NHS
Barnsley
Clinical Commissioning Group

Medicines Management Team
Hillder House
49/51 Gawber Road
Barnsley
South Yorkshire
S75 2PY

Tel: 01226 433798

Website: www.barnsleyccg.nhs.uk
http://twitter.com/nhsbarnsley
www.facebook.com/nhsbarnsley

Our Ref: DC/NB

3rd December 2019

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

**Re: Summary of Key Points from the Area Prescribing Committee Meeting on 13th November 2019**

The main outcomes of the meeting were: -

## Prescribing Guidelines

There were no new or updated prescribing guidelines approved by the Committee this month.

Prescribing guidelines are available on the BEST website at the following link:
http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/

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

## Shared Care / Amber-G Guidelines

There were no new or updated shared care or amber-G guidelines approved by the Committee this month.

Shared Care and Amber-G guidelines are available on the BEST website at the following link: 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 and can be accessed on the Barnsley CCG website at the following link:
http://www.barnsleyccg.nhs.uk/members-professionals/area-prescribing-committee.htm

## Prescribing Advice / Other

### SGLT2 inhibitor classification and line of therapy

The Committee agreed to change the traffic light classification of SGLT2 inhibitors (empagliflozin, canagliflozin, dapagliflozin and ertugliflozin) in **type 2 diabetes** from formulary amber-G to formulary green.

The Committee compared the SGLT2 inhibitors for the treatment of type 2 diabetes and concluded that empagliflozin, canagliflozin and dapagliflozin would be the first line SGLT2 inhibitors in Barnsley for type 2 diabetes. Ertugliflozin can be used as an alternative.

The choice of SGLT2 inhibitor for type 2 diabetes should be selected in accordance with the individual patient. The Barnsley Formulary contains links to the NICE TAs for each SGLT2 inhibitor and relevant MHRA alerts. Individual SPCs should be consulted for information on each drug including; dosage, side-effects, contra-indications, interactions and information on prescribing in renal and hepatic impairment.

The Committee noted that empagliflozin and canagliflozin have proven cardiovascular benefits in patients with type 2 diabetes at high cardiovascular risk and should therefore be considered in these patients when a SGLT2 inhibitor is indicated.

It was noted that canagliflozin has proven renal outcome benefits in patients with type 2 diabetes and albuminuric CKD and should therefore be considered in these patients. Canagliflozin should not be initiated if eGFR <60mL/min/1.73m$^2$.

Dapagliflozin is also licensed for use in **type 1 diabetes** and for this indication the Committee have assigned an amber-G classification. Amber-G guidance for dapagliflozin in type 1 diabetes is currently in development.

### GLP-1 agonist classification

The Committee discussed the traffic light classification of the GLP-1 agonists. It was agreed that dulaglutide, liraglutide and lixisenatide would remain amber-G in Barnsley. Semaglutide was also assigned an amber-G classification and will be added to the GLP-1 agonist amber-G guideline in due course.

Prescribers are reminded that an amber-G classification does not prohibit initiation of GLP-1 agonists in primary care where the prescriber feels that they have the specialist knowledge and competence to initiate these drugs. Once the medical condition and drug dosage is stable, there is no specific requirement for ongoing monitoring.

## 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 – October 2019** | | |
| **Diclofenac sodium** 3% topical gel (Solacutan®, Mibe Pharm UK Limited) | For the cutaneous treatment of actinic keratoses (AKs) with a severity grade of 1 or 2 (according to Olsen), preferably on the face or scalp | Non-formulary provisional amber-G |
| **Tiotropium/olodaterol** 2.5 microgram/2.5 microgram, inhalation solution (Yanimo Respimat®▼,Boehringer Ingelheim Limited) | Chronic obstructive pulmonary disease (COPD) | Non-formulary provisional green |
| **Nicotine** 0.45 mg breath-actuated pressurised inhalation solution (Voke®, Kind Consumer) | Indicated to aid smokers wishing to quit or reduce prior to quitting, to assist smokers who are unwilling or unable to smoke, and as a safer alternative to smoking for smokers and those around them | Non-formulary provisional grey |
| **Other** | | |
| **Semaglutide** (Ozempic®) | Type 2 diabetes | Formulary amber-G (previously non-formulary provisional amber-G)<br><br>The GLP-1 agonist amber-G guideline is currently being updated to include semaglutide. |
| **Oxynorm®** (oxycodone) | Opioid analgesic | Non-formulary provisional green (previously formulary green)<br><br>Oxycodone should be prescribed by brand. Shortec® is the immediate release brand of choice in Barnsley. |
| **Oxycontin® MR** (oxycodone MR) | Opioid analgesic | Non-formulary provisional green (previously formulary green)<br><br>Oxycodone MR should be prescribed by brand. Longtec® is the modified release brand of choice in Barnsley. |
| **SGLT2 inhibitors** (Empagliflozin, Canagliflozin, Dapaglifozin and Ertugliflozin) | **Type 2 diabetes** | Formulary green (previously formulary amber-G)<br><br>Empagliflozin, canagliflozin and dapagliflozin are the first line SGLT2 inhibitors for type 2 diabetes, ertugliflozin is an alternative. See individual formulary entries for each SGLT2 inhibitor and the information above for further information on each drug. |
| **Dapagliflozin** | **Type 1 diabetes** | Formulary amber-G<br><br>Amber-G guidance for dapagliflozin in type 1 diabetes is currently in development. |

**MHRA Drug Safety Update**

The October 2019 MHRA Drug Safety Update can be accessed at the following link:
https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/840565/Oct-2019-PDF.pdf

**Prescribing medicines in renal impairment: using the appropriate estimate of renal function to avoid the risk of adverse drug reactions**

For most patients and most medicines, estimated Glomerular Filtration Rate (eGFR) is an appropriate measure of renal function for determining dosage adjustments in renal impairment; however, in some circumstances, the Cockcroft-Gault formula should be used to calculate creatinine clearance (CrCl).

**Advice for healthcare professionals:**

- the MHRA has received reports and queries related to the choice of renal function estimate used when prescribing medicines for patients with renal impairment
- for most drugs and for most adult patients of average build and height, estimated Glomerular Filtration Rate (eGFR) should be used to determine dosage adjustments
- creatinine clearance (CrCl) should be calculated using the Cockcroft-Gault formula (see the full alert for more information) to determine dosage adjustments for:
  - direct-acting oral anticoagulants (DOACs)
  - patients taking nephrotoxic drugs (examples include vancomycin and amphotericin B)
  - elderly patients (aged 75 years and older)
  - patients at extremes of muscle mass (BMI <18 kg/m$^2$ or >40 kg/m$^2$)
  - patients taking medicines that are largely renally excreted and have a narrow therapeutic index, such as digoxin and sotalol
- when dose adjustment based on CrCl is important and no advice is provided in the relevant BNF monograph, consult the Summary of Product Characteristics
- reassess renal function and drug dosing in situations where eGFR and/or CrCl change rapidly, such as in patients with acute kidney injury (AKI)

**Adrenaline auto-injectors: recent action taken to support safety**

Healthcare professionals should be aware of alerts and letters issued about adrenaline auto-injectors in September and October 2019. The alert provides a summary of recent advice issued to healthcare professionals, including information to provide to patients, to support safe use of adrenaline auto-injectors.

**Advice for healthcare professionals:**

**Emerade® – activation failure**

- some Emerade® pens have failed to activate, which could lead to an injection of adrenaline not being administered in cases of anaphylaxis
- contact patients (and their caregivers if necessary) in possession of Emerade® adrenaline auto-injectors to advise them:
  - when an Emerade® pen is used, it should be pressed very firmly against the thigh
  - if administration does not result in activation (see pictures of an activated vs in-activated pen in letter for patients), a second pen should be immediately used
  - if there is no improvement in a patient's condition and a further dose of adrenaline is needed, additional attempts should be made to administer a pen that has failed to activate, while awaiting the arrival of the emergency services
- any suspected defective adrenaline auto-injectors should be retained for investigation (see advice on reporting defects on page 9 of the full alert)

**EpiPen® and Jext® – extended use beyond labelled expiry date**

- to support adequate supply of adrenaline auto-injectors in the UK, an extension by 4 months of the use-by dates has been approved for:
    - specific lots of EpiPen® 300 microgram adrenaline auto-injectors
    - specific lots of Jext® 150 and 300 microgram adrenaline auto-injectors
- if patients are in possession of a device with an extended use-by date, advise them or their caregivers that it will continue to work safely within this extended period, but that a new auto-injector will need to be obtained at the end of the period stated
- advise patients to continue to check periodically the viewing window in the label of their device to ensure the liquid inside is clear and colourless; it should not be used if the liquid is discoloured

**All adrenaline auto-injectors**

- patients should continue to follow existing advice to carry 2 in-date pens with them at all times
- different brands of adrenaline auto-injector are not used in exactly the same way so specific training and advice for patients and carers is required before using each of the devices
- show patients and caregivers where to find the lot numbers on their device (on the end-flap of the box and if necessary, on the device label itself) and encourage them to sign up for the Expiry Alert Service of their specific adrenaline auto-injector on the manufacturer's website

Regards

Deborah Cooke
Lead Pharmacist

cc: Medicines Management Team
Alison Bielby, 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