Barnsley
Clinical Commissioning Group

Medicines Management Team
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Our Ref: DC/NB

8th October 2020

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 9th September 2020

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Primary care prescribing guidelines: advisory, minimum and gold [UPDATED] and Community pharmacy key dispensing guidelines [UPDATED]
These were recently approved by the Committee and are now available on the BEST website at the following link:
https://best.barnsleyccg.nhs.uk/prescribing-guidelines/gold-guidelines-for-prescribing-and-dispensing-apc-approved/115851

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

Melatonin Amber-G guideline [UPDATED and change from AMBER to AMBER-G)
The draft guideline was received by the Committee and it was agreed that feedback would be sought from the LMC and other key stakeholders.

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 Information/Advice

Steroid Emergency Card NPSA alert

The Committee discussed the NPSA alert which includes actions for all organisations. The Medicines Management Team will be undertaking a piece of work to gain assurance across primary care that information is captured on the GP system when a card is given to a patient.

Priadel® tablets (lithium carbonate)

The Committee discussed the DHSC supply disruption alert which was issued in August 2020 stating that Priadel® tablets were due to be discontinued with supplies expected to be exhausted by April 2021. **However its withdrawal has since been paused** and the Competition and Markets Authority (CMA) have launched an investigation into a suspected breach of competition law. The DHSC requested that the CMA impose interim measures to pause the withdrawal of Priadel® while the investigation is ongoing. The manufacturer has informed the DHSC that it will continue to supply the drug to facilitate discussions on pricing, removing the immediate threat to patients. This will be discussed again in the October APC meeting.

Traffic Light Classifications

The Committee provisionally assigned the following classifications to the products included in the table below (subject to ratification in the November meeting).

Drug	Formulary Indication	Traffic light status (Drugs with a provisional classification are not currently included on the Barnsley formulary)
Horizon Scanning Document – August 2020		
Remdesivir 100 mg powder for concentrate for solution for infusion/ concentrate for solution for infusion (Veklury®▼, Gilead Sciences Ltd)	Indicated for the treatment of coronavirus disease 2019 (COVID-19) in adults and adolescents (aged 12 years and older with body weight at least 40 kg) with pneumonia requiring supplemental oxygen	Formulary red restricted Interim Clinical Commissioning Policy (7th July 2020): https://www.england.nhs.uk/coronavirus/publication/interim-clinical-commissioning-policy-remdesivir-for-patients-hospitalised-with-covid-19-adults-and-children-12-years-and-older/ MHRA COVID-19 Therapeutic Alert (3rd September 2020): https://www.cas.mhra.gov.uk/ViewandAcknowledgment/ViewAlert.aspx?AlertID=103091
Delafloxacin meglumine 300 mg powder for concentrate for solution for infusion, 450 mg tablets (Quofenix▼®, A. Menarini Farmaceutica Internazionale SRL)	Acute bacterial skin and skin structure infections (ABSSSI)	Non-formulary provisional red
Nifedipine 20 mg modified release tablets (**Dexipress**®, Dexcel Pharma Ltd)	Treatment of hypertension and the prophylaxis of chronic stable angina pectoris.	Non-formulary provisional grey Nifedipine preparations should be prescribed by brand:

		https://www.sps.nhs.uk/wp-content/uploads/2017/12/UKMi_QA_Brand-name_prescribing_Update_Nov2017.pdf?UNLID=24235289202092114 1419
New Product Applications		
Opicapone 50mg capsules (Ongentys▼®)	Indicated as adjunctive therapy to preparations of levodopa/ DOPA decarboxylase inhibitors (DDCI) in adult patients with **Parkinson's disease** and end-of-dose motor fluctuations who cannot be stabilised on those combinations.	Formulary amber. SYB Shared Care Guideline currently in development. Opicapone should only be used second line where entacapone is unsuitable.
Elecare® Infant Formula	Amino acid infant formula	Formulary amber-G. Infant formula guidance currently being updated to include Elecare®.
Other		
Liskonum® MR (lithium carbonate 450mg MR tablets)	Treatment and prophylaxis of mania, bipolar disorder, and as an augmentation strategy in the management of recurrent depression; aggressive or self-mutilating behaviour	Formulary amber. Lithium preparations should be prescribed by brand: https://www.sps.nhs.uk/wp-content/uploads/2017/12/UKMi_QA_Brand-name_prescribing_Update_Nov2017.pdf?UNLID=24235289202092114 1419 Lithium amber shared care guideline: https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/Lithium%20Shared%20Care%20Guidelines.pdf

MHRA Drug Safety Update

The August 2020 MHRA Drug Safety Update can be accessed at the following link:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/912231/Aug-2020-DSU-PDF.pdf

Issues relating to primary care:

Stimulant laxatives (bisacodyl, senna and sennosides, sodium picosulfate) available over-the-counter: new measures to support safe use
The MHRA have introduced pack size restrictions, revised recommended ages for use, and new safety warnings for over-the-counter stimulant laxatives (orally and rectally administered) following a national safety review. Advise patients that dietary and lifestyle measures should be used first line for relieving short-term occasional constipation and that stimulant laxatives should only be used if these measures and other laxatives are ineffective.
Advice for healthcare professionals: **Constipation treatment options** • for constipation, manage underlying causes and advise adult patients on appropriate first-line dietary and lifestyle measures, such as increasing dietary fibre, fluid intake, and activity levels

- stimulant laxatives should only be used if other laxatives (bulk-forming and osmotic) are ineffective (as clinical guidance)
- children younger than 12 years should not use stimulant laxatives without advice from a prescriber and clinical guidance should be followed

Changes to availability

- large packs of stimulant laxatives will no longer be available from general sale outlets, such as newsagents and supermarkets — smaller packs will continue to be available in these outlets for short-term, occasional constipation in adults
- pharmacies will continue to hold larger packs of up to 100 tablets for use in adults and children aged 12 years or older, under the supervision of a pharmacist – see Pharmacy Guide produced by the Royal Pharmaceutical Society and MHRA

Advice to provide to patients

- seek support from a doctor, nurse, or pharmacist for ongoing constipation, rather than self-medicating with laxatives in the long-term
- if symptoms of constipation persist after dietary and lifestyle changes and short-term laxative treatment (under the advice of pharmacist), or in case of persistent abdominal pain or passing blood, consult a doctor
- parents and caregivers should seek medical advice about constipation in children – children younger than 12 years should not use stimulant laxatives unless told to do so by their prescriber

Denosumab 60mg (Prolia®): increased risk of multiple vertebral fractures after stopping or delaying ongoing treatment

Evaluate a patient's individual factors for benefits and risks before initiating treatment with denosumab 60mg, particularly in those with previous vertebral fracture. Patients should not stop denosumab without specialist review.

Advice for healthcare professionals:

- an increased risk of multiple vertebral fractures has been reported in patients within 18 months of stopping or delaying ongoing denosumab 60mg treatment for osteoporosis; cases have been reported in patients in the UK
- patients with a previous vertebral fracture may be at highest risk
- evaluate a patient's individual factors for benefits and risks before initiating treatment with denosumab, particularly in patients at increased risk of vertebral fractures for example those with previous vertebral fracture
- patients should not stop denosumab without specialist review
- the optimal duration of denosumab treatment for osteoporosis has not been established; re-evaluate the need for continued treatment periodically based on the expected benefits and potential risks of denosumab on an individual patient basis, particularly after 5 or more years of use
- risks of long-term treatment with denosumab include rare cases of osteonecrosis of the jaw and atypical femoral fractures; osteonecrosis of the external auditory canal has also been reported in association with denosumab
- NICE rapid guidance (30 April 2020) advises not to postpone ongoing treatment with denosumab during the coronavirus (COVID-19) pandemic
- report suspected adverse drug reactions to denosumab on a Yellow Card

Advice to give to patients:

- there have been reports of increased risk of multiple fractures in the spine after stopping or delaying ongoing treatment with denosumab 60mg (Prolia®) treatment
- do not stop denosumab treatment without talking to your doctor to discuss your individual risk factors
- if you miss a prescribed dose of denosumab, the missed injection should be administered as soon as possible. After this, your next injection will be scheduled 6 months from the date of your last

injection
- continue to regularly review your treatments for osteoporosis with your doctor

Emollients and risk of severe and fatal burns: new resources available

Healthcare professionals are informed of the recent campaign to promote awareness of the risk and new resources available to support safe use following previous advice to health and care professionals.

There is a risk of severe and fatal burns with all emollients – see the Drug Safety Update from December 2018.

Emollients can transfer from the skin onto clothing, bedding, dressings, and other fabric. Once there, they can dry onto the fabric and build up over time. In the presence of a naked flame, fabric with emollient dried on is easily ignited.

Although emollients are not flammable in themselves or when on the skin, when dried on to fabric they act as an accelerant, increasing the speed of ignition and intensity of the fire. This accelerant effect significantly reduces the time available to act to put out a clothing or bedding fire before serious and fatal burns are sustained.

This applies to all emollients, whether they contain paraffin or not.

Resources for health and social care professionals to support the safe use of emollients are available at:
https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions
and include leaflets, posters, stickers and a presentation pack.

Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Management Team
Sarah Petty, 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