

Our Ref: DC/NB

24<sup>th</sup> December 2019

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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 11<sup>th</sup> December 2019**

The main outcomes of the meeting were: -

**Prescribing Guidelines**

The following prescribing guidelines were approved by the Committee:

**1. Ranitidine Liquid Shortage: Barnsley Guidance on alternatives to Ranitidine Liquid for Gastro-Oesophageal Reflux Disease in Babies and Children [NEW]**

This guidance has been produced to support prescribers in selecting suitable alternatives to ranitidine liquid for the treatment of Gastro-Oesophageal Reflux Disease in Babies and Children, due to the shortage of ranitidine liquid.

The guidance can be accessed on the BEST website at the following link  
<http://barnsleybest.nhs.sitekit.net/prescribing-guidelines/gi-ranitidine-liquid/101352>

The Department of Health and Social Care has subsequently published an updated Supply Disruption Alert for ranitidine on the 20<sup>th</sup> December: [SDA-2019-005U2.pdf](#)

Key points from the latest Supply Disruption Alert:

- **Ranitidine tablets, effervescent tablets and oral solution will continue to be unavailable** with no date for resupply until further notice. Ranitidine injection is back in stock.
- There are short term supply issues affecting alternative H2-receptor antagonists.
- No new patients should be initiated on treatment with oral ranitidine.
- All patients should be reviewed as repeat prescriptions are requested and if ongoing treatment is required, be switched to clinical alternatives in line with the guidance.
- Clinical advice on alternatives to oral ranitidine in children has been produced by UK Medicines Information (table 2 in the alert). This guidance is in addition to previous advice issued for the management of adults (table 1 in the alert).

## **2. Trimipramine Area Prescribing Committee Position Statement and Dosulepin Area Prescribing Committee Position Statement [NEW]**

These position statements have been developed following the inclusion of trimipramine and dosulepin in the NHS England guidance 'Items which should not routinely be prescribed in primary care'. The full NHS England guidance is available at:

<https://www.england.nhs.uk/wp-content/uploads/2019/08/items-which-should-not-routinely-be-prescribed-in-primary-care-v2.1.pdf>

The position statements state that no new patients should be initiated on trimipramine or dosulepin and they contain detailed information to support clinicians in deprescribing these drugs.

**Trimipramine** is included in the NHS England guidance with no routine exceptions and has therefore been assigned a non-formulary grey classification.

For **Dosulepin**, NHS England and/or local guidance states:

***If in exceptional (rare) circumstances, there is a clinical need for dosulepin to be prescribed in primary care, this should be undertaken in a cooperation arrangement with a multi-disciplinary team and/or other healthcare professional in primary or secondary care.***

If in exceptional (rare) circumstances the GP decides to continue the prescribing of dosulepin this should be done in cooperation with another healthcare professional (e.g. Clinical Pharmacist, GP, secondary care specialist) and the reason for continuing should be documented in the patient's record. The GP may wish to contact SWYPFT via the 'advice and guidance' service regarding more complex patients.

Dosulepin currently has a formulary grey classification (only to be prescribed in restricted circumstances).

The position statements can be accessed on the BEST website:

<http://barnsleybest.nhs.sitekit.net/prescribing-guidelines/cns-trimipramine/101353>  
<http://barnsleybest.nhs.sitekit.net/prescribing-guidelines/cns-dosulepin/101354>

## **3. Guidance for GPs on common off-label use of psychotropic medication [UPDATED]**

This guidance has been updated and information on common off-label uses of psychotropic medication used by the Child and Adolescent Mental Health Service (CAMHS) has also been incorporated. Off-label use of psychotropic medication in children and adolescents should be initiated and monitored by a CAMHS specialist.

The guidance will be uploaded to the BEST website in due course.

## **4. Prednisolone - use plain, not EC tablets QIPP Detail Aid [UPDATED]**

The costs and prescribing data have been updated and this QIPP detail aid will be uploaded to the BEST website in due course.

## **5. Use of Dexamethasone formulations in Palliative Care [UPDATED]**

This guideline has received minor amendments and will be uploaded to the BEST website in due course.

## 6. Palliative Care Formulary 2020-2023 [UPDATED]

The updated Palliative Care Formulary for Barnsley patients will be uploaded to the BEST website in due course.

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**

**The following Shared Care / Amber-G guidelines were approved by the Committee:**

- **Ganciclovir 0.15% Eye Gel Amber-G Guideline [NEW]**

This guidance has been developed following the classification of Ganciclovir 0.15% eye gel as Amber-G by the Committee.

Aciclovir 3% eye ointment, licensed for herpes simplex keratitis in children and adults, has been discontinued. Ganciclovir 0.15% eye gel can be considered as a licensed alternative to aciclovir 3% eye ointment, including off-label use in children. See the SPS article 'Discontinuation of Zovirax® (aciclovir) Eye Ointment' for further details:

<https://www.sps.nhs.uk/articles/shortage-of-aciclovir/>

Prescribers are reminded that an Amber-G classification does not prohibit initiation of ganciclovir 0.15% eye gel where the prescriber feels that they have the specialist knowledge and competence to initiate this drug. However it should be noted that the NICE Clinical Knowledge Summary (CKS) Herpes Simplex – Ocular, recommends that all cases of suspected ocular herpes simplex infection are referred to eye casualty or an emergency eye service for same-day assessment and specialist management. Drug treatment should not be initiated whilst awaiting specialist ophthalmology assessment. For further information see the full CKS at: <https://cks.nice.org.uk/herpes-simplex-ocular>

The Amber-G guideline is available on the BEST website:

<http://barnsleybest.nhs.sitekit.net/clinical-support/prescribing-guidelines/ganciclovir-015-eye-gel/101356>

- **Naloxegol (Moventig®) Amber-G Guideline [UPDATED]**

The naloxegol Amber-G guideline has received minor amendments and will be uploaded to the BEST website in due course.

- **Sheffield Shared Care Guideline for Denosumab 60mg/mL injection (Prolia®) [UPDATED]**

The Committee previously agreed to adopt the Sheffield Shared Care Guideline for Denosumab 60mg/mL injection (Prolia®). The Shared Care Guideline has recently been updated and can be accessed on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/clinical-support/prescribing-guidelines/denosumab/16227>

**The following Amber-G guideline has been discontinued by the Committee:**

- **Tizanidine Amber-G Guideline**

There are currently no specialists in Barnsley initiating patients on tizanidine. Tizanidine has been removed from the Barnsley Formulary (non-formulary provisional amber-G) and the Amber-G guidance will be removed from the BEST website in due course.

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](mailto: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>

### **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)
<b>Horizon Scanning Document – November 2019</b>		
<b>Cannabidiol</b> 100 mg/ml oral solution (Epidyolex <sup>®</sup> , GW Pharma Ltd)	Indicated for use as adjunctive therapy of seizures associated with Lennox-Gastaut syndrome (LGS) or Dravet syndrome (DS), in conjunction with clobazam, for patients 2 years of age and older.	Non-formulary provisional red
<b>Mesalazine</b> 1,600 mg modified release tablets (Octasa <sup>®</sup> , Tillotts Pharma UK Limited)	Indicated in ulcerative colitis for: <ul style="list-style-type: none"> <li>the treatment of mild to moderate acute disease</li> <li>the maintenance of remission</li> </ul>	Formulary green
<b>Naldemedine</b> 200 micrograms film-coated tablets (Rizmoic <sup>®</sup> , Shionogi)	Indicated for the treatment of opioid-induced constipation (OIC) in adult patients who have previously been treated with a laxative.	Non-formulary provisional amber-G
<b>New Product Applications</b>		
<b>Colesevelam</b>	Bile salt malabsorption (unlicensed indication), second line, when patients cannot tolerate colestyramine.	Formulary amber-G (previously non-formulary provisional amber-G)  Amber-G guidance currently in development
<b>Tadalafil 5mg</b>	Erectile dysfunction; for patients who anticipate sexual activity at least twice a week, and where the patient is unresponsive to on demand therapy.	Formulary red for new patients
<b>Biatain<sup>®</sup> Silicone</b>	Silicone foam adhesive dressing	Formulary amber-G Protocol 9 - Tissue Viability Nurse/Podiatry only
<b>Medihoney<sup>®</sup> antibacterial honey Apinate</b>	Antimicrobial dressing	Formulary green Protocol 4 To replace Algivon <sup>®</sup> (honey dressing)
<b>Medihoney<sup>®</sup> antibacterial Wound Gel</b>	Antimicrobial dressing	Formulary green

		Protocol 4 To replace Algivon® (honey dressing)
<b>Other</b>		
<b>Cavilon® barrier cream and Sorbaderm® barrier cream</b>	<p>Cavilon®: protection of at-risk skin from damage associated with incontinence.</p> <p>Sorbaderm®: maintains and preserves intact skin areas from damage associated with chronic incontinence.</p>	<p>Non-formulary provisional green (previously formulary green)</p> <p>Medi Derma-S® and Medi Derma-Pro® are the barrier preparations of choice for protecting skin from the damage associated with incontinence.</p> <p>Note that Medi Derma-Pro® ointment is ONLY for severe skin damage from incontinence and it should be used with Medi Derma-Pro® Foam and Spray incontinence cleanser. See the Barnsley Formulary for further information.</p>
<b>Tizanidine</b>	Spasticity associated with multiple sclerosis or spinal cord injury or disease.	Non-formulary provisional amber-G (previously formulary amber-G)
<b>Trimipramine</b>	Depressive illness (particularly where sedation required)	Non-formulary grey (previously formulary grey)

### **MHRA Drug Safety Update**

The November 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/847878/Nov-2019-PDF.pdf](https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/847878/Nov-2019-PDF.pdf)

There were no issues relevant to primary care this month.

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