NHS
Barnsley Clinical Commissioning Group
Putting Barnsley People First

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Our Ref: CL/NB

Please ask for: Chris Lawson or Caron Applebee

1st March 2017

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meeting on 11th January 2017 and 8th February 2017

The main outcomes of the meeting were: -

Shared Care / Amber-G Guidelines

Lithium shared care guideline
The shared care guideline for lithium has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of references and dates.

Olanzapine shared care guideline
The shared care guideline for olanzapine has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of references and dates.

Pregabalin for the treatment of GAD Amber-G guideline
The traffic light status for the use of pregabalin in the treatment of GAD has changed from amber (full shared care) to Amber-G (guidance document). The guideline will be updated accordingly.

Dementia shared care guideline
The shared care guideline for the treatment of dementia has had a routine update. None of the clinical particulars have changed, the only changes relate to updating of references and dates.

GLP-1 agonists Amber-G guideline
An Amber-G guideline has been produced for the prescribing of GLP-1 agonists following the removal of exenatide and the addition of dulaglutide to the local formulary.

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.

Prescribing Guidelines / Information

Nefopam Guidance

Local guidance relating to the prescribing of nefopam has been produced. The guidance will be circulated following a number of changes that were suggested at the meeting. A summary of the points in the guidance is listed below:

- Nefopam should not be routinely initiated for acute or chronic pain
- Do not continue nefopam post discharge following secondary care initiation
- Only continue nefopam in line with recommendations from the specialist pain service

Nefopam is used occasionally in secondary care on admission in order to control pain during the acute phase. In such cases, patients will be given 5 days treatment and then will be changed to paracetamol 1g qds. Nefopam should not be continued post discharge.

Ketamine

Dr Hirst from barnsley Hospice has produced a brief information sheet on the prescribing of ketamine in palliative care. The guideline will be uploaded to the BEST website in due course.

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/

Traffic Light Classifications

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

APC meeting January 2017

Drug	Licensed indication	Traffic light status
New Product Application		
Ulipristal (Esmya®)	Intermittent treatment of uterine fibroids	Amber – requires SCG drafting (Red until SCG in place)
Formulary update		
Pregabalin	GAD	Amber-G
Horizon scanning		
Desmopressin 25 and 50 microgram oral lyophilisate (Noqdirna®)	Indicated for symptomatic treatment of nocturia due to idiopathic nocturnal polyuria in adults.	Provisional grey
Reslizumab 10 mg/mL concentrate for solution for infusion (Cinqaero®)	Severe eosinophilic asthma in adults inadequately controlled	Provisional red
Sildenafil 20 mg film-coated tablets (Granpidam®)	Adult patients with pulmonary arterial hypertension	Red for this indication
Etelcalcetide 2.5 mg, 5 mg and 10 mg solution for injection (Parsabiv®)	Treatment of secondary hyperparathyroidism in adult patients with chronic kidney disease on haemodialysis therapy.	Provisional red

Bupivacaine (generic) 2.5 mg/mL and 5 mg/mL solution for injection	Local and surgical anaesthesia	Provisional red

APC meeting February 2017

Drug	Licensed indication	Traffic light status
QIPP		
Braltus® Tiotropium bromide 13 microgram capsule plus inhaler (Delivered dose of 10micrograms)	COPD	Green *Equivalent to Spiriva Handihaler®* *(Same delivered dose of 10micrograms)*
New product application		
Spiolto® Respimat (Tiotropium and olodaterol)	COPD	Green
Horizon scanning		
Palbociclib 75 mg, 100 mg & 125 mg hard capsules (Ibrance®▼)	Indicated for the treatment of locally advanced or metastatic breast cancer.	Provisional red
Venetoclax 10 mg, 50 mg & 100 mg film-coated tablets (Venclyxto®▼)	Indicated as monotherapy for the treatment of CLL	Provisional red
Idebenone 150 mg tablets (Raxone®▼)	Treatment of visual impairment	Provisional red
Olaratumab 10 mg/mL concentrate for solution for infusion (Lartruvo®▼)	Treatment of adult patients with advanced soft tissue sarcoma who.	Provisional red

MHRA Drug Safety Update

The Decmber MHRA Drug Safety Update can be accessed at the following link:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/577417/pdf_Dec.pdf
The following issues are relevant to primary care:

Cobicistat, ritonavir and coadminsitration with a steroid: risk of systemic corticosteroid adverse effects

Coadministration of a corticosteroid with an HIV-treatment-boosting agent may increase the risk of adrenal suppression due to a pharmacokinetic interaction.

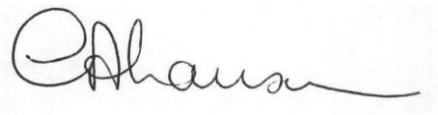
Advice for healthcare professionals:

- Clinicians who may prescribe or administer steroids to patients with HIV should be aware that concomitant use of a corticosteroid metabolised by cytochrome P450 3A (CYP3A) and a HIV-treatment-boosting agent may increase the risk of systemic corticosteroid-related adverse effects
- Although these reactions are rarely reported, there is potential for this interaction to occur even with non-systemically administered steroid formulations, including intranasal, inhaled, and intra-articular routes
- Co-administration of a HIV-treatment-boosting agent with a CYP3A-metabolised corticosteroid is not recommended unless the potential benefit to the patient outweighs the risk, in which case patients should be monitored for systemic corticosteroid-related reactions
- If co-administration is necessary, use of beclometasone should be considered where possible—particularly for long-term use. Beclometasone is less dependent on CYP3A metabolism and, although the risk of an interaction leading to adverse corticosteroid effects may not be completely removed, it may be lower

The January MHRA Drug Safety Update can be accessed at the following link:
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/584584/pdf_Jan.pdf
The following issues are highlighted:

- Direct-acting antiviral interferon-free regimens to treat chronic hepatitis C: risk of hepatitis B reactivation
- Direct-acting antivirals to treat chronic hepatitis C: risk of interaction with vitamin K antagonists and changes in INR
- Apremilast (Otezla ▼): risk of suicidal thoughts and behaviour
- Intravenous N-acetylcysteine (NAC) for paracetamol overdose: reminder of authorised dose regimen; possible need for continued treatment with NAC

Regards



Chris Lawson
Head of Medicines Optimisation

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)
Peter Magirr, NHS Sheffield CCG
Mark Randerson, NHS Doncaster CCG
Stuart Lakin, NHS Rotherham CCG