South Yorkshire Integrated Care Board

Barnsley Office: Hillder House
49/51 Gawber Road
Barnsley
South Yorkshire
S75 2PY

Our Ref: DC/NB

8th July 2022

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 15th June 2022

The main outcomes of the meetings were: -

Prescribing Guidelines

The Committee endorsed the following position statements and prescribing guidelines:

Choice of Direct Oral Anticoagulant (DOAC) for the prevention of stroke and systemic embolism in adults with non-valvular AF (NVAF) Area Prescribing Committee Position Statement [NEW]

Following the NHS commissioning recommendations, **edoxaban (Lixiana®) is the first line DOAC for NVAF**, as it has the lowest acquisition cost.

Where a DOAC is considered to be the most appropriate anticoagulant, edoxaban is to be used first line for patients with NVAF unless there is a specific clinical reason not to do so. Refer to the Barnsley Anticoagulation for Stroke Prevention in NVAF: Joint primary and secondary care guideline, the relevant NICE technology appraisal guidance and SPC for further information. If edoxaban is contraindicated or not clinically appropriate for the specific patient then, in line with NHS England commissioning recommendations, clinicians should then consider rivaroxaban first, then apixaban or dabigatran.

NICE NG196 (AF: diagnosis and management) recommends a DOAC as the first line anticoagulant for stroke prevention in AF and this will be taken into consideration when the Barnsley Anticoagulation NVAF guidance is reviewed.

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

Supplementary edoxaban guidance will be developed to support prescribers.

Alimemazine Area Prescribing Committee Position Statement [MINOR UPDATE]
Alimemazine has a grey non formulary classification and the prescribing of alimemazine is not supported by Barnsley Area Prescribing Committee. The position statement has been amended to note that it is more cost effective to prescribe the liquid formulation of alimemazine as Alfresed® syrup in line with the Barnsley Formulary and primary care Medicines Optimisation Scheme 2022/23.

Liothyronine (including Armour® Thyroid and liothyronine combination products) Area Prescribing Committee Position Statement) [MINOR UPDATE]
The routine prescribing of liothyronine in primary care is not supported by Barnsley Area Prescribing Committee. Liothyronine has a formulary red classification for new and existing patients.

The position statement has been updated to note that it is more cost effective to prescribe liothyronine capsules rather that tablets in line with the Barnsley Formulary and primary care Medicines Optimisation Scheme 2022/23.

Co-Proxamol (paracetamol 325mg and dextropropoxyphene 32.5mg) Tablets Area Prescribing Committee Position Statement [UPDATED]
The co-proxamol position statement has been updated and will be available on the BEST website in due course. The minor amendments include updated data and costs.

Co-proxamol remains a grey non formulary drug and the prescribing of co-proxamol is not supported by Barnsley Area Prescribing Committee.

Dosulepin Area Prescribing Committee Position Statement [UPDATED]
Dosulepin has a grey classification and the prescribing of dosulepin is not supported by Barnsley Area Prescribing Committee.

The updated position statement notes that it is more cost effective to prescribe dosulepin 75mg tablets as Prothiaden® 75mg tablets in line with the Barnsley Formulary and primary care Medicines Optimisation Scheme 2022/23.

Pregabalin Prescribing Guidelines for Neuropathic Pain [UPDATED]
The updates to the pregabalin prescribing guidelines include addition of information from recent MHRA alerts and information regarding the reclassification of pregabalin as a schedule 3 controlled drug.

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

Management of Lower Urinary Tract Symptoms (LUTS) in men [UPDATED]
Changes to the guideline include:

- First line antimuscarinics; solifenacin and oxybutynin have the lowest acquisition cost and are first line options. Darifenacin is 15 times more expensive than solifenacin and has been removed from the algorithm. Information relating to anticholinergic burden has also been incorporated.
- Additional information added to the red flags/secondary care referral box on page 1 in line with the South Yorkshire, Bassetlaw & North Derbyshire Urology Fast Track Referral 2 week wait form.
- Addition of the requirement to take a baseline sodium level before starting desmopressin treatment for nocturnal polyuria.
- Updated telephone number for the Continence Service.

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

There were no new/updated shared care/amber-G guidelines endorsed 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

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 2022		
Eravacycline (*Xerava*®) 100mg vial	Treatment of complicated intra-abdominal infections in adults	Non-formulary provisional red.
Fidaxomicin (*Dificlir*®) 40mg in 1ml granules for oral suspension and 200mg tablets.	Treatment of *Clostridioides difficile* infections (CDI) also known as C. difficile-associated diarrhoea (CDAD)	Formulary amber-G. To be used on advice of the microbiologists in line with the NICE guidance: Clostridioides difficile infection: antimicrobial prescribing (nice.org.uk). Amber-G guidance in development.
Finerenone (*Kerendia*®) 10mg and 20mg tablets	Treatment of chronic kidney disease (stage 3 and 4 with albuminuria) associated with type 2 diabetes in adults	Non-formulary provisional red.
Morphine sulphate (*Actimorph*®) orodispersible tablets	Severe pain which can be adequately managed only with opioids	Non-formulary provisional grey.
Progesterone 200mg vaginal capsule (*Utrogestan*®)	Supplementation of the luteal phase during Assisted Reproductive Technology (ART) cycles Prevention of preterm birth in women with a singleton pregnancy who have a short cervix (mid-trimester sonographic cervix ≤25 mm) and/or a history of spontaneous preterm birth	Non-formulary provisional red.
Other		
Ciclosporin 1mg/ml eye drops emulsion (Ikervis®)	Treatment of severe keratitis in adult patients with dry eye disease, which has not improved despite treatment with tear substitutes	Currently formulary red. TA369: Overview | Ciclosporin for treating dry eye disease that has not improved despite treatment with artificial tears | Guidance | NICE To be reclassified as amber-G when amber-G guidelines are developed.
Sertraline 25mg tablets	SSRI	Formulary grey Sertraline 25mg tablets have a high cost compared to the 50mg and 100mg tablets (sertraline 50mg and 100mg tablets remain formulary green). Wording stating that citalopram or fluoxetine should be used first line in new patients, unless there is a specific clinical need to use sertraline, has been removed from the formulary (sertraline is no longer on the NCSO list).

MHRA Drug Safety Update

The May 2022 MHRA Drug Safety Update can be accessed at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1076917/May-2022-DSU-PDF_V2.pdf

Issues relating to primary care:

Denosumab 60mg (Prolia®): should not be used in patients under 18 years due to the risk of serious hypercalcaemia
Serious and life-threatening hypercalcaemia has been reported with denosumab 60mg (Prolia®) in children and adolescents in clinical trials for osteogenesis imperfecta and during off-label use. Denosumab 60mg (Prolia®) is authorised for use in adults with osteoporosis and other bone loss conditions – it should not be used in children and adolescents younger than 18 years.
Advice for healthcare professionals: • denosumab 60mg (Prolia®) is authorised for use only in adults (aged 18 years and older) for treatment of osteoporosis and other bone loss conditions • serious and life-threatening hypercalcaemia has been reported with denosumab 60mg use in children and adolescents in clinical trials and during off-label use • hypercalcaemia cases occurred during treatment or in the weeks to months after the last dose • denosumab 60mg (Prolia®) should not be used in children and adolescents younger than 18 years • denosumab 120mg (as Xgeva®) remains authorised for skeletally mature adolescents with giant cell tumour of bone (alongside other authorisations – see Denosumab section on page 3 of the full MHRA alert) • report any suspected adverse drug reactions associated with denosumab or other medicines on a Yellow Card **Advice for healthcare professionals to give to patients or parents and caregivers:** • denosumab 60mg (known as Prolia®) is a medicine in adults to treat osteoporosis and other conditions associated with thinning of the bones and an increased risk of fractures • there have been serious cases of hypercalcaemia (increased calcium in the blood) in children and teenagers receiving denosumab treatment outside of the currently approved indications • patients on Prolia® who are younger than 18 years, and their parents or caregivers, should talk to their specialist about what this means for them • denosumab 120mg (known as Xgeva®) remains authorised for skeletally mature teenagers with some bone tumours (alongside other authorisations – see Denosumab section on page 3 of the full MHRA alert) • all patients on denosumab should read carefully the Patient Information Leaflet and Patient Reminder Card and speak to a healthcare professional if they are concerned about side effects

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, South Yorkshire ICB (Sheffield)
Alex Molyneux, South Yorkshire ICB (Doncaster)
Stuart Lakin, South Yorkshire ICB (Rotherham)