley Supporting Information [NEW]**

This supporting guideline is intended to be used in conjunction with the NICE/PHE summary of antimicrobial prescribing guidance, the link to which is currently on the BEST website: [Antimicrobial prescribing guidance summary - managing common infections Prescribing guideline \(barnsleyccg.nhs.uk\)](https://www.barnsleyccg.nhs.uk/antimicrobial-prescribing-guidance-summary-managing-common-infections-prescribing-guideline), to provide any additional information to clinicians supplementary to that which is already included in the NICE summary.

The APC previously agreed that the NICE/PHE summary would be used in place of the local primary care antimicrobial guidelines in their previous format. The reason for this was to ensure that clinicians always had access to the latest guidance as it became clear that it wasn't possible to update the local Barnsley guidance at the same frequency as the NICE/PHE summary, which is updated quarterly. Hence it was decided that it would be best practice for clinicians to access the NICE/PHE summary directly, and a more concise supporting document be produced to incorporate any extra information which wasn't already covered within the national guideline.

When using the NICE/PHE Summary of antimicrobial prescribing guidance, consideration should also be given to the [Barnsley Formulary](#). For example; consider the Barnsley [Self-Care](#) guidance for minor conditions such as oral thrush and threadworm, and in the case of azelaic acid prescribing for acne vulgaris, the first line choice is azelaic acid 20% cream (Skinoren®) and the second line choice is azelaic acid 15% gel (Finacea®), if stock of the first line choice is unavailable. Every effort has been made to include the antimicrobials within the NICE/PHE Summary on the Barnsley Formulary where appropriate, however should you notice any discrepancies please contact Joanne Howlett, Medicines Management Pharmacist [joanne.howlett2@nhs.net](mailto:joanne.howlett2@nhs.net) or Deborah Cooke, Lead Pharmacist [deborah.cooke@nhs.net](mailto:deborah.cooke@nhs.net).

Where a drug range is given in the NICE/PHE summary e.g. erythromycin 250mg to 500mg QDS or 500mg to 1000mg BD, local microbiologists advise the higher dose particularly in patients with a high

BMI. Similarly with dosing frequency, local microbiologists would recommend the greater frequency of dosing e.g. cefalexin 500mg TDS instead of 500mg BD.

Methenamine hippurate 1g tablets are not currently included in the NICE/PHE summary but for recurrent UTI (non-pregnant women), continuous prophylaxis with methenamine hippurate (urinary antiseptic agent) can be considered as a first-line alternative to continuous antibiotic prophylaxis. NICE are updating the guideline on recurrent UTI, the focus of the update being on methenamine as prophylaxis. Further information on methenamine can be found in the Supporting Information and the table below\*.

The Antimicrobial Supporting Information 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 Guidelines**

The Committee endorsed the following Barnsley shared care guidelines:

#### **Shared Care Guideline for Testosterone Replacement Therapy (TRT) [UPDATED]**

Testavan® 20mg/g gel has been added to the TRT shared care guideline as first line choice of testosterone gel for new patients. Testavan® has a lower acquisition cost than other testosterone gels and comparative costs are included in the guideline.

The updated shared care guideline 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](mailto: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**

#### **Prescribing Oscillating Positive Expiratory Pressure (OPEP) Devices (Sheffield)**

The [Sheffield OPEP Devices guideline](#) was shared with the Committee following a number of queries received from Barnsley GP Practices in recent months relating to requests to prescribe these devices. The Committee agreed that further work would initially be undertaken to ensure that a supporting pathway was in place locally and the Sheffield guidance would subsequently be reviewed and adapted for use in Barnsley in line with this.

#### **Gluten Free Prescribing Guidelines – SY ICB**

Gluten Free provision across South Yorkshire is now aligned to the 2023 [Coeliac UK](#) England recommendations. The SY ICB Gluten Free Prescribing Guidelines replace the previous Barnsley Gluten Free Prescribing Guidelines.

The SY ICB guidelines are available on the SY ICB website, under policies and procedures:

[SY Gluten Free Food Prescribing Guidelines\\_V1.0.pdf \(syics.co.uk\)](#)

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

### Medicines Optimisation Scheme 2023/24 QIPP areas involving specific brands or preparations

The Committee received information on the primary care Medicines Optimisation Scheme 2023/24 areas relating to specific brands or formulations. Changes to the formulary will be made in due course as summarised in the table below.

### Traffic Light and Formulary 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)
<b>SPS New Medicines Newsletter February 2023</b>		
<b>Dalteparin Sodium</b> Fragmin®	Treatment of symptomatic venous thromboembolism in <b>paediatric</b> patients.	Formulary red for treatment of symptomatic venous thromboembolism in <b>paediatric</b> patients.
<b>Primary Care Antimicrobial Prescribing Guidance Barnsley Supporting Information</b>		
<b>Methenamine hippurate 1g tablets</b>	<b>Recurrent UTI (non-pregnant women):</b> Continuous prophylaxis with methenamine hippurate (urinary antiseptic agent) can be considered as a first-line alternative to continuous antibiotic prophylaxis. NICE are updating the guideline on recurrent UTI, the focus of the update being on methenamine as prophylaxis.	Formulary green.  Refer to the Barnsley Primary Care Antimicrobial Prescribing Guidance Supporting Information, for further information on methenamine.  It is currently more cost effective to prescribe methenamine as the brand Hiprex® in primary care (March 2023).
<b>Phenazone 40mg/1g, Lidocaine 10mg/1g ear drops</b> Otigo®	<b>Acute Otitis Media:</b> Consider ear drops containing an anaesthetic and an analgesic (Otigo®) for pain if an immediate antibiotic is not given and there is no ear drum perforation or otorrhoea. <a href="#">NICE NG91</a>	Formulary green.  Refer to the <a href="#">NICE/PHE Summary of antimicrobial prescribing guidance</a> and the Barnsley Primary Care Antimicrobial Prescribing Guidance Supporting Information, for further information on Otigo® ear drops.
<b>Topical acetic acid 2%</b>	Acute Otitis Externa	Formulary green (previously non-formulary red)
<b>Bismuth subsalicylate</b>	Traveller's diarrhoea (prophylaxis/treatment)  Helicobacter pylori (unlicensed use)	Formulary grey.  For treatment of diarrhoea in adults, Barnsley <a href="#">Self-Care</a> guidance applies.
<b>Rifabutin</b>	Helicobacter pylori	Formulary red.  For third line treatment of Helicobacter pylori (unlicensed use).
<b>Furazolidone</b>	Helicobacter pylori	Formulary red.  For third line treatment of Helicobacter pylori (unlicensed medicine).
<b>Adapalene / benzoyl peroxide gel (Epiduo®)</b>	Acne vulgaris	Formulary green (previously non-formulary provisional grey).

		<p>Gel available in 2 strengths:</p> <ul style="list-style-type: none"> <li>• 0.1% adapalene / 2.5% benzoyl peroxide</li> <li>• 0.3% adapalene / 2.5% benzoyl peroxide</li> </ul>
<b>Clindamycin / tretinoin gel</b> (Treclin®)	Acne vulgaris	<p>Formulary green (previously non-formulary provisional grey).</p> <p>Gel (clindamycin 1%/ tretinoin 0.025%).</p>
<b>Benzoyl peroxide / clindamycin gel</b> (Duac® once daily)	Acne vulgaris	<p>Formulary green (previously non-formulary grey).</p> <p>Gel available in 2 strengths:</p> <ul style="list-style-type: none"> <li>• 1% clindamycin with 3% benzoyl peroxide</li> <li>• 1% clindamycin with 5% benzoyl peroxide</li> </ul>
<b>Fosfomycin</b> 3g single dose sachet	Lower urinary tract infection	Formulary green
<b>Famciclovir</b>	Genital herpes, Herpes zoster/ shingles	<p>Formulary green.</p> <p>Second line choice if stock of first line choice (aciclovir) is unavailable. Refer to the <a href="#">NICE/PHE Summary of antimicrobial prescribing guidance</a> for further information.</p>
<b>Valaciclovir</b>	Genital herpes, Herpes zoster/ shingles	<p>Formulary green</p> <p>Second line choice if stock of first line choice (aciclovir) is unavailable. Refer to the <a href="#">NICE/PHE Summary of antimicrobial prescribing guidance</a> for further information.</p>
<b>Azelaic acid gel 15%</b> (Finacea®)	Acne vulgaris	<p>Formulary green.</p> <p>Second line choice if stock of first line choice (azelaic acid cream 20%-Skinoren®) is unavailable.</p>
<b>Undecenoates</b> (Mycota®)	Athlete's foot	<p>Formulary grey</p> <p>For treatment of athlete's foot, Barnsley <a href="#">Self-Care</a> guidance applies.</p>
<b>Chlorhexidine</b> (Corsodyl®) spray	MRSA decolonisation if throat positive	<p>Formulary grey</p> <p>Only for use for MRSA decolonisation if throat positive in line with primary care antimicrobial treatment guidelines supporting document.</p> <p>For prevention of dental caries, Barnsley <a href="#">Self-Care</a> guidance applies.</p>
<b>Shared Care Guideline for Testosterone Replacement Therapy (TRT)</b>		
<b>Testosterone</b> (Testavan® 20mg/g gel)	Testosterone replacement therapy for adult male hypogonadism	<p>Formulary amber.</p> <p>Testavan® gel is the first line choice of testosterone gel for testosterone</p>

		replacement therapy for adult male hypogonadism.
<b>Medicines Optimisation Scheme 2023/24</b>		
<b>Luforbec® 200/6 MDI (Beclometasone and formoterol)</b>	Asthma – fixed dose treatment (maintenance treatment) only	Formulary green.  Luforbec® 100/6 and 200/6 MDI has replaced Fostair® 100/6 and 200/6 MDI on the formulary in primary care. This information will be incorporated into the Barnsley asthma guidelines.
<b>Tolthen® XL capsules (Tolterodine MR)</b>	Symptomatic treatment of urge incontinence and/or increased urinary frequency and urgency as may occur in patients with overactive bladder syndrome.	Formulary green.  Tolthen® XL is the preferred brand of tolterodine MR.  The Treatment of Overactive Bladder in Women guidance and Management of Lower Urinary Symptoms (LUTS) in men guidance will be updated in line with this.
<b>ClinOptic HA® 0.1% and 0.2% eye drops (Sodium hyaluronate)</b>	Dry eye	Formulary green.  0.1% and 0.2% preservative free eye drops (pump dispenser). 6 month expiry when opened.  ClinOptic HA® 0.1% and 0.2% eye drops are more cost-effective than Hylo-Tear® 0.1% and Evolve HA® 0.2% eye drops and are the brand of choice.  The dry eye guidelines will be updated to replace HyloTear® 0.1% and Evolve HA® 0.2% with ClinOptic HA® 0.1% and 0.2% respectively.
<b>Tiogiva® (Tiotropium bromide 18 microgram capsule - delivered dose of 10 micrograms)</b>	COPD	Formulary green.  Tiotropium hard capsules are reserved for use in COPD in existing patients only. Refer to COPD algorithm.  Tiogiva® is the brand of choice of tiotropium inhalation hard capsules.  Tiogiva® is available as 30 capsules with device or as a 30 capsule refill pack. The device should be replaced following the administration of a maximum of 180 capsules.  Tiogiva® 18 microgram dose, Braltus® 13 microgram dose and Spiriva handihaler® 18 microgram dose, have the same delivered dose of 10 micrograms tiotropium.
<b>Brancico® XL (Quetiapine modified release)</b>	Antipsychotic	Formulary amber.

		The preferred brands of quetiapine MR in Barnsley are Brancico® XL and Biquelle® XL.
<b>Opiodur®</b> (Fentanyl transdermal)	Severe chronic pain	Formulary green  The preferred brands in of transdermal fentanyl in Barnsley are Fencino® or Opiodur® - to be prescribed by brand name and not generically.
<b>Delofine® XL</b> (Felodipine prolonged release)	Hypertension Stable angina pectoris	Formulary green  It is more cost effective to prescribe felodipine prolonged release as the brand Delofine® XL in primary care.
Esomeprazole – capsules more cost effective than tablets.	Only for patients who remain symptomatic on 40mg omeprazole - review regularly.  For use in Savary-Miller Grade IV oesophagitis (Los Angeles Grade D) or above, or when complicated by GI bleeding	Formulary grey restricted.  Additional wording to be added to note that capsules are more cost effective than tablets.
<b>Other</b>		
<b>Daridorexant</b> Quviviq®	Insomnia	Non-formulary grey

### **MHRA Drug Safety Update**

The March 2023 MHRA Drug Safety Updates can be accessed at the following link:

[Drug Safety Update \(publishing.service.gov.uk\)](https://publishing.service.gov.uk)

Issues relating to primary care:

<p><b>Pholcodine-containing cough and cold medicines: withdrawal from UK market as a precautionary measure</b></p> <p>Advice for healthcare professionals regarding the withdrawal of pholcodine-containing medicines from the market.</p> <p><b>Advice for healthcare professionals:</b></p> <ul style="list-style-type: none"> <li>• pholcodine-containing cough and cold medicines are being withdrawn from the UK market as a precaution following a review which found that their benefits do not outweigh the increased risk of the very rare event of anaphylaxis to neuromuscular blocking agents (NMBAs) used in general anaesthesia</li> <li>• ask patients scheduled to undergo general anaesthesia involving NMBAs whether they have used pholcodine-containing medicines, particularly in the past 12 months, and maintain awareness about the potential for perianaesthetic anaphylaxis related to NMBAs</li> <li>• do not dispense or sell pholcodine-containing medicines – consider recommending appropriate treatment alternatives for patients who present with a new dry cough or who are currently taking pholcodine</li> <li>• pharmacies should follow the <a href="#">MHRA Class 2 Medicines Recall Notice</a> to quarantine stock of pholcodine-containing medicines and return it to the manufacturer</li> <li>• report suspected adverse drug reactions to the <a href="#">Yellow Card scheme</a></li> </ul> <p><b>Advice for healthcare professionals to provide to patients:</b></p> <ul style="list-style-type: none"> <li>• pholcodine-containing cough and cold medicines are being withdrawn from sale as a precaution and will no longer be available from pharmacies</li> </ul>
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- if you are taking a cough medicine (including tablets and syrups), check the packaging, label or Patient Information Leaflet to see if pholcodine is a listed ingredient – if it is, and you have any questions, you can talk to your pharmacist who can suggest a different medicine suitable for you
- there is evidence that using pholcodine-containing medicines leads to an increased risk of the very rare event of an allergic reaction (anaphylaxis) in patients who receive general anaesthesia involving neuromuscular blocking agents (NMBAs) during surgery
- tell your anaesthetist before you have surgery if you have taken pholcodine, particularly in the past 12 months, or think you may have taken a pholcodine-containing product
- there is no increased risk of allergic reactions, including anaphylaxis, with other allergens following pholcodine use and the absolute risk in patients who have used pholcodine is very small, but patients should talk to a pharmacist, their GP or their surgical team if they have any questions

Regards



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cc: Medicines Management Team  
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Area Prescribing Committee Members (Secretary to the APC to circulate)  
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