

Our Ref: CL/NB

20<sup>th</sup> December 2017

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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 6<sup>th</sup> December 2017**

The main outcomes of the meeting were: -

### **Prescribing Guidelines / Information**

#### **FreeStyle Libre® flash glucose monitoring device (new)**

Draft guidance relating to the prescribing of the FreeStyle Libre® flash glucose monitoring device was considered and discussed at the meeting and further changes were suggested. The following interim recommendations should be followed until the guidance has been finalised and approved:

- The use of FreeStyle Libre® for all patients with type 1 and type 2 diabetes is not recommended.
- FreeStyle Libre® has not been demonstrated to be cost-effective and in the absence of a positive recommendation from a full technology appraisal (TA), produced and published by the National Institute for Health and Care Excellence (NICE), is not recommended for routine funding in primary care.

#### **Barnsley Healthy Start Vitamin D Guidance**

The Healthy Start Vitamin D guidelines for children and pregnant and breastfeeding women have been updated. The following changes have been made to the guideline for children:

- In infants who are exclusively breastfed, the recommendation is now to give a vitamin D supplement from birth (the previous guidance was from 6 months of age).
- The recommended dose of vitamin D for children has increased compared to the previous guideline and 8.5 micrograms to 10 micrograms daily is now recommended. The recommended daily dose (5 drops) of the Healthy Start vitamin drops currently provides 7 micrograms vitamin D, along with vitamin A (33 micrograms) and vitamin C (20mg). The drops are due to be reformulated later next year and will contain more vitamin D.

## Items which should not be routinely prescribed in primary care: guidance for CCGs

The Committee noted the above guidance, which was issued by NHS England on 30<sup>th</sup> November. A summary has been enclosed for information and the full guidance can be accessed at the following link: <https://www.england.nhs.uk/wp-content/uploads/2017/11/items-which-should-not-be-routinely-prescribed-in-pc-ccg-guidance.pdf>

The guidance includes recommendations about eighteen products which should no longer be routinely prescribed in primary care. It was noted that a number of the drugs within the guidance were already on the grey list and that liothyronine had recently been assigned a red drug classification. It was agreed that the remaining products within the guidance would be added to the grey drug list. The CCG Medicines Management Team will be supporting practices to implement the guidance over the forthcoming months and an accompanying resource pack will be produced.

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

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

## Shared Care / Amber-G Guidelines

There were no new Shared Care Guidelines or Amber-G guidelines approved at this month's meeting.

Shared care 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).

## Traffic Light Classifications

The Committee assigned the following classifications to the products included in the tables below.

Drug	Indication	Traffic light status
<b>Horizon scanning document</b>		
<b>Budesonide/formoterol</b> 320/9 inhalation powder (Fobumix <sup>®</sup> Easyhaler)	Asthma COPD	Provisional grey
<b>Salmeterol/fluticasone</b> 25/125 & 25/250 micrograms metered dose inhaler (Aloflute <sup>®</sup> )	Asthma	Provisional grey
<b>Dupilumab</b> 300 mg solution for injection in pre-filled syringe (Dupixent <sup>®</sup> )	Moderate-to-severe atopic dermatitis	Provisional red
<b>Parathyroid hormone</b> 25, 50, 75 & 100 micrograms powder and solvent for solution for injection (Natpar <sup>®</sup> )	Chronic hypoparathyroidism	Provisional red
<b>Items which should not be routinely prescribed in primary care guidance</b> ( <a href="#">click here to view</a> )		
<b>Dosulepin</b>		Grey
<b>Immediate release fentanyl preparations</b>		Grey
<b>Herbal treatments</b>		Grey

Homeopathic treatments		Grey
Lidocaine plasters		Grey
Omega 3 fatty acids		Grey
Rubefacients		Grey
Travel vaccines		Grey

### **MHRA Drug Safety Update**

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

[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/662330/DSU-Nov-pdf.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/662330/DSU-Nov-pdf.pdf)

Issues relating to primary care:

#### **Quinine: reminder of dose-dependent QT-prolonging effects; updated medicine interactions**

Quinine has dose-dependent QT-interval-prolonging effects and should be used with caution in patients with risk factors for QT prolongation or in those with atrioventricular block.

#### **Advice for healthcare professionals:**

- Be aware of dose-dependent effects on the QT interval and use caution if prescribing quinine in patients:
  - with conditions that predispose to QT prolongation such as pre-existing cardiac disease or electrolyte disturbance
  - taking other medicines that could prolong the QT interval
  - with atrioventricular block
- Monitor patients closely if administration of quinine with phenobarbital or carbamazepine is necessary; serum levels of these anticonvulsant medicines could become raised and cause anticonvulsant toxicity
- Consult the Summary of Product Characteristics for a full list of interacting medicines and potential adverse reactions
- Report suspected adverse drug reactions with quinine on a Yellow Card

#### **Oral tacrolimus products: reminder to prescribe and dispense by brand name only**

Inadvertent switching between tacrolimus products has been associated with reports of toxicity and graft rejection. If you switch a patient to a different brand, ensure they receive careful supervision and therapeutic monitoring by an appropriate specialist.

#### **Reminder of prescribing and dispensing advice:**

Tacrolimus is an immunosuppressant drug that may be given orally to prevent or treat organ transplant rejection. Tacrolimus has a narrow therapeutic index, and even minor differences in blood levels have the potential to cause graft rejection reactions or toxicity.

In June 2012, following reports of graft rejections and toxicity resulting from switching between products, we issued a Drug Safety Update recommending that all oral tacrolimus products should be prescribed and dispensed by brand name only. We are aware of new oral tacrolimus products on the market or about to be launched. Recommendations from June 2012 remain in place, and also apply to any new tacrolimus products launched since this advice was issued. This includes generic products and prolonged-release formulations.

#### **Antiepileptic drugs: updated advice on switching between different manufacturers' products**

In addition to the 3 risk-based categories of antiepileptic drugs, patient-related factors should be considered when deciding whether it is necessary to maintain continuity of supply for a specific product.

**Advice for healthcare professionals:**

- Core advice from 2013 remains in effect for prescribing antiepileptic drugs to manage epilepsy
- Consult the 3 categories of antiepileptic drugs when deciding whether it is necessary to maintain continuity of supply of a specific manufacturer's product
- As well as the classification, when evaluating whether continuity of supply should be maintained for category 2 or 3 medicines, consider:
  - perception by patients of differences in supply, for example differences in product presentations
  - co-morbid autism, mental health issues, or learning disability
- if you think a patient should be maintained on a specific manufacturer's product, prescribe either by specifying brand name or by using the generic drug name and name of the manufacturer

Regards



Deborah Cooke  
Lead Pharmacist

cc: Medicines Management Team  
Alison Bielby, BHNFT  
Mike Smith, BHNFT  
Sarah Hudson, SWYFT  
Area Prescribing Committee Members (Secretary to the APC to circulate)  
Local Medical Committee (Secretary to the LMC to circulate)  
Gary Barnfield, NHS Sheffield CCG  
Gill Bradley, NHS Doncaster CCG  
Stuart Lakin, NHS Rotherham CCG

ENC: Barnsley Healthy Start Vitamin D Guidance  
Summary of the NHS England guidance on items which should not be routinely prescribed in primary care