



Nottingham and
Nottinghamshire

Area Prescribing Committee Update: October/ November 2022

Please direct queries to your ICB medicines
optimisation pharmacist

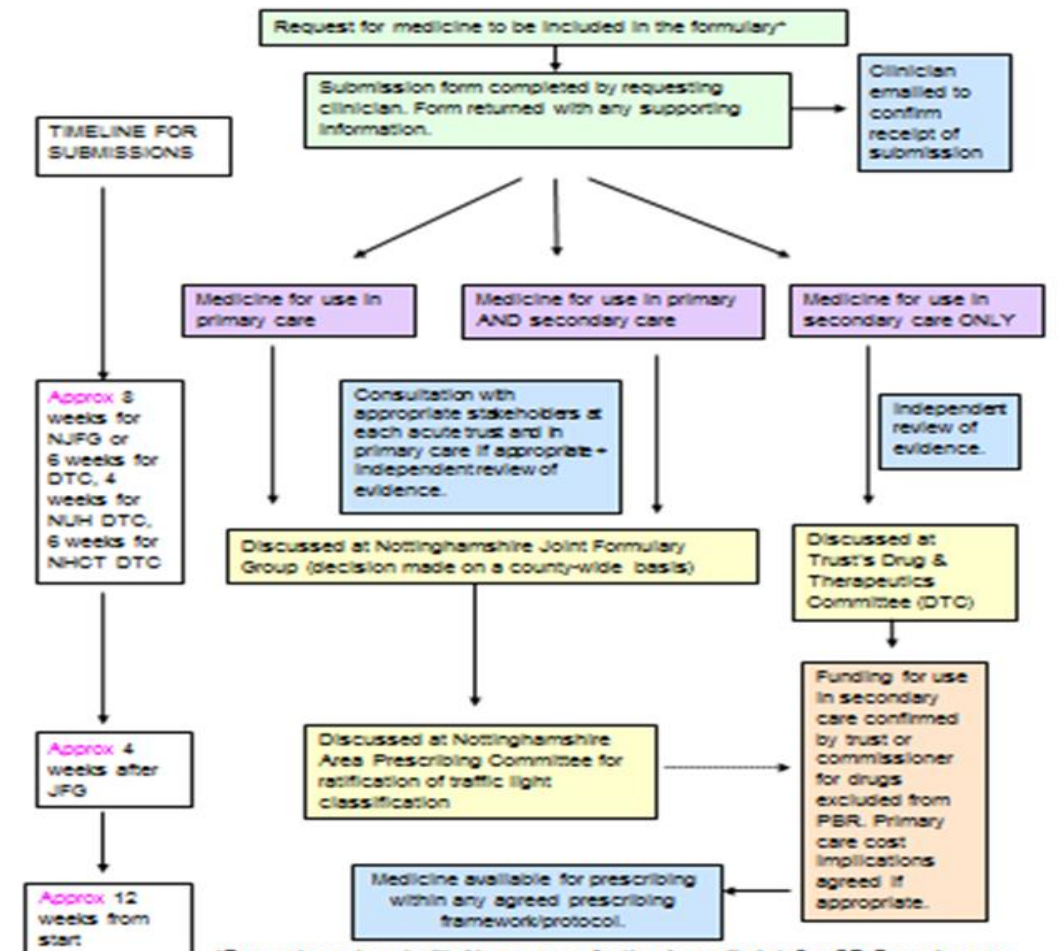
or e-mail nnicb-nn.nottsapc@nhs.net

APC submission process

How to request a new medicine

- Requests for new medicines to be added to the formulary may be made by Consultants, GPs and other appropriate senior clinicians within the Nottinghamshire health community.
- Application forms and further details of the process are available by emailing nnicb-nn.nottsapc@nhs.net.
- The development of the formulary is overseen by the Nottinghamshire APC (see [About the APC](#) section for more details) and it is for use by prescribers across Nottinghamshire.

Formulary Process In Nottinghamshire



*Requests can be submitted by any consultant/senior medical staff or GP. Secondary care requests should be directed to the Trust's Drug and Therapeutics Committee pharmacist (or equivalent). Primary care requests should be directed to the local Prescribing Advisor or email NottsAPC@nottsapc.nhs.uk for a submission form.

APC meetings process

The committee meets monthly but the workload is divided into two distinct meetings.

APC formulary meeting

- new medicines submissions
- formulary amendments
- horizon scanning

APC guidelines meeting

- guidelines
- shared care protocols
- patient information leaflets

The APC meetings alternate each month and this is why when a new medicines submission or a guideline require more clarification (e.g. clinical information, financial etc) it can take **2 or 4 months until ratification.**

New Submissions

- **Trimbow[®] MDI (172/5/9) high-strength - AMBER 2**

- Maintenance therapy for **asthma only**, not licensed for COPD.
- Initiation by respiratory specialist.
- Formulary has been updated to highlight that two strengths are available for asthma.



- **Morphine Sulfate Orodispersible Tablets (Actimorph[®])**

- GREEN for Palliative Care patients
- AMBER 2 when used/recommended by Pain Teams
- Proposed as an alternative to solid tablet or liquid formulation in limited situations when:
 - patients having problems with manual dexterity and/or tremor where liquid could be spilled;
 - carers struggling with measuring correct doses;
 - patients showing signs of potential drug overuse (incorrect use of syringes or spoons);
 - reducing dose when tapering off opioids.

New Submissions



Nottingham and
Nottinghamshire

Dexcom ONE[®] for diabetes - submission reviewed, and classification agreed as below but still appears as GREY on the formulary while we await financial sign off by the ICB.

- **AMBER 2** for type 1 diabetes. Initiation by consultant/ associate specialist in diabetes ONLY for type 1 diabetes or under 18s with any type of diabetes.
- **AMBER 3** for type 2 diabetes. Initiation by clinicians with appropriate knowledge, for adults with type 2 diabetes who meet the inclusion criteria.
- Dexcom One is a Real time Continuous Glucose Monitor (CGM).
- The sensor/transmitter sends proactive glucose readings every 5 minutes to a compatible smartphone or receiver.
- Designed to eliminate the need for finger pricking by using a blood glucose monitor. Note that patients will still require ketone testing strips.

Guidelines – discussed and approved at the APC but awaiting completion and upload onto the APC website



Nottingham and Nottinghamshire

Type 2 Diabetes guideline (UPDATED).

The guideline has been updated in line with [NICE NG28](#) (Feb 2022).

Main changes:

- NICE guidance includes the earlier use of SGLT-2 inhibitors and due to evidence the initial focus is on offering an SGLT-2 inhibitor as a first line treatment in patients with heart failure or established CVD.
- The guideline has undergone a visual refresh, including greater emphasis on patient information, lifestyle changes, low calorie diet and pre-diabetes.
- Treatment tables and flowcharts have been updated along with points to consider when making medication choices.
- The table of commonly used insulins has been enhanced to highlight differences, available formulations and cost.
- Information about blood glucose monitoring has been included.
- Information about Pencycle (insulin and GLP-1 pen recycling initiative) and reusable pens has been included.



Home About Shared Care ▾ Guidelines/Formularies ▾ Formulary meetings ▾

Home / Guidelines/Formularies / Diabetes

Diabetes guidance and resources

- Guidelines/Formularies
- Antimicrobial guidelines
- Palliative Care Stockist Scheme
- Diabetes guidance and resources
- COVID
- COVID Vaccine
- Greener NHS
- Pain Guidelines

Blood glucose testing meters formulary (16 kb) Review date: July 2021

Diabetes - type 2 treatment algorithm (643 kb) Review date: July 2021

Freestyle Libre prescribing criteria (213 kb) Review date: September 2025

Continuous Glucose Monitoring devices Holding statement (195 kb)

Guidelines – discussed and approved at the APC but awaiting completion and upload on the APC website



Nottingham and
Nottinghamshire

Anticoagulants in AF guideline (UPDATED)

Main changes to the guideline are brought from the [NICE Guidance NG196](#) (June 21):

- the advice to use ORBIT score to assess bleeding risk, previously the HASBLED score was used;
- consideration to prescribe DOACs first line over warfarin (with no preference between the DOACs);
- the DOAC interactions section has been updated in line with the [NUH guidance](#) and the advice is **now not to use DOACs in patients on enzyme inducers** due to reduced DOAC levels. SFH have also adopted the NUH guidance;
- the section referring to CrCL has been reviewed to add more clarity on the use of actual body weight, ideal body weight or adjusted body weight;
- advice confirmed not to use edoxaban if CrCl > 95ml/min due to decreased efficacy.

Guidelines – discussed and approved at the APC but awaiting completion and upload on the APC website

Sick day rules guideline (NEW)

- A short guideline advising on introduction of sick day rules for patients suffering from sudden sickness and dehydration which might result in acute kidney injury.
- The guideline includes information for both clinicians and patients.
- The leaflet will allow the clinician to add the actual medication name and will also be available in a format which allows it to be shared electronically with a patient (via the clinical system).
- Reviewed by a consultant nephrologist from NUH.


Appendix 1

Medicines and your kidneys
PATIENT INFORMATION LEAFLET

You have been given this leaflet because you take the following medicine(s):

Type of medication	Your medication
<input type="checkbox"/> ACEi: (names ending "pril") e.g. ENALAPRIL, LISINAPRIL	• <input type="text"/>
<input type="checkbox"/> ARB: (names ending "sartan") e.g. CANDESARTAN, IRBESARTAN.	• <input type="text"/>
<input type="checkbox"/> MRA: water tablets ending "one" e.g. SPIRONOLACTONE, EPLERENONE	• <input type="text"/>
<input type="checkbox"/> NSAID: anti-inflammatory pain killers e.g. IBUPROFEN, DICLOFENAC	• <input type="text"/>
<input type="checkbox"/> Water tablets ending 'mide' or 'zide' e.g. FUROSEMIDE, BUMETANIDE	• <input type="text"/>
<input type="checkbox"/> SGLT2 inhibitors: (names ending "gliflozin") e.g. DAPAGLIFLOZIN, EMPAGLIFLOZIN	• <input type="text"/>

Why have I been given this leaflet?
The medicine(s) above are good for your medical condition. However, if your body becomes short of fluid (dehydration), this medicine can sometimes stop your kidneys from working as they should. The most common reasons for becoming dehydrated are:
Vomiting, diarrhoea, high temperatures or fevers and not being able to drink normally.

 If you develop diarrhoea, vomiting or high fevers or are not able to drink a normal amount of fluid you **should temporarily stop taking the medicine** named above. This is to help protect your kidneys. Once you are better and can drink normally, you **should restart** your medicine. For most people this is within 48 hours.

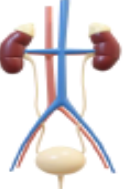
If you are not improving after 48hrs contact your doctor, nurse or pharmacist for advice.
NHS 111 is available 24 hours a day, 365 days a year, to provide health information.

Is there anything else I should do when I am dehydrated?
You can take paracetamol for pain relief or for a high temperature. Avoid anti-inflammatory drugs (a type of pain killer) whilst you're dehydrated. Examples of these medicines are Ibuprofen, Diclofenac or Naproxen.

What else is important when I am taking this medicine?
If you are going into hospital for treatment, tell the staff looking after you about this medicine and show them this leaflet. This is particularly important if you are having an operation or some types of scan as your medicines may need to be stopped before your procedure.

Who is giving you this advice?
This advice comes from consultant kidney specialists to try and prevent patients developing kidney problems.

To find out more about dehydration and your kidneys, see the NHS Choices website at www.nhs.uk. NHS 111 is available 24 hours a day, 365 days a year, to provide health information. Just call 111.



Antimicrobial guidelines

Urinary Tract Infection (UTI) in children (UPDATED)

Main changes:

- Reviewed and updated in line with recent [NICE guidance NG224](#) (July 2022).
- Diagnosis section added – with clarification on when to test the urine of babies, children and young people.
- Recommendation to dipstick test babies and children aged three months to three years. Course of action following dipstick results provided in a table format.
- Criteria for sending a urine sample added.
- Information for parents about collecting a urine sample in young children added.

Recurrent UTI (UPDATED)

Main changes:

- Inclusion of methenamine hippurate as a **first line alternative to antibiotics** in patients with **recurrent UTIs**;
- This change was made to reduce the risk of antibiotic resistance;
- Note that methenamine **should not be used for the treatment of acute UTIs**.

Antimicrobial guidelines



Nottingham and
Nottinghamshire

All updated onto new template and to include PIL and advice on OTC medication where appropriate.

- [Bacterial vaginosis](#)
- [Chlamydia](#)
- [Trichomoniasis](#)
- [Pubic lice](#) – previously known as crab lice.
- [Impetigo](#) - Hydrogen 1% peroxide cream is first line treatment.
- [Lyme Disease](#)
- [Pityriasis Versicolor](#) - Ketoconazole 1% shampoo added and selenium 2.5% shampoo removed.
- [PVL](#) (Panton-Valentine Leukocidin) - Contact details for Infection Prevention and Control teams updated.
- [Traveller's diarrhoea](#)

Miscellaneous

Repatriation letter (UPDATED)

- Information added to advise specialists about how to make a formulary submission if non-formulary medicines are being requested.
- The letter is available on the APC website and via links on F12 and the eHealthscope inappropriate requests log.

Vitamin D PIL (UPDATED)

- Leaflet has been reviewed by patient representatives to ensure the language included is appropriate for the target audience.

Actinic (Solar) Keratosis Primary Care Treatment Pathway (UPDATED)

- No changes to the pathway as the clinical content remains current and appropriate.

Vitamin D

Everyone **could benefit** from taking vitamin D supplements.

Why do we need Vitamin D?

Vitamin D is needed to keep bones, teeth, and muscles healthy. If you have low levels of vitamin D you may feel tired or have aches and pains, though some people don't have any symptoms at all. If vitamin D levels fall very low (known as vitamin D deficiency) bones can become softer and weakened, which can lead to other problems.

How can I increase my vitamin D levels?

Go outside: Our main source of vitamin D is from the action of sunlight on our skin. Small amounts of light all through the year, even on cloudy days, during your daily activities (e.g., for 30 minutes each day), may help to boost your vitamin D levels and just exposing your face and forearms to the daylight can be enough.

But you must be careful not to burn in the sun, especially in the summertime; take care to protect your skin with sunscreen so that it doesn't start to turn red or burn. People with dark skin, such as those of African, African-Caribbean or south Asian origin, will need to spend longer in the sun to produce the same amount of vitamin D as someone with lighter skin.

Eat foods that contain higher amounts of vitamin D as part of a healthy balanced diet, such as:

- Oily fish –for example mackerel, salmon, sardines, and herring
- Liver
- Egg yolks
- Fortified foods – such as most fat spreads, soy yoghurts, soy milk, almond milk, some orange juices, and some breakfast cereals
- Tinned tuna
- Mushrooms
- Red meat
- Cheese



Traffic light changes



Nottingham and
Nottinghamshire

- **Vaxelis[®]** – Added as **GREEN**. Primary and booster vaccination in infants and toddlers from the age of 6 weeks upwards.
- **Chloral hydrate 500mg/5ml SF oral suspension** (unlicensed) – Added as **RED**. For use when licensed liquid preparation and chloral betaine tablets are not suitable.
- **Methenamine hippurate 1g (Hiprex[®])** – Reclassified as **AMBER 3**. Prophylactic agent for recurrent UTI's.
- **Pancrex V[®] powder** – Reclassified **AMBER 2**. For patients requiring administration via a feeding tube where capsule formulations are not suitable and long-term use may be required.
- **Escitalopram oral drops (Cipralex[®])** – Reclassified as **GREEN**. For patients discontinuing escitalopram but requiring smaller dose reductions due to withdrawal symptoms.
- **Similac Alimentum[®]** and **EleCare[®] infant formula** - Reclassified as **GREY** due to recall in February 2022.
- **Comfast[®] tubular bandage** – **GREY**. East Midlands and NHS direct supplies buying group no longer recommend this brand of tubular bandage.
- **Oestrogen only HRT tablets, patch and Oestrogel[®]** – added as **AMBER 2** for gender dysphoria.
- **Testosterone gel and testosterone undecanoate (Nebido[®])** - added as **AMBER 2** for gender dysphoria.
- **Metolazone (Xaqu[®])** – Added as **GREY**. Link to the differences between various metolazone preparations and safety considerations has been added to the joint formulary.

Horizon scanning



Nottingham and
Nottinghamshire

- **Tixagevimab/cilgavimab (Evusheld[®]▼)** 150 mg/150 mg solution for injection - GREY (no formal assessment).
- **Tirzepatide 2.5mg, 5mg, 7.5mg, 10mg, 12.5mg and 15 mg sub-cut injection (Mounjaro[®]▼)** - GREY (no formal assessment).
- **Sufentanil citrate (Dzuvéo[®]) 30mcg sublingual tablet** - GREY (no formal assessment).
- **Teriparatide (Sondelbay[®]▼) 20 micrograms/80 microliters solution for injection in pre-filled pen.** Biosimilar - GREY (no formal assessment).
- **Birch bark extract 100mg/g gel (Filsuvez[®])** - GREY (no formal assessment).

Area Prescribing Committee Work Plan



Nottingham and
Nottinghamshire

Going to the next APC guidelines meeting in January 2023:

- Antimicrobial guidelines (update)
- Osteoporosis guideline (update)
- BGTS formulary (update)
- Vortioxetine prescribing information sheet (new)
- Inclisiran prescribing information sheet (new)
- ADHD children and young people SCP (update)
- Dronedarone SCP (new)
- Enoxaparin information sheet (update)
- Urticaria primary care pathway (update)
- Overactive bladder guideline (update)
- Restless legs treatment algorithm (update)

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**