

Our Ref: CL/NB

Please ask for: Chris Lawson or Caron Applebee

13th June 2017

Website: www.barnsleyccg.nhs.uk
<http://twitter.com/nhsbarnsley>
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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 10th May 2017 and 7th June 2017

The main outcomes of the meeting were: -

Shared Care / Amber-G Guidelines

Dalteparin shared care guideline

The above shared care guideline has undergone a routine update. The guideline will be sent to the LMC for approval.

Amber G guidelines and Shared care guidelines for substance misuse

The following guidelines have been updated to reflect a change in provider of substance misuse services. Substance misuses services are provided by DISC (Developing Initiatives, supporting Communities) so the contact details have been updated accordingly.

- Acamprosate Amber G guideline
- Disulfiram Amber G guideline
- Nalmefene Amber G guideline
- Naltrexone Shared Care guideline

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

Ticagrelor prescribing guidance

Following the publication of a NICE technology appraisal (NICE TA 420) for extended treatment with ticagrelor in patients post MI, the current ticagrelor guidance has been updated. The new recommendations are summarised below:

Ticagrelor for preventing atherothrombotic events after myocardial infarction (NICE TA420)

A dose of 60mg bd is indicated in patients who are at high risk (see * below) of atherothrombotic events and:

- Have a history of an MI of at least 1 year (for the first 12 months post ACS ticagrelor 90mg bd should be prescribed)
- Should be started straight after 1 year of ticagrelor 90mg bd **OR** up to 2 years from MI (i.e. within 1 year of stopping ticagrelor 90mg bd) **OR** in patients who had an MI more than 2 years ago and stopped taking antiplatelet therapy no more than 1 year ago
- Should be given with aspirin 75mg-150mg od
- Should be stopped when clinically indicated (in the event of bleeding complication or if ticagrelor is deemed to be contributing to dyspnoea or bradycardia), or at a maximum of 3 years of extended treatment
- The Cardiologists at BHNFT will specify the duration of therapy for ticagrelor when patients are discharged from their care. The Cardiologists have agreed that if no extended duration of therapy is recommended then we can assume that treatment will be for 12months.

*Risk of atherothrombotic events

The PEGASUS-TIMI 54 trial was the trial that formed the basis of the submission to NICE. In this trial, patients had a history of MI (occurring between 12 and 36 months before entry) and had at least one of the following additional risk factors:

- Age 65 or over
- Diabetes mellitus needing medication
- A second prior MI
- Evidence of multi-vessel coronary artery disease
- Chronic non-end-stage renal dysfunction

Pregabalin prescribing guidelines for neuropathic pain

The above guideline has been updated with contact details following a change in the local Provider of substance misuse services.

Guidance for the use of both an anticoagulant and an antiplatelet

Guidance on the prescribing of both an anticoagulant and an antiplatelet has been produced. The guidance provides primary care clinicians with information on when these two groups of drugs could be initiated together by secondary care. *Please note: Primary care clinicians are not expected to initiate these two drugs. The guidance is for information only.*

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.

Drug	Licensed indication	Traffic light status
Fluticasone/salmeterol 50/500 microgram inhalation powder (Aerivio [®] Spiromax [®] , Teva)	Asthma COPD	Provisional grey
Ceftazidime/avibactam	Treatment of infections due to	Provisional red

2 g/0.5 g powder for concentrate for solution for infusion (Zavicefta [®])	aerobic Gram-negative	
Lidocaine 700 mg (5%) medicated plaster (Ralvo [®])	Neuropathic pain	Provisional grey
Methotrexate 7.5 – 25 mg solution for injection in pre-filled pen (Nordimet [®])	DMARD	Provisional amber
Acetylcysteine (generic) 200 mg powder for oral solution (Colonis Pharma)	Mucolytic	Provisional amber
Tofacitinib 5 mg film-coated tablets (Xeljanz [®] ▼)	Moderate to severe active rheumatoid arthritis.	Provisional red
Eluxadoline 75 mg & 100 mg film-coated tablets (Truberzi [®])	Irritable bowel syndrome with diarrhoea (IBS-D).	Provisional grey
Human normal immunoglobulin 100 mg/mL solution for infusion (Iqymune [®] ▼) 200 mg/mL solution for infusion (Cuvitru [®] ▼)	Immunoglobulin	Provisional red
Insulin glargine/lixisenatide 100 units/mL/33 micrograms/mL & 100 units/mL/50 micrograms/mL solution for injection in pre-filled pen (Suliqua [®] ▼)	Type 2 diabetes mellitus	Provisional amber

MHRA Drug Safety Update

The April MHRA Drug Safety Update can be accessed at the following link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/610268/April_-_Drug_Safety_Update.pdf

Issues relating to primary care:

Valproate and developmental disorders: new alert asking for patient review and further consideration of risk minimisation measures

Babies born to mothers who take valproate medicines (Epilim ▼, Depakote ▼) during pregnancy have a 30–40% risk of developmental disability and a 10% risk of birth defects. Despite communications to prescribers in January 2015 and February 2016 on the magnitude of this risk and the actions to take, there is evidence that women are still not aware of the risk. Patient Safety Alerts have now been issued asking all organisations to undertake systematic identification of women and girls taking valproate. A new European review is considering whether further regulatory action is necessary and there will be a public hearing at the European Medicines Agency later in 2017.

Advice for healthcare professionals:

- do not prescribe valproate medicines for epilepsy or bipolar disorder in women and girls unless other treatments are ineffective or not tolerated; migraine is not a licensed indication
- ensure women and girls taking valproate medicines understand the 30–40% risk of neurodevelopmental disorders and 10% risk of birth defects and are using effective contraception
- valproate use in women and girls of childbearing potential must be initiated and supervised by specialists in the treatment of epilepsy or bipolar disorder

The May MHRA Drug Safety Update can be accessed at the following link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/615844/FINAL_DSU_May.pdf

Issues relating to primary care:

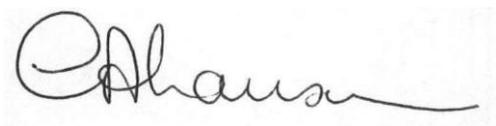
Finasteride: rare reports of depression and suicidal thoughts

We have received reports of depression and, in rare cases, suicidal thoughts in men taking finasteride 1 mg (Propecia) for male pattern hair loss. Be aware that depression is also associated with finasteride 5 mg (Proscar).

Advice for healthcare professionals:

- since finasteride has been marketed there have been a number of spontaneous adverse drug reaction reports suggesting a possible link to depression, and in rare cases, suicidal thoughts
- advise patients to stop finasteride 1 mg (Propecia) immediately if they develop depression and inform a healthcare professional
- be aware that the product information for finasteride 5 mg (Proscar) already lists depression as a possible adverse reaction

Regards



Chris Lawson
Head of Medicines Optimisation

cc: Medicines Management Team
Alison Bielby, BHNFT
Mike Smith, BHNFT
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Area Prescribing Committee Members (Secretary to the APC to circulate)
Local Medical Committee (Secretary to the LMC to circulate)
Peter Magirr, NHS Sheffield CCG
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