Barnsley
Clinical Commissioning Group

Medicines Management Team
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Our Ref: DC/NB

4th March 2021

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 10th February 2021

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee this month and are available on the BEST website:

- **Guide to Prescribing Thickeners for Adults [UPDATED]**

This guideline has received minor amendments.

- **Adult Primary Care Antimicrobial Treatment Guidelines [MINOR UPDATE]**

Information on MRSA decolonisation has been added to the skin infections section.

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

There were no shared care / Amber-G guidelines approved by the Committee this month.

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

Phyllocontin® Discontinuation

Reference was made to the CAS alert issued on the 9th February advising of the discontinuation of Phyllocontin® (aminophylline) 225mg and 350mg modified release tablets. Further information and actions for providers are detailed within the alert.

It was highlighted that patients should be reviewed to determine if a methylxanthine is still required. The Committee agreed that it was also important to liaise with local community pharmacies regarding stock availability.

Supporting local guidance will be produced in consultation with the respiratory 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 December 2020		
Buprenorphine and naloxone (Suboxone® **sublingual film**)	Substitution treatment for opioid drug dependence	Non-formulary provisional grey
COVID 19 vaccines: Pfizer-BioNTech COVID-19 vaccine (BNT162b2) Oxford University/AstraZeneca Covid-19 vaccine (ChAdOx1-S)	Active immunisation to prevent COVID-19 caused by SARS-CoV-2 virus	Formulary green COVID-19 vaccination programme information has been collated by the Medicines Management Team.
Lidocaine and Phenazone (Otigo® 40mg/10mg/g ear drops, solution)	Local symptomatic treatment and relief of pain in diseases of the middle ear.	Non-formulary provisional grey
New Product Applications		
Aptamil Pepti-Junior®	Infant formula for infants (birth-12 months) with disaccharide and/or whole protein intolerance, or where amino acids and peptides are indicated in conjunction with medium chain triglycerides (MCT) e.g. Cow's milk protein allergy with accompanying malabsorption.	Formulary amber-G The infant formula prescribing guidelines are currently being updated to include Aptamil Pepti-Junior®.
Traffic light classification changes		
Degarelix (Firmagon®) injection	Advanced hormone-dependent prostate cancer	The Committee agreed that the traffic light classification **will change from red to amber** when the shared care guideline has been developed and approved.
Roflumilast (Daxas®) tablets	COPD	The Committee agreed that the traffic light classification **will change from red to amber** when the shared care guideline has been developed and approved.
Other		
FreeStyle Libre® 2	Flash glucose monitoring system	It was agreed that the local Freestyle Libre® protocols will be updated to include information on FreeStyle Libre® 2.
Products removed from the formulary		
Fresubin YoCreme® **Forticreme Complete®**	Oral Nutritional Supplements – dessert style	Non-formulary provisional amber-G (previously formulary amber-G) Aymes® ActaCal Creme and Ensure Plus Creme® (both Amber G) are the dessert style oral nutritional supplements on the formulary. **Aymes® ActaCal Creme is the most cost effective option in primary care.** The oral nutritional supplement prescribing guidelines are currently being updated.

Fortijuice®	Oral Nutritional Supplement	Non-formulary provisional amber-G (previously formulary amber-G) **Aymes® Actasolve Smoothie is the first-line juice style supplement in primary care** (formulary green). The sachet is mixed with water to prepare a juice style drink. Juice style supplements remain second-line to milk-style supplements. **Nualtra Altrajuce® is the second line liquid juice oral nutritional supplement in primary care (**formulary green). Ensure Plus Juce® is used at BHNFT (formulary amber-G).

MHRA Drug Safety Update

The January 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/950307/Jan-2021-DSU-PDF-pub.pdf

Antiepileptic drugs in pregnancy: updated advice following comprehensive safety review

A review of the risks of major congenital malformations and of adverse neurodevelopmental outcomes for antiepileptic drugs by the Commission on Human Medicines has confirmed that lamotrigine (Lamictal®) and levetiracetam (Keppra®) are the safer of the medicines reviewed during pregnancy. This review was initiated in the context of the known harms of valproate in pregnancy, which should only be prescribed to women of childbearing potential **if there is a pregnancy prevention programme in place**.

Clinicians should use this information when discussing treatment options with women with epilepsy at initiation and at routine recommended annual reviews and in women planning to become pregnant.

Summary of key conclusions of review

- **Lamotrigine** – Studies involving more than 12,000 pregnancies exposed to lamotrigine monotherapy consistently show that lamotrigine at maintenance doses is not associated with an increased risk of major congenital malformations
- **Levetiracetam** – Studies involving more than 1,800 pregnancies exposed to levetiracetam do not suggest an increased risk of major congenital malformations
- For both lamotrigine and levetiracetam, the data on neurodevelopmental outcomes are more limited than those for congenital malformations. The available studies do not suggest an increased risk of neurodevelopmental disorders or delay associated with in-utero exposure to either lamotrigine or levetiracetam; however, the data is inadequate to rule out definitively the possibility of an increased risk
- For the other key antiepileptic drugs, data show:
    - an increased risk of major congenital malformations associated with carbamazepine, phenobarbital, phenytoin, and topiramate use during pregnancy
    - the possibility of adverse effects on neurodevelopment of children exposed in utero to phenobarbital and phenytoin
    - an increased risk of fetal growth restriction associated with phenobarbital, topiramate, and zonisamide use during pregnancy

Actions for prescribers

- At initiation and as part of the recommended annual review for patients with epilepsy, specialists should discuss with women the risks associated with antiepileptic drugs and with untreated epilepsy during pregnancy and review their treatment according to their clinical condition and circumstances – the MHRA have produced a safety information leaflet to assist with this discussion

- Urgently refer women who are planning to become pregnant for specialist advice on their antiepileptic treatment
- All women using antiepileptic drugs who are planning to become pregnant should be offered 5mg per day of folic acid before any possibility of pregnancy
- For lamotrigine, levetiracetam or any antiepileptic drugs that can be used during pregnancy, it is recommended to
    - use monotherapy whenever possible
    - use the lowest effective dose (see later for key dose monitoring advice, including for lamotrigine and levetiracetam)
    - report any suspected adverse effects experienced by the mother or baby to the Yellow Card Scheme

Reminder of advice to give to women with epilepsy

- Do not stop taking antiepileptic drugs without discussing it with your doctor
- If you are taking an antiepileptic drug and think you may be pregnant, seek urgent medical advice, including urgent referral to your specialist
- Read the patient information leaflets that accompany your medicines and other information provided by your healthcare professional

SSRI/SNRI antidepressant medicines: small increased risk of postpartum haemorrhage when used in the month before delivery

SSRIs and SNRIs are known to increase bleeding risks due to their effect on platelet function. Data from observational studies suggest that the use of SSRI/SNRI antidepressants during the month before delivery may result in a small increased risk of postpartum haemorrhage.

Prescribers should consider this risk in the context of an individual patient's bleeding and thrombotic risk assessment during the peripartum period and the benefits of antidepressants for the patient's mental health during this time.

Advice for healthcare professionals:

- SSRIs and SNRIs are known to increase the bleeding risk; observational data suggest that the use of some antidepressants in the last month before delivery may increase the risk of postpartum haemorrhage
- continue to consider the benefits and risks for use of antidepressants during pregnancy, and the risks of untreated depression in pregnancy
- healthcare professionals, including midwives, should continue to enquire about the use of antidepressant medicines, particularly in women in the later stages of pregnancy
- consider the findings of the review in the context of individual patient risk factors for bleeding or thrombotic events
- do not stop anticoagulant medication in women at high risk of thrombotic events in reaction to these data but be aware of the risk identified
- report any suspected adverse reactions associated with medicines taken during pregnancy via the Yellow Card Scheme

Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Management Team
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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