


# Area Prescribing Committee / Interface Update May 2023

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Please direct queries to your ICB medicines  
optimisation pharmacist

or e-mail [nnicb-nn.nottsapc@nhs.net](mailto:nnicb-nn.nottsapc@nhs.net)



# New Submissions

## Selenium – AMBER 2

- Indication – For the treatment of deficiencies in children, secondary to therapeutic low protein diets (patients with PKU).
- Children with PKU are expected to adhere to a stringent protein-restricted diet to maintain blood phenylalanine concentrations within European PKU Guidelines ranges.
- High protein foods tend to be rich sources of selenium, so supplementation is required.
- The supplements will be prescribed for patients with a plasma selenium below the laboratory reference range.
- **Selenium 200mcg tablets and Selenase<sup>®</sup> oral solution have been added to the formulary.**
- Selenase<sup>®</sup> is available as 100 microgram/2ml oral solution in unit-dose ampoules.
- As selenium tablets are not in the Drug Tariff, when prescribing tablets in Primary Care please prescribe by brand (SelenoPrecise<sup>®</sup> is currently the most cost effective).



# New Submissions

## Thealoz Duo<sup>®</sup> – GREY

- Indication – For the treatment of severe dry eye syndrome.
- The submission was declined and it remains GREY on the formulary due to no new evidence since the last submission in 2019 and it not being a cost-effective option.

## Prasugrel – AMBER 2

- Indication – For use in interventional neuroradiology procedures.
- The formulary classification has been changed from RED to AMBER 2 for patients under the care of the Interventional Neuroradiology (INR) team.
- The indication has also been extended to all patients to prevent and treat device related thrombus formation during and after unruptured brain aneurysm. Prasugrel is currently used as first line at NUH for those with intracranial stenting (unlicensed indication) and may be considered for other high risk patients.
- The *dose for this indication is 5mg*, which differs from the 10mg dose used in cardiology.



# Information Sheets

## [Cinacalcet information sheet \(update\)](#)

- Cinacalcet was classified as **AMBER 2** in May 2020 and an information sheet produced to support prescribing.
- Changes include updated monitoring requirements, criteria for review and management of out-of-range calcium levels.
- Calcium monitoring has been reduced from 3 monthly to 6 monthly for the first two years and then annually.

## [Liothyronine patient information leaflet \(update\)](#)

- The liothyronine [position statement](#) was discussed and approved at the March 2023 APC meeting.
- The previous position statement directed patients to the patient information produced by NHSE.
- This was no longer felt to be relevant and the patient information leaflet produced by Hertfordshire and West Essex ICB has been adopted and adapted with their permission.

## [Biosimilar FAQ \(new\)](#)

- The Biosimilars FAQ sheet has been developed to provide a quick reference point for prescribers to encourage the cost-effective prescribing of biosimilars.



# Guidelines

## [Antipsychotic Prescribing Guideline \(interim update\)](#)

- This interim update includes new sections on high dose antipsychotic treatment and on the management of hyperprolactinaemia. Details of the Mental Health Pharmacy Advisory Line have been added along with further information on new paliperidone depot formulations.
- A full guideline review is due in June 2024.

## [Adult Headache Pathway \(update\)](#)

- Pizotifen has been added back in as a 4th line prophylactic option. Previously this had been removed following the NICE CG150 which stated pizotifen had limited evidence of efficacy. Despite the medication being traffic lighted as **GREY** prescribing has continued, so the decision has been made to reinstate its use. The pizotifen traffic light status will change to **AMBER 3**.
- Domperidone has been removed as a prophylactic option.
- Information on specialist only prophylactic options has been added to the flowchart and in the body of the guideline, together with links to the NICE TAs on migraine prophylaxis.
- Self-help resources have been updated and a headache diary included as an appendix.



# Guidelines

## [Policy for the Prescribing and Supply of Unlicensed and Off-label Medication \(update\)](#)

- This document clarifies the clinical, prescribing and supply responsibilities regarding the use of unlicensed medicines, and the off-label use of licensed medicinal products in primary care.
- The updated document was checked alongside similar policies applied for NUH, SFH and NHT.

## [Opioid Deprescribing for Persistent Non-Cancer Pain \(update\)](#)

- This review has been undertaken with secondary care to ensure it aligns with their policies.
- Links have been updated and a new table of 'other resources' added.

## [Buccal Midazolam in Paediatrics \(update\)](#)

- The guideline was shared for comments with specialists from NUH and SFHT.
- The changes were minimal such as wording around Epistatus<sup>®</sup> also being available in prefilled syringes.
- Prolonged seizures are now being called '*status*' if they last longer than 5 minutes.



# Guidelines

## [Freestyle Libre2<sup>®</sup> and Dexcom ONE<sup>®</sup> Inclusion Criteria in Type 2 Diabetes \(Adults\) \(update\)](#)

- The inclusion criteria has been updated to include Dexcom One<sup>®</sup> as this is now classified as **AMBER 3** for adult type 2 diabetic patients.
- Practices should use the links within the document to upskill themselves and be able to interpret the results, before initiating patients on these devices.
- Practices must register with the device manufacturer to enable access to the software required for recording and interpreting patient results.

## [COPD Exacerbation Rescue Medication – Guidance for Prescribers \(update\)](#)

- This has been updated in collaboration with respiratory specialists and the ICS Respiratory Group and includes information for practices and patients.
- Practices should have a process in place for the supply, monitoring and review of exacerbation rescue medication, and this should be reflected in the practice prescribing policy.
- The appropriate use of rescue medication and the risks should be discussed with the patient.
- It is not recommended that exacerbation rescue packs are added to a repeat prescription and patients requesting frequent supplies must be reviewed.
- There are risks associated with taking frequent courses of oral steroids and if a patient has  $\geq 3$  courses of oral prednisolone in 12 months, bone protection should be considered.



# Antimicrobial Guidelines

## Otitis Media (update)

- 50% of cases are viral in origin and do not require antibiotics. The self-care advice has been extended, recommending that symptoms usually subside after 3 days and over the counter analgesia is sufficient.
- Patients who are systemically unwell (including all acutely ill children) require an antibiotic.
- For patients who have otorrhoea, or are less than 2 years of age, with an infection in both ears, the risks of antibiotics should be considered. The options being, no prescription, a delayed prescription or an immediate prescription.
- For all other patients, either no prescription or a delayed prescription is recommended.

## Diabetic Foot Ulcers (update)

- The dose of clindamycin has been increased to 450mg four times a day ([NUH interpreting sensitivity results](#)).
- No other significant changes to the guideline or the resistance patterns locally.

## Leg Ulcers (update)

- No changes to treatment options.
- Routine swabbing for bacteria of either leg ulcers or pressure sores is not required as bacteria will always be present.
- Links to CityCare Management of Lower Leg Inflammation guideline and Wound-Care formularies added.





# Antimicrobial Guidelines

## Eradication of *Helicobacter pylori* (update)

- Previously the APC guideline followed the gastroenterology NUH guideline. Due to reaching its review date, NUH have now adopted national guidance. The APC guideline has been reviewed and updated to reflect this.
- Information has been included about the choice of antibiotic and that a patient's antibacterial history must be considered. Resistance to macrolides and quinolones is an important factor in treatment failure.
- Treatment options have been listed in two tables; for patients with or without a penicillin allergy.
- Patients with previous use of clarithromycin (for any infection) should be offered the alternative choices of treatment regimens.

## Mastitis and Breast Abscess (update)

- The guideline has been updated to include treatment options for both lactational and non-lactational mastitis.
- Self-care and referral criteria are the same for both forms of mastitis.
- In lactational mastitis, antibiotic treatment is indicated if symptoms have worsened or not improved after 12-24 hours of milk drainage. Clarithromycin has been added as an alternative option in penicillin allergy.
- All patients with non-lactational mastitis must be prescribed an antibiotic; co-amoxiclav is the first line option.
- No treatment options have been included for a suspected breast abscess as all patients must be referred urgently if this is suspected.



# Antimicrobial Guidelines

## MRSA (update)

- Previously there were two MRSA guidelines on the APC website, in the initial section of the website and in the Skin and Soft Tissue section.
- The guideline in the Skin and Soft Tissue section has been retired and the relevant content added to this guideline.

The full PDF Antimicrobial guideline has been removed. Please use the search function on the APC website to find a specific antimicrobial or condition quickly.

-  A. Table of contents (193 kb)
-  B. Principles of treatment (178 kb)
-  C. Bulletin antimicrobial update March 2023 (280 kb)
-  D. MRSA infection control and empirical antibiotic treatment (238 kb)
-  Penicillin allergy awareness leaflet (323 kb) Review date: Sept 2025

- The information about local resistance has been confirmed and is still relevant.
- The statement to follow local guidelines for Wound Infections or Boils has been removed as there is a risk that patients will be inappropriately treated with flucloxacillin or co-amoxiclav.
- There have been no changes to the treatment options for a skin or soft tissue infection.
- For any other infections, treatment needs to be guided by the sensitivity report and the duty microbiologist should be contacted if further advice is required.



# Traffic light changes

- **Bimatoprost 300mcg/ml eye drops (Bimi<sup>®</sup>):** GREY – multi-dose bottle.
- **Sitagliptin (generic):** AMBER 3 – brand (Januvia<sup>®</sup>) removed from formulary and generic prescribing will be encouraged via OptimiseRx messages.
- **Assicco<sup>®</sup> tablets:** most cost effective branded generic of glycopyrronium. Assicco<sup>®</sup> is licensed for the symptomatic treatment of severe sialorrhoea (chronic pathological drooling) in children and adolescents aged 3 years and older with chronic neurological disorders. Branded prescribing will be promoted via OptimiseRx. Sialanar<sup>®</sup> remains the product of choice in children.
- **Levomepromazine hydrochloride 5 mg/ml oral solution (Levorol<sup>®</sup>):** GREEN – liquid added as a licensed option for those unable to swallow tablets. High cost will be highlighted on the formulary.
- **Finerenone:** AMBER 2 - [NICE TA 877](#). Recommended as an option for treating stage 3 and 4 chronic kidney disease (with albuminuria) associated with type 2 diabetes in adults. An information sheet to use in primary care is being generated.



# Horizon scanning

## GREY – no formal assessment:

- **Ovamex<sup>®</sup> (ganirelix acetate 0.25 mg/ 0.5 mL solution for injection in pre-filled syringe):** for the prevention of premature luteinising hormone (LH) surges in women undergoing assisted reproduction techniques (ART).
- **Vaxchora<sup>®</sup> ▼ (cholera vaccine (recombinant, live, oral), vibrio cholerae):** indicated for active immunisation against disease caused by *Vibrio cholerae* serogroup.
- **Qdenga<sup>®</sup> (dengue vaccine):** prevention of dengue disease in individuals aged 4 years and over.
- **Gefapixant:** for treatment of refractory or unexplained chronic cough. Currently no marketing authorisation in the UK, TA is expected during 2023.
- **Zavzpret<sup>®</sup> (zavegepant nasal spray for migraine):** Rimegepant and atogepant are both calcitonin gene-related peptide receptor antagonists for migraine treatment.
- **Fezolinetant:** a 'nonhormonal treatment for moderate to severe vasomotor symptoms associated with menopause'. TA is expected during 2024.
- **Kinpeygo<sup>®</sup> (budesonide):** orphan medicinal product for the treatment of IgAN, a rare, progressive autoimmune disease of the kidney. The European Commission (EC) granted conditional marketing authorisation which has been approved in the UK.
- **Camzyos<sup>®</sup>, (mavacamten capsules):** for the treatment of symptomatic obstructive hypertrophic cardiomyopathy. TA is expected during 2023.
- **AVAXIM<sup>®</sup> Junior, suspension for injection in pre-filled syringe, Hepatitis A vaccine (inactivated, adsorbed):** active immunisation against infection caused by hepatitis in children from 1 year up to and including 15 years of age. Not yet listed in the green book, however AVAXIM<sup>®</sup> is listed for those over the age of 16 years. Classified as GREY no formal assessment until the green book is updated.



# Miscellaneous

## [NICE TA875](#) – Semaglutide for managing overweight and obesity.

- Semaglutide for weight loss was recommended in a NICE technical appraisal, published March 2023.
- The [patient information section of the NICE guidance](#) explains that semaglutide for weight loss will only be available to patients that meet the eligibility criteria and only through a specialist weight management service.
- The GP practice will have to refer patients into this service and will not be able to prescribe it themselves, but currently there is no local service able to prescribe.
- Locally there isn't a Tier 3 weight loss service, but patients can be referred to an NHS service out of area, such as Derby or Sheffield. However, waiting times and referral criteria may vary and there may be a waiting list for the weight management service due to high demand.
- There has been mention recently of a pilot scheme to allow GPs to prescribe semaglutide to increase access and availability, but we are awaiting further details.
- The only licensed brand of semaglutide for weight loss (Wegovy®) is not yet available in the UK due to device supply issues. Once available, the supply is likely to be restricted initially.



# Area Prescribing Committee Work Plan

## Going to next APC guidelines meeting in July 23:

- Testosterone in Children patient information sheet
- Narcolepsy prescribing information sheets
- SGLT2i in CKD pathway for primary care
- ADHD children and young people SCP
- Nausea and Vomiting in Pregnancy
- Inflammatory bowel disease - Azathioprine for children >12 years
- Colistimethate for non-CF bronchiectasis - information sheet
- Gonadorelin analogues for prostate and breast cancer - position statement



# Further Information

- [Nottinghamshire Area Prescribing Committee Website](#)
- [Nottinghamshire Joint Formulary Website](#)
- [Nottinghamshire Area Prescribing Committee Bulletins](#)
- [Nottinghamshire Area Prescribing Committee Meeting Minutes](#)
- [ICB Preferred Prescribing List](#)
- [Guide to setting up SystemOne formulary in GP practices](#)
- Report non-formulary requests from secondary care via eHealthscope (no patient details)  
<https://ehsweb.nnotts.nhs.uk/Default.aspx?tabid=223>



**Please direct queries to your ICB medicines optimisation pharmacist  
or e-mail [nnicb-nn.nottsapc@nhs.net](mailto:nnicb-nn.nottsapc@nhs.net)**

