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BSW Area Prescribing Committee (APC) Updates

The [BSW APC website](#) includes info on the APC and BSW formulary decision making process. Decisions from the Nov 2021 meeting have been ratified and can be found in full [here](#). Of particular note:

Update: [Primary Care Antibiotic Guidance](#) Fully reviewed. For comprehensive details of changes see table at end of guidance.

[Methenamine hippurate 1g tablets](#) aligned across BSW with **AMBER TLS**. Use restricted to recurrent UTI in ADULTS and ONLY if initiated by a urologist or advised by a microbiologist where there are no suitable alternatives due to multi resistant organisms; allergies/contraindications/side effects with other prophylactic antibiotics; high risk patients for whom prophylactic antibiotics are not appropriate e.g. C. diff carriage. Stop treatment after 6 months; refer back to advising specialist if relapses or side effects occur.

Chloral hydrate, cloral betaine (Welldorm): restriction of paediatric indication

The [Medicines and Healthcare products Regulatory Agency](#) (MHRA) has recently **published Drug Safety Update** to advise clinicians of a **new restriction** on the paediatric indication for **chloral hydrate and cloral betaine**. Product information for these medicines has been changed to reflect current clinical practice where they are not first-line options for insomnia. The use of hypnotics in children and adolescents is not generally recommended, and if used should be under the supervision of a specialist. Chloral Hydrate is currently **RED traffic light status** on [BSW formulary](#), and not to be initiated in primary care. Cloral betaine is non-formulary.

The treatments should only be used as an adjunct to non-pharmacological therapies for the **short-term treatment** (maximum 2 weeks) of severe insomnia only when the child or adolescent has a suspected or definite neurodevelopmental disorder and when the insomnia is interfering with normal daily life, and where other therapies (behavioral and pharmacological) have failed.

Haloperidol (Haldol): reminder of risks when used in elderly patients for the acute treatment of delirium

Recent MHRA [Drug Safety Update](#) reminds clinicians that **elderly patients** are at an **increased risk of adverse neurological and cardiac effects** when being treated with **haloperidol** for delirium. It is recommended that the **lowest possible dose** of haloperidol should be used for the **shortest possible time**, and cardiac and extrapyramidal adverse effects should be closely monitored. Only consider haloperidol for delirium when non-pharmacological interventions are ineffective, and no contraindications are present (including Parkinson's disease and dementia with Lewy bodies). Before initiating treatment, a baseline electrocardiogram (ECG) and correction of any electrolyte disturbances is recommended; cardiac and electrolyte monitoring should be repeated during treatment. Full contraindications can be found in the [Summary of Product Characteristics](#). Report suspected adverse reactions associated with haloperidol on a [Yellow Card](#).

Newly commissioned Patient Group Directions

Bath and North East Somerset, Swindon and Wiltshire CCG have recently commissioned our local community pharmacies to deliver the following Patient Group Directions (PGDs):

- UTIs – Females aged 16-64
- Impetigo – Adults and children aged 2 and over
- Hydrocortisone – Children aged 1 to 10 and use on the face in patients over 1 year
- Chloramphenicol drops and ointment from 31 days to under 2 years old
- Sore Throats – Adults and children aged 5 and over

The PGD allows a pharmacist to issue a prescription only medicine (POM) in certain clinical situations without the need for a prescription. For a pharmacy to go live on the service they must have achieved specific prerequisite training and accreditation. Patients can access the service via the following routes:

- Can self-present by walking into the pharmacy
- Referred from the GP, either using the GP Community Pharmacist Consultation Service (CPCS) pilot or Informal referral
- NHS111 CPCS referral

Currently a small number of pharmacies have been accredited. Details of these pharmacies and a useful summary of the service can be found here [Community Pharmacy PGD Information](#).

Additional information about PGDs can be found on the BSW CCG website <https://prescribing.bswccg.nhs.uk/patient-group-directions-pgds>

Using inclisiran to manage patients with high cholesterol and lipid disorders.

The West of England AHSN is providing a series of 1-hour online education sessions (which will be repeated on three dates) for GPs and HCPs on the use of Inclisiran to manage patients with high cholesterol and lipid disorders. Delivered by secondary care consultants and pharmacists, this virtual session will cover:

- What is PCSK9?
- What is Inclisiran and how does it work?
- Evidence base and safety data
- Practical issues in prescribing and administration
- Questions and discussion

Find out more and book [here](#).

Please also read our [BSW Inclisiran prescribing guidance for primary care](#). This summarises the background for inclisiran's green Traffic Light Status in BSW and explains NHSE/I's novel funding mechanism which supports prescribing of inclisiran in primary care. Our local guidance also links to national pathways for [statin intolerance](#) and for [lipid management for primary and secondary prevention of CVD](#).