

## **Nottinghamshire Area Prescribing Committee**

# May 2018 Bulletin



www.nottsapc.nhs.uk www.nottinghamshireformulary.nhs.uk MACCG.NottsAPC@nhs.net

#### May 2018 APC Decisions

Medicine	Status	Indication	Other Information	
Insulin Glargine 300units/ml (Toujeo®)	Amber 2	Diabetes - additional patient cohort added	<ul> <li>People with poorly controlled diabetes on insulin glargine 100 units/ml (Abasaglar) and</li> <li>requiring twice daily basal insulin as once daily glargine 100 units/ml is insufficiently long acting</li> <li>lipohypertrophy,</li> <li>experiencing nocturnal hypoglycaemia</li> <li>requiring carer administration once a day, where delays in administration are impacting on diabetes control</li> </ul>	
Rivaroxaban 10mg (Xarelto®)	Amber 3	Secondary prophylaxis of DVT/ PE	Indication extended in line with licence	

For a full explanation of the Traffic Light definitions, please refer to the Joint Formulary website

#### News from the APC

### Ratified at the meeting:

(Please note the final documents will be uploaded and available on the APC website within the next 2 weeks to allow for final editing)

- Alternative to specials database (New)
- Emollient formulary (Update)
- Lurasidone information sheet (Update)
- Venlafaxine high dose information sheet (Update)
- APC Annual report

# High dose (300-375mg per day) Venlafaxine monitoring

## **Recommended monitoring**

- 1. A baseline ECG is not required, unless clinically indicated. It should be repeated one week after any dose increase in high-risk patients.
- 2. Blood pressure (BP) measurement should be performed before starting venlafaxine. If baseline BP is raised (systolic >140mmHg or diastolic >90mmHg) this should be managed in line with current hypertension guidelines. Hypertension should be controlled before starting venlafaxine.
- 3. Monitor the patient's blood pressure 4 weeks and 8 weeks after initiation or following any subsequent dose increase and then every 3 months thereafter
- 4. If there is evidence of a sustained increase in blood pressure compared with baseline the following options can be considered depending on the magnitude of the increase, patient response to treatment, history of non-response to other medication and general medical status: reduce venlafaxine dose, change antidepressant, initiate or alter antihypertensive treatment.

### Horizon Scanning, Formulary amendments and traffic light changes

- Janumet<sup>®</sup> (Metformin/Sitagliptin) added to allow cost efficiencies when prescribing separately Green for patients on stable combination of sitagliptin and metformin
- Sodium Chloride 0.9% nebules added as Amber 2
- Eslicarbazine added as Amber 2 in line with other antiepileptics
- DOACs for DVT and PE, treatment and prevention- changed to Amber 3 to allow flexibility in primary care. Associated guidance will be produced
- Ciprofloxacin ear drops 2mg/ml added as Green in place of the eye drops being used off licence
- Medi-Derma S<sup>®</sup> added as Green in line with the barrier preparations formulary (first line)
- Clinimed LBF<sup>®</sup> added as Green in line with the barrier preparations formulary (second line)
- Medihoney® added as **Green** in line with the barrier preparations formulary but restricted to specialist advice
- Proshield Plus Skin<sup>®</sup> products added as Green in line with the barrier preparations formulary but restricted to specialist advice
- Coloplast Conveen<sup>®</sup> prep wipes added as Green but restricted to continence teams only
- Enoxaparin Biosimilar (Becat<sup>®</sup>) added as Grey, no formal assessment
- Insulin Lispro Kwikpen Junior added as Grey, no formal assessment
- Semaglutide one weekly human GLP1 analogue added as Grey, no formal assessment
- Oxycodone MR (Onexela XL®) Once daily, added as Grey, no formal assessment

# **Current work in development**

- ADHD shared care protocol update for children and new guidance for adults
- Review of formulary options of oral contraceptives
- Omeprazole liquid flow chart
- Benzodiazepine step down guidance
- New submission Lovosert<sup>®</sup>
- New submission Kyleena<sup>®</sup>
- New submission Tresiba<sup>®</sup> insulin for Type 2 Diabetes
- New submission Aerochamber Plus Flow-Vu

# **Upcoming NICE guidance**

TITLE	GUIDELINE/TA	EXPECTED DATE
Dementia—assessment, management and support for people living with dementia and their carers	Guideline	June 2018
Rheumatoid arthritis	Guideline	July 2018

The work of the NAPC is supported and managed by the interface team below. They can be contacted via <a href="MACCG.NottsAPC@nhs.net">MACCG.NottsAPC@nhs.net</a> if you would like to make a submission or have any queries.

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