



Barnsley Clinical Commissioning Group

Putting Barnsley People First

Medicines Management Team
Hilder House
49/51 Gawber Road
Barnsley
South Yorkshire
S75 2PY

Our Ref: CL/NB

Please ask for: Chris Lawson or Caron Applebee

Tel: 01226 433798

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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 Meeting on 5th April 2017

The main outcomes of the meeting were: -

Shared Care / Amber-G Guidelines

Inflammatory bowel disease and autoimmune hepatitis shared care guideline

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

Rifaximin for hepatic encephalopathy Amber-G guidance

Following the traffic light status change of rifaximin (from full shared care to Amber-G) an Amber-G guidance document has been produced. This guideline will be sent to the LMC for approval.

Testosterone replacement therapy shared care guideline

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

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

No new or updated guidelines were discussed at the meeting.

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
Ixazomib citrate 2.3 mg, 3 mg and 4 mg hard capsules (Ninlaro [®] ▼)	Multiple myeloma	Provisional red
Baricitinib 2 mg and 4 mg film-coated tablets (Olumiant [®] ▼)	Rheumatoid arthritis	Provisional red
Alectinib 150 mg hard capsules (Alecensa [®] ▼)	Non small cell lung cancer	Provisional red
Folic acid 1 mg/mL oral solution (Folic acid, Colonis Pharma)	Folate supplementation	Provisional grey

2017/18 Medicines QIPP Areas

Prescribed Medicine(s)	Recommended Alternative	Comments
Tiotropium 18 microgram inhalation powder, hard capsule (Spiriva [®])	Braltus [®] 10microgram (Tiotropium 10 microgram inhalation powder, hard capsule)	Both products deliver a dose of 10microgram tiotropium per inhalation.
Pregabalin for General Anxiety Disorder (GAD), Epilepsy and Neuropathic Pain (exclude:trigeminal neuralgia, post herpetic pain, acute herpetic pain and causalgia pain)	Alzain [®] (Pregabalin)	Patients previously changed to Rewisca [®] brand by SWYFT will not be changed.
Venlafaxine XL tablets & XL capsules 75mg, 150mg & 225mg	Vensir XL [®] 75mg, 150mg & 225mg (Venlafaxine XL capsules)	Most cost-effective modified-release brand available.
Diltiazem 60mg tablets	Tildiem [®] (Diltiazem 60mg tablets)	Brand prescribing recommended for all other strengths of diltiazem
Procyclidine 5mg tablets	Kemadrin [®] (Procyclidine 5mg tablets)	Most cost-effective brand available
Pramipexole prolonged release tablets	Pipexus [®] prolonged release tablets (Pramipexole prolonged release tablets)	Most cost-effective brand available
Fentanyl Patch	Fencino [®] or Matrifen [®]	Brands already approved by APC.
Pioglitazone 15mg /metformin 850mg tablets (Competact [®])	Pioglitazone 15mg tablets & Metformin 850mg tablets	More cost effective to prescribe separately
Rivastigmine 4.6mg/24h & 9.5mg/24h transdermal patch	Alzest [®] (Rivastigmine 4.6mg/24h & 9.5mg/24h transdermal patch)	Most cost-effective brand available
Buprenorphine 35mcg/h, 52.5mcg/h & 70mcg/h transdermal patch	Bupeaze [®] - 4 day patch Hapoctasin [®] – 3 day patch	APC previously requested all Buprenorphine patches to be prescribed by brand
Trifluoperazine 1mg/5ml sugar free oral solution	Trifluoperazine Tablets (if able to take solid dose form) or 5mg/5ml sugar free oral solution	Patients to be reviewed for suitability before changing
Risperidone orodispersible tablets (all	Risperidone Tablets (if able to take solid dose form) or 1mg/ml	Patients to be reviewed for

strengths)	oral solution	suitability before changing
Ursodeoxycholic acid 250mg Capsules	Cholurso® (Ursodeoxycholic acid 250mg Tablets)	Capsules are 21.7mm in length, tablets are 11mm in diameter Most cost-effective brand available
Ferrous Fumarate 210mg Tablets (equivalent to 65-70mg Fe)	Galfer® 305mg Capsules (equivalent to 100mg Fe)	Patients would take 1 BD instead of 1 TDS. Recommendation to add prompt to ScriptSwitch.
Mefenamic acid 500mg Tablets	Ponstan Forte® (Mefenamic acid 500mg tablets)	Most cost-effective brand available. Recommendation to add prompt to ScriptSwitch
Dicycloverine tablets	Alternative option such as mebeverine or hyoscine	Significant increase in cost with lack of evidence base to suggest any more effective than alternative options.

MHRA Drug Safety Update

The March MHRA Drug Safety Update can be accessed at the following link: https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/602324/DSU_pdf_March.pdf

SGLT2 inhibitors: updated advice on increased risk of lower-limb amputation (mainly toes)

Canagliflozin may increase the risk of lower-limb amputation (mainly toes) in patients with type 2 diabetes. Evidence does not show an increased risk for dapagliflozin and empagliflozin, but the risk may be a class effect. Preventive foot care is important for all patients with diabetes.

Advice for healthcare professionals:

- Carefully monitor patients receiving canagliflozin who have risk factors for amputation, such as poor control of diabetes and problems with the heart and blood vessels
- Consider stopping canagliflozin if patients develop foot complications such as infection, skin ulcers, osteomyelitis, or gangrene
- Advise patients receiving any sodium-glucose co-transporter 2 (SGLT2) inhibitor about the importance of routine preventive foot care and adequate hydration
- Continue to follow for routine preventive foot care for people with diabetes
- Report any suspected side effect with SGLT2 inhibitors or any other medicine on a Yellow Card (<https://yellowcard.mhra.gov.uk/>)

Regards



Neil Heslop
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

