



<p>Trimbow® 87/5/9 pMDI Beclometasone with formoterol and glycopyrronium</p>	<p>AMBER 2 for Asthma in adults</p>	<ul style="list-style-type: none"> For maintenance treatment of asthma in adults not adequately controlled with a maintenance combination of a long-acting beta-2-agonist and medium dose of inhaled corticosteroid, and who experienced one or more asthma exacerbations in the previous year. A single-device option for patients who are deemed to benefit from a triple therapy with ICS/LABA/LAMA that potentially increases compliance.
<p>Safinamide</p>	<p>AMBER 2</p>	<ul style="list-style-type: none"> Extended indication to allow its use for off periods with or without dyskinesia as an adjunct to levodopa in Parkinson's Disease. As per the accompanying prescribing flow chart.
<p>Lyumjev® U100 (insulin lispro)</p>	<p>AMBER 2 Diabetes consultant recommendation</p>	<ul style="list-style-type: none"> A faster acting version of Humalog®. Brand prescribing essential. Shown in trials to be more effective at controlling post-prandial glucose levels and may be particularly useful in patients where tight post-prandial glucose control is desired. For pregnant women, patients with an insulin pump and/or Freestyle Libre users.

Inclisiran

A [Summary of national guidance for lipid management](#) has now been published by the NHS Accelerated Access Collaborative. This guidance shows inclisiran's place in therapy alongside alternative options and considerations.

The APC agreed to update the formulary status of inclisiran from to  **Amb2** to  **Amb3** (Primary care/non specialist may initiate as per APC guideline). The national guidance above has replaced the local version on the [APC website](#) and become the approved and recommended pathway locally. Additionally there is a helpful pathway for managing [statin intolerance](#).

For some general background on inclisiran and how it is being rolled out, including some FAQs, please see a short video with Dr Phil Jennings, Chief Executive at the Innovation Agency [here](#).

Heart UK has teamed up with the AHSN, the AAC and NHSE&I to develop an educational resource titled 'Tackling Cholesterol Together'. The website has a wealth of resources on lipid management available [here](#) - in particular, a webinar on novel therapies including inclisiran available [here](#). Further educational resources specifically around inclisiran and supporting primary care are being developed and will be available on the Heart UK website within the next few months. PrescQIPP have also recorded an informative webinar on inclisiran available [here](#)

Methotrexate shared care monitoring

Following an incident, the shared care protocols which include methotrexate have been updated to highlight the need for both the specialist and GP to complete regular counselling on appropriate contraception. Female patients must not become pregnant whilst taking this medication. Advice should be given to use two methods of contraception throughout the treatment duration.

Fluoride enriched toothpaste

There is a significant amount of high strength fluoride toothpaste prescribing taking place in primary care. GPs should not prescribe fluoride enriched toothpaste unless in exceptional circumstances, e.g. where a patient is struggling to find a dentist. If this is the case, it can be prescribed as an interim measure until the patient registers with a dentist.

News from the APC - updated/new documents on the APC website:

- [Gastroprotection with antithrombotics](#) (new)

A quick reference guide for the initiation of gastroprotection in patients prescribed antithrombotic agents (antiplatelets and anticoagulants).

Provides advice on when gastroprotection cover should be considered dependent on risk factors.

The duration or review date for gastroprotection should be specified on hospital discharge letters.

- [Linaclotide prescribing information sheet](#) (new)

Restriction to initiation by consultant gastroenterologists only has been removed and instead it must be initiated and prescribed by a clinician with experience of treating moderate to severe IBS-C for at least the first 4 weeks of treatment with a review of efficacy after 4 weeks (changed from 8 weeks).

The GP to be requested to prescribe ongoing treatment after 4 weeks if patient gaining significant benefit (changed from 8 weeks).

The GP should review after a further 12 weeks and stop linaclotide if patient no longer benefiting from treatment. Evidence of benefit beyond 6 months has not been established; the patient should be re-examined and the benefit and risks of continuing treatment discussed and deprescribing considered.

- [APC Terms of Reference](#) (update)
- [Insect bites and stings](#) (new)
- [Omeprazole liquid for children](#) (new)

Primary care process for review of long term omeprazole liquid in children with aim of deprescribing or switching to more cost effective option.

Coming Soon -

- Safinamide treatment algorithm (new)
- Position statement for Gonadorelin analogues (GnRH) and degarelix in Primary Care for Prostate and Breast Cancer (update to allow switch to 6 monthly triptorelin preparation in primary care).
- Steroid card guidance (new)

Guidance on when to issue steroid card and sick day rule information. Patients are required to carry card (blue or red) whilst "dependent" on steroids and for 12 months after stopping.

Horizon Scanning, Formulary amendments and traffic light changes

Formulary amendments:

- * Memantine 10mg/mL Oral Solution - added as the most cost effective option for patients unable to swallow tablets
- * Dapagliflozin - NOT to be used in Type 1 diabetes anymore
- * Eyzetan Bimatoprost /timolol eye drops FP - added as **Amber 2** as a cost effective option. Replaces Ganfort UDVs.
- * Fluoride enriched toothpaste, Duraphat 5000ppm - restricted for GPs to prescribe in exceptional cases only for maxfax patients undergoing radiotherapy while the patient registers with a dentist.
- * Pimecrolimus 1% cream and Tacrolimus 0.03% and 0.1% ointment - to remain **Amber 2** for use on the face but for GPs with specialist dermatology interest to be recognised as a specialist able to initiate.
- * Potassium citrate with citric acid effervescent tablets - updated to **Amber 2** for recurrent kidney stones.
- * Eyeaze - added as **Green** as a cost effective sodium hyaluronate eye lubricant.
- * Mezzopram (omeprazole dispersible gastro-resistant tablets) - added as a cost effective choice
- * Neutralising Monoclonal antibody sotrovimab (Xevudy) and Molnupiravir (Lagevrio)- added as **RED** for COVID-19 in highest risk non-hospitalised patients. These will be supplied by the COVID-19 Medicine Delivery Unit (CMDU)- see [link](#) for details on local procedure for obtaining these treatments.
- * Salbutamol inhalers - move to lower carbon footprint choices
 - 1st line= Salbutamol Easyhaler (for patients for whom a DPI is appropriate)
 - 2nd line= Salamol inhaler + spacer (for patients for whom a pMDI is needed)
 - 3rd line= Salamol Easibreathe

Current work in development- see [APC work programme](#) for further details

- Type 2 diabetes guideline (update)
- Sick day rules and SGLT2s (New)
- Growth Hormone SCP (update)
- AF- review of NICE Guideline
- Overarching Pain Management Guideline (new)
- Vitamin B12 Treatment Guideline (update)
- Vitamin D Guideline for Adults (update)
- Thyroid replacement in pregnancy (New)