

Our Ref: DC/NB

2nd March 2020

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To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 12th February 2020

The main outcomes of the meeting were: -

Prescribing Guidelines (approved)

Switching between Oral Anticoagulants [NEW]

This new guideline has been developed to inform clinicians on how to switch from a DOAC to a Vitamin K Antagonist, from a Vitamin K Antagonist to a DOAC or from DOAC to DOAC.

The guideline is available on the BEST website:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Switching%20between%20oral%20anticoagulants.pdf> .

Anticoagulation for Stroke Prevention in Non-Valvular Atrial Fibrillation: Joint primary and secondary care guidance [UPDATED]

This document provides guidance to primary and secondary care prescribers in selecting the most suitable anticoagulant for each patient and conducting appropriate baseline and ongoing monitoring. The clinical and practical factors which should be taken into consideration in determining the choice of anticoagulant (warfarin or a particular DOAC) for an individual patient are summarised.

The updated guideline, which supersedes the previous NOAC Prescribing Decision Support and the SYB NOAC Policy, will be uploaded to the BEST website in due course.

Adult Primary Care Antimicrobial Treatment Guidelines [UPDATED]

These guidelines have been updated in line with NICE/PHE guidance. A summary of the changes will be discussed with each practice at the Medicines Management Team practice meetings. The updated guidelines will be uploaded to the BEST website in due course.

Algorithm for the Management of Glaucoma [UPDATED]

This updated guideline has received minor changes and is available on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Glaucoma%20Algorithm.pdf>

Quetiapine: use plain tablets QIPP Detail Aid [UPDATED]

This QIPP detail aid has been updated to include quetiapine liquid, highlighting its significant cost and potential for waste. Quetiapine liquid should be reserved for select patients who cannot swallow tablets. Where quetiapine liquid is not available, NEWT guidelines state that quetiapine immediate-release tablets can be crushed (unlicensed use) and added to soft food (e.g. yogurt).

Patients who are prescribed quetiapine modified-release once daily tablets should be reviewed to see if it is appropriate to switch to quetiapine immediate-release twice daily tablets. If a once daily modified-release preparation is deemed necessary then the reason should be clearly documented in the patient's notes and Biquelle® XL, the brand of choice in Barnsley, should be prescribed.

The updated quetiapine QIPP detail aid is available on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/Quetiapine%20QIPP%20Detail%20Aid.pdf>

Prescribing Guidelines (in development)

Nebuliser policy

The Committee received and discussed a draft nebuliser policy. It was agreed that the draft policy would be taken to the LMC for comments and circulated for wider consultation within BHNFT.

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

The following shared care guidelines were approved by the Committee:

Amiodarone Amber Shared Care Guideline [UPDATED]

The Committee agreed to change the traffic light classification of amiodarone from Amber-G to Amber Shared Care for new patients. Further information on interactions with amiodarone has also been incorporated. The updated shared care guideline will be uploaded to the BEST website in due course.

GLP-1 agonists Amber-G Guideline [UPDATED]

This guideline has been updated and semaglutide included. If a weekly dose GLP-1 agonist is required then semaglutide is the first line choice over dulaglutide.

The updated Amber-G guideline is available on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/clinical-support/medicines/shared-care-guidelines/GLP-1%20Agonists%20Shared%20Care%20Guidelines.pdf>

Lithium Amber Shared Care Guideline [UPDATED]

The prescribing responsibilities sections have been updated. The requirement to monitor serum calcium has been added to the responsibilities of the primary care clinician. Further information, including the frequency of monitoring, can be found in the monitoring section of the guideline. The updated shared care guideline will be uploaded to the BEST website in due course.

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)
Horizon Scanning Document – January 2020		
Esketamine 28 mg nasal spray (Spravato [®] ▼, Janssen-Cilag)	Indicated in combination with an SSRI or SNRI for adults with treatment-resistant major depressive disorder, who have not responded to at least two different treatments with antidepressants in the current moderate to severe depressive episode	Non-formulary provisional grey
Diclofenac (generic) 1% gel (Typharm)	Indicated in adults and adolescents aged 14 years and over as anti-inflammatory and analgesic agent in the treatment of: <ul style="list-style-type: none">• mild to moderate muscle pain• contusions• post-traumatic pain	Non-formulary provisional green
Leuprorelin 10.72 mg implant (Staladex [®] ▼, Typharm)	Indicated in men for the treatment of: <ul style="list-style-type: none">• Hormone-dependent, advanced prostate cancer.• High risk, localized and locally advanced, hormone-dependent prostate cancer in combination with radiotherapy.	Non-formulary provisional amber-G
Other		
Amiodarone	Arrhythmias	Amber Shared Care for new patients (previously Amber-G)
Medi Derma-Pro[®] ointment Medi Derma-Pro[®] foam and spray incontinence cleanser	For severe skin damage from incontinence. Medi Derma-Pro [®] foam and spray incontinence cleanser should only be used with Medi Derma-Pro [®] ointment	Amber-G Protocol 9 On the advice of a Tissue Viability Nurse only

MHRA Drug Safety Update

The January 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/861112/Jan-2020-PDF-final.pdf

Issues relating to primary care:

E-cigarette use or vaping: reporting suspected adverse reactions, including lung injury

Be vigilant for any suspected adverse reactions associated with use of e-cigarettes or vaping (including lung injury) and report them to the MHRA via the Yellow Card Scheme.

Information for healthcare professionals:

- the US Centers for Disease Control and Prevention (CDC) and its public health partners are investigating cases of lung injury associated with the use of e-cigarette or vaping products. At the time of publication, more than 2600 US cases have been identified (60 fatal cases), but the outbreak seems to be in decline
- the CDC has identified vitamin E acetate as a chemical of concern, although evidence is not yet sufficient to exclude other substances of concern and it may be that there is more than one cause
- as of January 2020, MHRA is aware of two potential cases of e-cigarette or vaping associated lung injury in the UK (one reported as a Yellow Card), both of which were reported as having a fatal outcome

Actions needed from healthcare professionals:

- have a high index of suspicion in patients presenting with respiratory symptoms where there is a history of e-cigarette use or vaping in the past 30 days
- use the [Yellow Card Scheme website](#) to report any suspected side effects or safety concerns with e-cigarettes and the e-liquids used for vaping
- for all patients, ask about e-cigarette use or vaping routinely as you would do about cigarette smoking (see Advice to routinely document history in the full version of the drug safety update)

Ondansetron: small increased risk of oral clefts following use in the first 12 weeks of pregnancy

Recent epidemiological studies suggest exposure to ondansetron during the first trimester of pregnancy is associated with a small increased risk of the baby having a cleft lip and/or cleft palate.

Information for healthcare professionals:

- Prescribers should refer to clinical guidance if treatment with ondansetron is considered for severe nausea and vomiting in pregnancy.
- If the clinical decision is to offer ondansetron in pregnancy, women must be counselled on the potential benefits and risks of use, both to her and to her unborn baby and the final decision should be made jointly.
- Report any suspected adverse drug reactions in the mother or child, including adverse pregnancy outcomes, following use of a medicine in pregnancy on a [Yellow Card](#) .

Regards



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cc: Medicines Management Team
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Area Prescribing Committee Members (Secretary to the APC to circulate)
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