

Our Ref: DC/NB

14th September 2021

Website: www.barnsleyccg.nhs.uk
<http://twitter.com/nhsbarnsley>
www.facebook.com/nhsbarnsley

To: Prescribing Clinicians and Pharmacists within the Barnsley locality

Dear Colleague

Re: Summary of Key Points from the Area Prescribing Committee Meetings on 7th July and 11th August 2021

The main outcomes of the meetings were: -

Prescribing Guidelines

The following prescribing guidelines were approved by the Committee:

Clinical Guideline: proton pump inhibitors and alternatives to subcutaneous ranitidine [NEW]

This guideline details alternatives to subcutaneous ranitidine for palliative care patients due to ongoing stock issues with ranitidine. Pantoprazole injection has been added to the formulary as restricted with an amber-G classification in the interim whilst ranitidine injection is unavailable. The guideline is available on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/prescribing-guidelines/palliative-care-clinical-guideline-ppi-and-alternatives-to-subcutaneous-ranitidine/474525>

Fentanyl and buprenorphine skin patches: How to use and dispose of them safely [UPDATED]

This patient information leaflet has been reviewed with no changes and is available on the BEST website at the following link:

<https://best.barnsleyccg.nhs.uk/clinical-support/patient-information-sheets/Fentanyl%20and%20Buprenorphine%20Transdermal%20Patch%20safety%20leaflet.pdf>

The following prescribing guidelines have been removed from BEST:

The Diabetes Guidelines 2016 and the Barnsley treatment algorithm for the management of type 2 diabetes have been removed from the prescribing guidelines section of the BEST website. The Diabetes Guidelines are currently in the process of being reviewed.

Prescribing guidelines are available on the BEST website:

<http://best.barnsleyccg.nhs.uk/clinical-support/medicines/prescribing-guidelines/>

The Barnsley Joint Formulary can be accessed at the link below:

<http://www.barnsleyformulary.nhs.uk/>

Shared Care / Amber-G Guidelines

The following shared care guidelines were approved by the Committee and are available on the BEST website:

[Linaclotide \(Constella®\) Amber-G guideline](#) [UPDATED]

This guideline has been updated and now includes information on the use of linaclotide during pregnancy and when breast-feeding.

[Aromatase inhibitors Amber-G Guideline](#) [UPDATED]

This guideline has received minor amendments including additional information on the frequency of follow-up of DEXA scans for women with osteoporosis or at risk of osteoporosis.

[Nalmefene \(Selincro®\) Amber-G Guideline](#) [UPDATED]

This guideline has received minor amendments including a change from LDQ (Leeds Dependence Questionnaire) to SADQ (Severity of Alcohol Dependence Questionnaire).

Shared Care and Amber-G guidelines are available on the BEST website:
<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.

The Barnsley Interface Issues Form should be used to report such problems:

<http://www.barnsleyccg.nhs.uk/members-professionals/area-prescribing-committee.htm>

Other

Liver Function Tests

Last year it was agreed to rationalise liver function tests and remove AST and GGT from the standard profile. This brings Barnsley in line with other areas across the country. GGT and AST can still be requested on an individual patient basis if required.

The Committee agreed that for a shared care / amber-G drug requiring LFT monitoring, the revised standard LFT profile was considered sufficient. Going forward as shared care / amber-G guidelines are reviewed it was agreed that the monitoring information would be updated accordingly.

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)
Additional primary care QIPP brands		
Cyanocobalamin tablets (CyanocoMinn®)	Vitamin B12 deficiency of dietary origin/ Non-dietary vitamin B12 deficiency during the COVID-19	Formulary green CyanocoMinn® is the cost-

	pandemic in line with BSH/Barnsley guidance.	effective brand of choice in Primary Care in Barnsley as agreed by the Committee. Guidance on alternatives to vitamin B12 injections during the COVID-19 pandemic is available on the BEST website.
SPS New Medicines Newsletter June 2021		
Insulin Aspart biosimilar (Trurapi®) Sanofi	Treatment of diabetes mellitus in adults, adolescents and children aged ≥1 year	Non-formulary provisional green
New Product Application		
Slo Milkshakes IDDSI Levels 1,2,3 and 4	Pre-thickened ONS with ACBS approval for prescribing in dysphagic patients.	Formulary amber-G. Slo Milkshakes should ONLY be prescribed for patients under Dietitian's care who are treated for malnutrition AND with a diagnosed dysphagia (by Speech and Language Therapist SLT) recommendation of thickened fluids (IDDSI level 1,2,3 or 4). Local guidance on pre-thickened ONS is currently in development.
Cardiovascular Formulary Review		
Metolazone	Only used as an adjunct to loop diuretics in resistant oedema	Formulary amber-G (previously formulary green) Note that Metenix 5® brand has been discontinued in the UK and that an unlicensed imported brand is used within BHNFT. Amber-G guidance will be developed.
Other		
Thuasne® Action Reliever Osteoarthritis Knee Brace	Osteoarthritis	Formulary red

MHRA Drug Safety Update

The June 2021 MHRA Drug Safety Update can be accessed at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/994554/June-2021-DSU-PDF.pdf

The July 2021 MHRA Drug Safety Update can be accessed at the following link:

https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/1000159/July-2021-DSU-PDF.pdf

Issues relating to primary care:

Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years

Following a review of the available toxicological data and a calculation of daily exposure to boron from a typical dosing regimen, the MHRA have concluded that the balance between the benefits and risks of chloramphenicol eye drops containing borax or boric acid remains positive for children aged 0 to 2

years. **Chloramphenicol eye drops can be safely administered to children aged 0 to 2 years where antibiotic eye drop treatment is indicated.**

Advice for healthcare professionals:

- some licences for chloramphenicol eye drop products containing borax or boric acid buffers were recently updated to restrict use in children younger than 2 years of age to reflect warnings on maximum daily limits for boron exposure.
- The MHRA have reviewed the available evidence and sought independent expert advice to understand whether there is a risk for children aged 0 to 2 years when using these products within the licensed indication, for what is likely to be a short period of time.
- The review has concluded that the benefits of chloramphenicol eye drops containing borax or boric acid outweigh the potential risks for children, including those aged 0 to 2 years.
- a typical regimen of one drop, applied typically 3 to 4 times a day, to both eyes, would result in a daily exposure well below the safety limit for children aged 0 to 2 years (see notes on dosing schedule in section on Findings of review in the full MHRA alert).
- advise parents and caregivers that chloramphenicol eye drops remain an important medicine for children when antibiotic eye treatment is indicated and that they have been used safely for many years – see Advice to provide to parents and carers below.
- report the product information for affected chloramphenicol products is being updated to reflect the revised advice and remove restrictions for use in infants – in the meantime the MHRA ask healthcare professionals to reassure parents and carers that these products can be safely given to children aged 0 to 2 years as prescribed.

Advice for healthcare professionals to provide to parents and carers:

- eye infections (conjunctivitis) are very common in babies and infants and it is important they are treated properly.
- chloramphenicol eye drops are an important medicine for treating bacterial eye infections in children and have been used safely for many years.
- some eye drops contain borax or boric acid, which are sources of boron – these ingredients are included as buffers to make sure the medicine is not too acidic or alkaline and is comfortable when administered to the eye.
- although concerns have been raised about boron and a possible effect on future fertility, these products can be safely given to children younger than 2 years as advised by a doctor or other prescriber.
- experts have advised that the amount of liquid that can be absorbed through the eyes of young children and the way these products are prescribed mean that the daily exposure to children would be well below the calculated safety limits.

Herbal and homeopathic medicines: reminder to be vigilant for suspected adverse reactions and to report them to the Yellow Card scheme

If an adverse drug reaction is suspected, ask patients if they are taking any herbal or homeopathic medicines and report any suspicions to the Yellow Card scheme. Remind patients to check that a herbal or homeopathic medicine is licensed and to follow the advice included in the patient information. Refer to the MHRA Drug Safety Update for further information.

Regards



Deborah Cooke
Lead Pharmacist

cc: Medicines Management Team
Rebecca Hoskins, 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