

Our Ref: DC/NB

13th February 2024

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Barnsley Area Prescribing Committee Meeting on 10th January 2024.

The main outcomes of the meeting were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee and can either be accessed via the BEST website or are in the process of being added:

[Trimipramine Area Prescribing Committee Position Statement](#) [UPDATED]

This position statement has been updated in line with the updated [PrescQIPP Bulletin](#) and the updated NHS England guidance: [Items which should not routinely be prescribed in primary care](#).

[Barnsley Continence Guide](#) [UPDATED]

This guideline has received minor changes including updated prices.

[Prescribing Oscillating Positive Expiratory Pressure \(OPEP\) Devices \(Barnsley\)](#) [NEW]

This guideline has been adapted from the Sheffield guidance by local specialists. OPEP devices should only be prescribed following recommendation and patient assessment by a physiotherapist or or respiratory specialist nurse specifically trained in the use of the device. Aerobika® is the preferred device in Barnsley.

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

Amber G / Shared Care Guidelines

There following amber-G / shared care guidelines were approved by the Committee:

[Sheffield Shared Care Protocol for the Treatment of Children with Recombinant Human Growth Hormone](#) [UPDATED]

The Committee endorsed the use of the updated Sheffield guideline (updates include the addition of somatrogon) by primary care clinicians for Barnsley patients who are under Sheffield endocrinologists. The guideline can be accessed via the BEST website. Requests to prescribe growth hormone will not be received from BHNFT.

Prescribing guidelines, shared care and Amber-G guidelines are available on the BEST website:

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/>

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/>.

Other

South Yorkshire ICB Guidance for Continuous Glucose Monitoring (CGM) in Adults and Children with type 1 and type 2 diabetes [NEW]

The South Yorkshire ICB Guidance for Continuous Glucose Monitoring (CGM) in Adults and Children with type 1 and type 2 diabetes has been endorsed by the South Yorkshire Integrated Medicines Optimisation Committee (IMOC) and can be accessed either via the [IMOC section](#) of the SYICB website or via the [BEST website](#).

A South Yorkshire ICB Guideline to Support the Prescribing of CGM including device options and characteristics is currently in development.

Shortage of GLP-1 receptor agonists (GLP-1 RA) update

The Committee received the updated National Patient Safety Alert on the shortage of GLP-1 receptor agonists which was circulated at the beginning of January:

<https://www.cas.mhra.gov.uk/ViewAndAcknowledgment/viewAlert.aspx?AlertID=103245>

The alert is due to be actioned by 28th March 2024. The GLP-1 agonist Amber-G guideline is in the process of being updated.

The alert notes the following (refer to the alert or a member of the team for further information):

- Semaglutide tablets are now available in sufficient quantities to support initiation of a GLP-1 RA in people with type 2 diabetes in whom new initiation of a GLP-1 RA would be clinically appropriate (in line with NICE [NG28](#))
- Byetta® (exenatide) 5micrograms and 10micrograms pre-filled pens will be discontinued in March 2024.
- Victoza® (liraglutide) continues to be out of stock and further stock is not expected until end of 2024.
- Identify patients prescribed Byetta® and Victoza® injections and (in line with NICE NG28) switch to semaglutide tablets.
- Counsel patients on any changes in drug, formulation and dose regime.

Clinicians should note that oral semaglutide has low absolute bioavailability (1%) and variable absorption (2-4% of patients will not have any exposure). Food, large volumes of water and other oral medicines reduce the absorption. The tablets need to be taken on an empty stomach, with up to half a glass of water (up to 120 ml), waiting at least 30 minutes after taking before eating, drinking or taking other oral medicines. Waiting less than 30 minutes lower the absorption of semaglutide. A longer post-dose fasting period results in higher absorption.

APC Reporting

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.

The Barnsley Interface Issues Form available on the BEST website should be used to report the issue: [link](#)

Barnsley Formulary Updates

The Committee noted the traffic light classifications recently assigned by the SY IMOC and the following formulary positions were agreed by the Committee:

Drug	Formulary Indication	Formulary status (including traffic light classification)
TLDL Sub-Group list December 2023		
Fentanyl (Immediate release)	For patients undergoing palliative care treatment as per NHSE guidance	Non-formulary amber-G
Fentanyl (Immediate release)	For patients not undergoing palliative care treatment as per NHSE guidance	Non-formulary grey
Reboxetine	Treatment of depression	Non-formulary amber-G
Rupatadine	Non-sedating antihistamine	Non-formulary grey
Simple eye ointment	To lubricate and protect the eye in a variety of eye conditions.	Non-formulary grey
Sun protection cream	Sun protection	Formulary grey (previously formulary green). South Yorkshire Self-Care guidance applies unless the patient has an ACBS approved indication.

The Barnsley Joint Formulary can be accessed at the link below:

<http://www.barnsleyformulary.nhs.uk/>

MHRA Drug Safety Update

The December 2023 MHRA Drug Safety Update can be accessed at the following link:

[Drug Safety Update \(publishing.service.gov.uk\)](https://www.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1181427/drug-safety-update-december-2023.pdf)

Issues relating to primary care:

Aripiprazole (Abilify and generic brands): risk of pathological gambling
Healthcare professionals prescribing aripiprazole are reminded to be alert to the risk of addictive gambling and other impulse control disorders. Healthcare professionals should advise patients, their families and friends to be alert to these risks.
Advice for healthcare professionals: <ul style="list-style-type: none">• there has been an increase in the number of Yellow Card reports of gambling disorder and pathological gambling associated with aripiprazole use; concerns have also been raised about a lack of awareness of this issue• the UK reports occurred in patients with and without a prior history of gambling disorder and the majority were reported to resolve upon reduction of dose or stopping treatment with aripiprazole• advise patients and their caregivers to be alert to the development of new or increased urges to gamble and other impulse control symptoms, such as excessive eating or spending, or an abnormally high sex drive• consider dose reduction or stopping the medication if a patient develops these symptoms

- awareness of this risk must increase among patients and prescribers, as gambling is recognised as a common risk factor linked to suicide and is included within the [suicide prevention in England: 5-year cross sector strategy](#)
- report suspected adverse drug reactions associated with statins on a [Yellow Card](#)

Advice for healthcare professionals to provide to patients, parents and carers:

- aripiprazole is a medicine that helps with the management of schizophrenia and bipolar disorder
- do not stop taking aripiprazole without first discussing this with your doctor
- before taking aripiprazole, inform your doctor if you have any personal history of excessive gambling behaviour or impulse control disorders
- tell your doctor if you or your family or friends notice that you are developing urges or cravings to behave in ways that are unusual for you, including behaviours such as addictive gambling, excessive eating or spending, or an abnormally high sex drive

Vitamin B12 (hydroxocobalamin, cyanocobalamin): advise patients with known cobalt allergy to be vigilant for sensitivity reactions

The medicines used to treat vitamin B12 deficiency (hydroxocobalamin, cyanocobalamin) contain cobalt. There are case reports in the literature describing cobalt sensitivity-type reactions in patients being treated for vitamin B12 deficiency. Healthcare professionals prescribing vitamin B12 products to patients with known cobalt allergy should advise patients to be vigilant for signs and symptoms of cobalt sensitivity and treat as appropriate.

Advice for healthcare professionals:

- cobalt sensitivity reactions typically present with cutaneous symptoms of chronic or subacute allergic contact dermatitis. Infrequently, cobalt allergy may trigger an erythema multiforme-like reaction. Symptom onset may be immediate or delayed up to 72 hours post-administration
- cobalt allergy is estimated to affect 1 to 3% of the general population
- if cobalt sensitivity-type reactions occur, assess the individual benefits and risks of continuing treatment and, if necessary to continue, advise patients on appropriate management of symptoms
- report suspected adverse drug reactions (ADRs) to the [Yellow Card scheme](#)

Advice for healthcare professionals to provide to patients and caregivers:

- hydroxocobalamin and cyanocobalamin are forms of vitamin B12 which are used to treat vitamin B12 deficiency; hydroxocobalamin is available in injectable form only, while cyanocobalamin is available in oral and injectable forms
- as vitamin B12 contains cobalt, patients with known cobalt allergy are advised to speak to a doctor or healthcare professional if they are prescribed vitamin B12
- patients with known cobalt allergy should be alert for symptoms of cobalt sensitivity-type reactions following administration of vitamin B12 products for vitamin B12 deficiency
- talk to a doctor or healthcare professional if you are given or are taking vitamin B12 and you develop allergic skin reactions such as a rash or hives
- seek urgent medical care if you experience symptoms of a serious allergic reaction (with symptoms such as extensive or blistering rash, wheeze, difficulty breathing, feeling faint)

Regards



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cc: Medicines Management Team
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Area Prescribing Committee Members (Secretary to the APC to circulate)
Local Medical Committee (Secretary to the LMC to circulate)
Alex Molyneux, South Yorkshire ICB
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