

Our Ref: DC/NB

21st September 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 13th September 2017

The main outcomes of the meeting were: -

Shared Care / Amber-G Guidelines

Insulin Degludec (Tresiba®) Amber G guideline (new)

A new Amber G guideline has been produced to support the prescribing of insulin degludec (Tresiba®). Prescribers are reminded that Insulin degludec should be prescribed by brand – Tresiba®.

Tresiba® is available in two different strengths:

- 100units/ml FlexTouch pen & cartridge
- 200units/ml FlexTouch pen only

The dose counter shows the number of units regardless of strength and no dose conversion should be done when transferring a patient to a new strength.

Glucodrate® Amber G guideline (new)

A new Amber G guideline has been produced to support the prescribing of Glucodrate® for use in the dietary management of short bowel-associated intestinal failure and intestinal insufficiency in adults. Glucodrate® may be initiated by gastroenterology or dietetics.

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

There were no new or updated guidelines presented at the Committee.

Prescribing of liothyronine tablets

The APC have assigned liothyronine tablets a red classification on the traffic light list. Prescribers are asked to review their prescribing of this in line with the attached PrescQIPP bulletin and to refer to endocrinology for further advice where needed. The Clinical Pharmacist attached to your practice can support you with this work.

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 tables below.

Drug	Indication	Traffic light status
Endocrine formulary review		
Liothyronine tablets	Hypothyroidism	Red
Tresiba® Insulin degludec	Diabetes mellitus	Amber G
New Product Application		
Nordimet® Methotrexate subcutaneous injection 25mg/ml (available in the following strengths: 7.5mg, 10mg, 12.5mg, 15mg, 17.5mg, 20mg, 22.5mg, 25mg)	Disease modifying drug	Amber. This will be incorporated into the DMARD shared care guideline.
Horizon scanning document		
Beclometasone/formoterol/ glycopyrronium 87/5/9 micrograms pressurised inhalation solution (Trimbow®)	COPD	Provisional grey
Brodalumab 210 mg solution for injection (Kyntheum®)	Moderate to severe plaque psoriasis	Provisional red
Dimethyl fumarate 30 mg & 120 mg gastro-resistant tablets (Skilarence®)	Moderate to severe plaque psoriasis	Provisional red
Sarilumab 150 mg & 200 mg solution for injection in pre-filled pen or syringe (Kevzara®▼)	Rheumatoid arthritis	Provisional red
Glecaprevir/pibrentasvir 100 mg/40 mg film-coated tablets (Maviret®▼)	Treatment of chronic hepatitis C virus infection	Red
Co-codamol (generic) 60 mg/1000 mg film-coated tablets	Moderate to severe pain	Provisional grey
Mitomycin (generic) 20 mg & 40 mg powder & solvent for intravesical solution	Bladder carcinoma	Red
Inotuzumab ozogamicin	ALL	Provisional red

1 mg powder for concentrate for solution for infusion (Besponsa [®] ▼)		
Colecalciferol 14,400 IU/mL (400 IU/drop) oral drops (Sapvit-D3, Stirling Anglian)	Vitamin D deficiency	Provisional grey
Dipyridamole (generic) 200 mg/5 mL oral suspension	Prophylaxis of thromboembolism	Provisional grey
Maraviroc 20 mg/mL oral solution (Celsentri [®] , ViiV Healthcare)	HIV	Red

Formulary review – CNS mental health

Drug	Change	Reason for change
Paroxetine	Restricted symbol  added to formulary	Only recommended for post traumatic stress disorder (PTSD) or for existing patients.
Dosulepin	Restricted symbol  added to formulary	Use is restricted to existing patients.
Promazine Hydrochloride	Removed from formulary	Not included in local guidance
Trimipramine Surmontil [®]	Removed from formulary	Not included in local guidance

MHRA Drug Safety Update

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

https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/637656/DSU-August_PDF.pdf

Issues relating to primary care:

Corticosteroids: rare risk of central serous chorioretinopathy with local as well as systemic administration

Central serous chorioretinopathy is a retinal disorder that has been linked to the systemic use of corticosteroids. Recently, it has also been reported after local administration of corticosteroids via inhaled and intranasal, epidural, intra-articular, topical dermal, and periocular routes.

Advice for healthcare professionals:

- Advise patients to report any blurred vision or other visual disturbances during corticosteroid treatment
- Consider referral to an ophthalmologist for evaluation of possible causes if a patient presents with vision problems
- Report suspected adverse reactions to us on a Yellow Card

Adrenaline auto-injectors: updated advice after European review

It is recommended that 2 adrenaline auto-injectors are prescribed, which patients should carry at all times.

Advice for healthcare professionals:

- It is recommended that 2 adrenaline auto-injectors are prescribed, which patients should carry at all times
- Ensure that people with allergies and their carers have been trained to use the particular auto-injector that they have been prescribed—technique varies between injectors
- Encourage people with allergies and their carers to obtain and practise using a trainer device (available for free from the manufacturers' websites)

Advice to give to people with allergies and their carers:

- It is recommended that you carry 2 adrenaline auto-injectors at all times; this is particularly important for people who also have allergic asthma because they are at increased risk of a severe anaphylactic reaction
- Use the adrenaline auto-injector at the first signs of a severe allergic reaction
- Take the following actions immediately after every use of an adrenaline auto-injector:
 1. Call 999, ask for an ambulance and state "anaphylaxis", even if symptoms are improving
 2. Lie flat with legs raised to maintain blood flow. However, if you have breathing difficulties, you may need to sit up to make breathing easier
 3. Seek help immediately after using the auto-injector and if at all possible make sure someone stays with you while waiting for the ambulance
 4. If you do not start to feel better, use the second auto-injector 5–15 minutes after the first one
- Check the expiry date of the adrenaline auto-injectors and obtain replacements before they expire; expired injectors will be less effective

A patient/carers general advice leaflet can be found at the following link:

https://assets.publishing.service.gov.uk/media/5996e7aced915d57445311a3/AAI_patient_advice_sheet_August_2017.pdf

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

ENC: PrescQIPP Bulletin 121. Switching liothyronine (L-T3) to levothyroxine (L-T4) switch paper in the management of primary hypothyroidism. February 2016.