South Yorkshire Integrated Care Board

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Our Ref: DC/NB

8th April 2025

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meetings on 12th February and 12th March 2025.

The main outcomes of the meetings were: -

Prescribing Guidelines

Guidance on the use of strong opioids in Barnsley [UPDATED]
This guidance has been updated and includes information regarding Oxypro®, the oxycodone prolonged release brand of choice in primary care in Barnsley, in line with the Barnsley formulary. Opening instructions have also been included for the Oxypro® child proof blister packs.

Note: As previously communicated, inpatients at BHNFT prescribed oxycodone prolonged release will continue to be prescribed the brand Longtec®. It has been agreed that both brands will be documented on the D1 discharge letter (e.g. Longtec®/OxyPro®) to indicate that OxyPro® can be substituted for Longtec® following discharge back to primary care.

The updated guideline is available on the BEST website: Pain: Guidance of the Use of Strong Opioids (APC Approved) - BEST

Choice of Direct Oral Anticoagulant (DOAC) for prevention of stroke and systemic embolism in adults with non-valvular AF (NVAF) Position Statement [UPDATED]
This position statement has been updated in line with the updated NHS commissioning recommendations for national procurement for DOACs in September 2024.

Where a DOAC is considered to be the most appropriate anticoagulant, generic rivaroxaban **or** generic apixaban are to be used first line (joint best value) for patients commencing treatment for NVAF unless there is a specific clinical reason not to do so. Rivaroxaban is a once a day treatment. Apixaban is a twice a day treatment.

Refer to the updated position statement for information on which DOACs should be considered if generic rivaroxaban and generic apixaban are contraindicated or not clinically appropriate for the specific patient.

The updated position statement will be available on the BEST website in due course.

NPPG (Neonatal and Paediatric Pharmacy Group) and RCPCH (Royal College of Paediatrics and Child Health) Using standardised concentrations of liquid medicines in children [update]
NPPG and the RCPCH strongly recommend that when children require liquid medications, they should receive the RCPCH and NPPG recommended concentration, where one exists.

The updated guidance, which details recommendation concentrations for 15 medicines, was received by the Committee: NPPG-Position-Statement-Standardised-Oral-Liquid-Concentrations-V10-December2024.pdf

The updated guidance can also be accessed via the BEST website: Paeds: NPPG Position Statement - Using Standardised Concentrations of Liquid Medicines in Children (APC Approved) - BEST

Information will continue to be incorporated within the Barnsley formulary and ScriptSwitch.

South Yorkshire Integrated Medicines Optimisation Committee (IMOC) approved Prescribing Guidelines
The following South Yorkshire IMOC approved prescribing guidelines were received and noted by the Committee:

- Medicines with teratogenic potential: what is effective contraception and how often is pregnancy testing needed? Guidance for primary care clinicians.
  Medicines_with_teratogenic_potential_Final_V6.pdf
- Topiramate Guidance: Assessing female patients of childbearing potential in Primary Care.
  Topiramate_review_flowcharts_FINAL.pdf
- SY Valproate Guidance in Primary Care (updated November 2024).
  Valproate_-_SY_primary_care_factsheet_V1.2_FINAL.pdf
- Neurology: Migraine Management.
  SY_ICB_Neurology_Migraine_Management_V1.0.pdf
- Rimegepant (Vydura®) Supporting Information for Acute Treatment of Migraine in Adults.
  Rimegepant_Supporting_Information_For_Acute_Treatment_of_Migraine_-Clinician_V1.0.pdf
- Rimegepant for Treating a Migraine Attack Patient Information.
  Rimegepant_for_Treating_a_Migraine_Attack-_Patient_Information_V1.0.pdf
  (Please note the patient information and supporting information links are included within the Migraine Management guideline)
- Prescribing Guidance for Ibandronic acid 50mg tablets as adjuvant therapy in early breast cancer.
  Prescribing Guidance for Ibandronic acid 50mg tablets as adjuvant therapy in early breast cancer V2.0. pdf

Please note that the links included above link to the latest version of the respective guideline at the time of writing. To ensure you are accessing the latest version, the guidelines can be found under the 'South Yorkshire IMOC Guidance Documents' blue drop down header tab, on the South Yorkshire IMOC section of the ICB website:
South Yorkshire Integrated Medicines Optimisation Committee :: South Yorkshire I.C.B

Holding pages for each guideline are in the process of being added to the BEST website, along with a link to the South Yorkshire IMOC website and information on where the guideline can be located. Links will also continue to be added to the relevant entries on the Barnsley Formulary and ScriptSwitch.

Amber G / Shared Care Guidelines

South Yorkshire Integrated Medicines Optimisation Committee (IMOC) approved Shared Care Guidelines

The following South Yorkshire IMOC approved shared care guideline was received by the Committee for information:

- Relugolix-estradiol-norethisterone acetate (Ryeqo®) for moderate to severe symptoms of uterine fibroids in adult patients
  RYEQO__shared_care_protocol.pdf

The link above links to the latest version of the guideline at the time of writing. To ensure you are accessing the latest version, the guideline can be found under the 'South Yorkshire IMOC Shared Care Protocols' blue drop down header tab, on the South Yorkshire IMOC section of the ICB website:
South Yorkshire Integrated Medicines Optimisation Committee :: South Yorkshire I.C.B

A holding page for the guideline has also been added to the BEST website along with a link to the South Yorkshire IMOC website and information on where guidance can be located:
Relugolix-estradiol-norethisterone acetate (Ryeqo®) for moderate to severe symptoms of uterine fibroids in adult patients Shared Care Guideline - BEST

A link to the holding page on BEST has also been added to the Ryeqo® entry on the Barnsley Formulary.

Other

DPP-4 inhibitors ('Gliptins') in the management of Type 2 Diabetes

A proposed South Yorkshire ICB Gliptin Position Statement was shared with the Committee in advance of it being taken to the South Yorkshire Integrated Medicines Optimisation Committee (IMOC) meeting for endorsement.

When a DPP-4 inhibitor (gliptin) is indicated, generic sitagliptin is the proposed first line option as this is the most cost-effective choice. Sitagliptin requires dosage adjustment when eGFR< 45mL/min/1.73m^2 (refer to the SPC for further information). It is proposed that linagliptin is the second line gliptin to be used only after sitagliptin has been tried, or if eGFR < 45ml/min/1.73m^2. Linagliptin 5mg has a 24 fold higher acquisition cost than generic sitagliptin 100mg.

Further information including formulary updates will be provided following the April IMOC and Barnsley APC meetings.

BHNFT ''Why should I bring my medicines to hospital'' Poster [NEW]

A poster (enclosed) created by the BHNFT QI Team was received by the Committee and it was agreed that this would be circulated to primary care colleagues for displaying on noticeboards or electronic noticeboards. The poster has since been circulated to Practice Managers via email and has also been circulated via the Primary Care Bulletin on the 2nd April 2025. The poster has also been shared with community pharmacy colleagues.

The poster notes that patients are discharged with at least a two week supply of medication. The exception being patients who receive their medication in a monitored dosage system (MDS) where a one week supply is the usual quantity provided.

If requests are received in primary care for urgent supplies of medication following discharge as a result of patients not being provided with the above quantities of medication at discharge, these should be reported via the APC reporting route.

SWYFT Greenlight Alert: Iodine Based Dressings and Products
The Committee received the enclosed Greenlight alert produced by produced by colleagues within SWYFT which includes information regarding iodine-based dressings/products and associated contraindications for use.

Accessing Guidelines
Prescribing guidelines, shared care and amber G guidelines can be accessed via the BEST website or the Barnsley formulary:
Prescribing guidelines - BEST

Shared care and Amber G guidelines - BEST

The Barnsley Joint Formulary can be accessed at the link below:
http://www.barnsleyformulary.nhs.uk/

Healthcare professionals (including primary and secondary care clinicians and community pharmacists) are encouraged to report any medicines related interface issues (examples include shared care, prescribing guideline, formulary or discharge related issues), particularly where guidelines are not being complied with, to the following email address: BarnsleyAPCReport@nhs.net.

Barnsley Formulary Updates
The Committee noted the traffic light classifications recently assigned by the South Yorkshire Integrated Medicines Optimisation Committee (IMOC) and the following formulary positions were agreed by the Committee:

Drug	**Formulary Indication**	**Barnsley Formulary status (including traffic light classification)**
Horizon Scanning February/March IMOC		
Spironolactone oral solution	Congestive cardiac failure, hepatic cirrhosis with ascites and oedema, malignant ascites, nephrotic syndrome and diagnosis and treatment of primary aldosteronism	Formulary green 5mg in 1mL (25mg/5ml) and 10mg in 1mL (50mg/5ml) licensed oral solutions are now available. These were previously available as specials. Note the increased cost of the oral solution compared to the tablets and the differences in bioavailability between the oral solution and tablets (*The Urospir® SPC for the oral solution notes that the solution is not bioequivalent to the tablet and switching between spironolactone tablets or other spironolactone products and this formulation should be avoided if possible. If a switch is necessary, caution and increased clinical supervision are required*). Wording will be added to the Barnsley Formulary and ScriptSwitch regarding this. Costs for information: dm+d January 2025: 25mg/5ml 150ml = £123.93 50mg/5ml 150 ml = £247.85 Drug Tariff January 2025: 25mg tablets x28 = £1.34 50mg tablets x28 = £2.94 100mg tablets x 28 = £2.91

Bimatoprost + timolol eye drops	Reduction of intraocular pressure in adults with open-angle glaucoma or ocular hypertension who are insufficiently responsive to topical beta-blockers or prostaglandin analogues	Formulary green
Respiratory syncytial virus vaccine	Active immunisation for the prevention of lower respiratory tract disease caused by respiratory syncytial virus in adults 50 through 59 years of age who are at increased risk for RSV disease	Formulary green Green Book Respiratory Syncytial Virus
Other		
Relugolix-estradiol-norethisterone acetate (Ryeqo®)	Moderate to severe symptoms of uterine fibroids in adult patients.	Formulary amber now that the Ryeqo shared care protocol is available on the IMOC section of the SYICB website (previously formulary red).
Alimemazine (dual classification)	Indications other than those included in the South Yorkshire Shared Care Protocol for sleep disorders in children	Non-formulary grey. (Alimemazine for the treatment of sleep disorders in children when initiated by the specialist clinicians at Sheffield Children's NHS Foundation Trust Tertiary Sleep Service remains formulary amber).
Tirzepatide (dual classification)	For managing overweight and obesity in line with NICE TA1026	Interim grey classification, interim SYIMOC position statement available Tirzepatide_SYICB__Position_Statement_January_2025_V1.pdf Note: The position statement was endorsed and interim traffic light classification assigned prior to the publication of the NHS England interim commissioning guidance on 27th March 2025. Changes will be communicated when considered and agreed by the SYIMOC. (Amber G classification remains for use in type 2 diabetes).
Fobumix® Easyhaler 160micrograms / 4.5micrograms	License extension noted to include: Reliever therapy for adults and adolescents (12 years and older) with mild asthma.	Formulary green Fobumix® Easyhaler 160micrograms / 4.5micrograms is the first line budesonide/formoterol dry powder inhaler on the Barnsley formulary for use as Anti-Inflammatory Reliever (AIR) therapy for adults and adolescents (12 years and older) with mild asthma. The Barnsley Asthma guideline is in the process of being updated to incorporate this information. Fobumix® has a 23% lower acquisition cost* than Symbicort® and also remains the first line budesonide/formoterol dry powder inhaler on the Barnsley formulary for use in fixed dose or MART regimes. *Cost information: Fobumix® £21.50, Symbicort® £28.00

MHRA Drug Safety Update

The January and February 2025 MHRA Drug Safety Updates can be accessed at the following links:
January_2025_DSU.pdf
February_2025_DSU.pdf

Issues relating to primary care:

Valproate (Belvo, Convulex, Depakote, Dyzantil, Epilim, Epilim Chrono or Chronosphere, Episenta, Epival, and Syonell▼): review by two specialists is required for initiating valproate but not for male patients already taking valproate

Review by two specialists remains in place for patients initiating valproate under 55 years of age but the Commission on Human Medicines (CHM) has advised that it will not be required for men (or males) currently taking valproate. Three infographics have been developed to provide clarity regarding valproate prescribing.

Advice for Healthcare Professionals:

- the CHM has advised that a review by two specialists is required for initiating valproate in patients under 55 years of age but not for men who are already taking valproate
- three infographics have been produced to clarify in which situations review by two specialists may be required:
  - for female patients under 55 years old
  - for male patients under 55 years old
  - for male and female patients 55 years and older
- a list of who might qualify as a specialist can be found at Valproate safety measures
- report suspected adverse reactions associated with valproate on Yellow Card

Reminder of previous advice for healthcare professionals:

Patients under 55 years of age starting valproate

- valproate must not be started in new patients (male or female) younger than 55 years unless two specialists independently consider and document that there is no other effective or tolerated treatment, or there are compelling reasons that the reproductive risks do not apply. For many patients, other effective treatment options are available to treat their bipolar disorder or epilepsy
- information on permanent reasons or compelling reasons as to why the reproductive risks may not apply to a patient may be sought from clinical guidance

Women and girls of childbearing potential currently taking valproate

- at their next annual specialist review, women and girls of childbearing potential receiving valproate should have their treatment reviewed using the revised Annual Risk Acknowledgement Form. At this review, if the patient has never been reviewed by two specialists either at initiation or annual review, a second specialist signature will be needed if the patient is to continue on valproate. Women do not need to be recalled for an additional review. Once a patient has received a treatment review by two specialists, subsequent annual reviews only require one specialist

Men currently taking valproate

- as a precaution, recommend that male patients and their female sexual partner use effective contraception (condoms, plus effective contraception used by female sexual partner) throughout the valproate treatment period and for 3 months after stopping valproate, to allow for one completed sperm cycle not exposed to valproate
- at their next regular treatment review, discuss with men on oral valproate treatment whether they are planning to father a child in the next year and if they are, refer to a specialist to discuss most appropriate treatment options
- advise men not to donate sperm during valproate treatment and for 3 months after stopping valproate
- if a female reports they are pregnant or planning a pregnancy with a man on valproate, refer them for prenatal counselling

Advice for Healthcare Professionals to Provide to Patients:

- do not stop taking valproate without advice from a specialist. This is because epilepsy or bipolar disorder may worsen without treatment
- if you are on valproate, please attend any offered appointments to discuss your treatment and talk to a healthcare professional if you are concerned
- if you wish to discuss family planning, please contact a healthcare professional

Kind Regards

Deborah Cooke
Senior Pharmacist [Strategy and Delivery - Barnsley & Clinical Effectiveness]

Enc: Why should I bring my medicines to hospital poster (produced by BHNFT)
Greenlight Alert: Iodine Dressings (produced by SWYFT)

cc: Medicines Optimisation Team (Barnsley Place)
Rebecca Hoskins, BHNFT
Nisha Pounj-Taylor, BHNFT
David Bryant, BHNFT
Sarah Hudson, SWYPFT
Area Prescribing Committee Members (Secretary to the APC to circulate)
Local Medical Committee (Secretary to the LMC to circulate)
Alex Molyneux, South Yorkshire ICB
Heidi Taylor, South Yorkshire ICB
Charlotte McMurray, South Yorkshire ICB
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