

APC and Interface Update March / April 2022

**Please direct queries to your CCG
medicines optimisation pharmacist
or nnccg.nottsapc@nhs.net**

New Submissions

Trurapi®▼ (insulin aspart biosimilar) – **AMBER 2**

- Biosimilar to Novorapid®, offers significant cost savings
- Initially new patients only, but switching existing patients is supported by NICE and may be considered in the future
- Prescribe by brand
- Cartridges, prefilled pens (SoloStar & JuniorSTAR) and 10ml vial



New Submissions

Bevespi[®] Aerosphere pMDI (formoterol / glycopyrronium)

– AMBER 3

- LABA/LAMA maintenance bronchodilator treatment in COPD
- Only LABA/LAMA MDI currently available
- For patients who cannot manage dry powder (DPI) or soft mist (SMI) inhalers.



Trixeo[®] Aerosphere pMDI (formoterol / glycopyrronium / budesonide) – GREY non-formulary

- LABA/LAMA/ICS maintenance bronchodilator treatment in COPD
- Other than room temperature storage, little advantage over Trimbow[®].

New Submissions

Palforzia® (peanut protein) – Unclassified, pending decision on local pathway

- Treatment of peanut allergy in children and young people aged 4 to 17 as per [NICE TA769](#)
- Oral immunotherapy (life-long)
- Initiation (dose escalation) on a single day under medical supervision in allergy clinic with anaphylaxis treatment capability
- “Up-dosing” over 3 months with dose increase every 2 weeks (1st of each new dose given under supervision)
- Maintenance 300mg daily: Oral powder in non-ingestible capsule – on semisolid food e.g. yogurt with a meal
- Missed doses of more than 2 days must be restarted under medical supervision



Guidelines

Allergic Rhinoconjunctivitis Treatment Pathway (adults) UPDATED

Previously allergic rhinitis. Main changes:

- Consider montelukast for patients with asthma
- More information and patient information leaflet about nasal douching
- Added advice to buy eye drops OTC
- Higher dose antihistamines included (off licence) – counsel about risks of drowsiness
- Link to Asthma UK video about [correct nasal spray technique](#) (suitable for people without asthma)
- Changed prednisolone course from 5 days to 5-10 days (as per NICE CKS)
- More detailed referral information

Clonidine for Tic Disorders in children – prescribing information sheet (NEW)

Improved patient pathway to facilitate prescribing in primary care for children:

- Traffic light change from RED to AMBER 2 for children (was already Amber 2 for adults)
- Off-label indication
- Requires 6 monthly monitoring of blood pressure, pulse, weight and height once stable
- There is a risk of rebound hypertension on abrupt withdrawal

Guidelines continued

Ciclosporin Eye Drops – information sheet (UPDATED)

Now includes both Ikervis[®] and Verkazia[®] brands in one document (prescribe by brand).

Main changes:

- Keep eyes closed for 2 minutes after application (increase local action and reduce systemic absorption).
- Counsel on driving and performance of skilled tasks—increased risk of blurred vision.
- Avoid in pregnancy and during breastfeeding.
- Ikervis[®] brand – food interactions added for pomelo juice and purple grape juice
- Prescribe by brand.
- Verkazia[®] is only licensed in children and adolescents aged 4-18 years.

Guidelines continued

[LRTI Acute Cough, Bronchitis Guideline \(UPDATED\)](#)

Updated in line with NICE NG120 and CKS (acute bronchitis). Main changes:

- Self-care strategies and links to patient information added
- Added updated information on when to offer **and when not** to offer an antibiotic
- Updated advice on prescribing after C-reactive protein (CRP) test
- More information about treatment NOT to be offered e.g. bronchodilators
- Updated advice about worsening symptoms
- Additional alternative first line antibiotic choice added
- Prescribing in pregnancy recommendations updated
- Link to RSV information added to help with differential diagnosis
- Reminder added to stop statins whilst on erythromycin/ clarithromycin

[FAQs – Shared Care patient information leaflet \(NEW\)](#)

- Answers some of the most common questions about shared care
- Written for patients and/or carers

Traffic light changes

- **Antimicrobials for acne** - **AMBER 3** in line with APC antimicrobial guidelines (previously Green or Amber 2)
- **Atropine 1% eye drops preservative free Minims** - clarified as **AMBER 2**, for hypersalivation
- **Chloral hydrate and chloral betaine** - clarified as **RED** for short term sleep disorders and **AMBER 2**, for patients with movement disorders or sleep problems associated with a movement disorder
- **Clonidine** - **AMBER 2** classification for tic disorders in children
- **Fexofenadine 30mg film-coated tablets** - added as **GREEN** for paediatric use
- **GnRH analogues** - Clarified that triptorelin is first line for gender dysphoria (remains **AMBER 2**). Leuprorelin and goserelin are second line (**AMBER 2**).
- **Hydrogen Peroxide 3% Solution BP** - Clarified as **AMBER 2** on tissue viability recommendation (primary or secondary care)
- **Methadone tablets and liquid** - **AMBER 2**, classification to be expanded to include initiation by the palliative team
- **Methadone 10mg/ml solution for injection** – Deferred to DTC for consideration of **RED**

Traffic light changes

- **Minoxidil 5% scalp foam (Regaine[®])** - Clarified as **GREY** (available to buy OTC)
- **Nirmatrelvir / ritonavir (Paxlovid[®] ▼)** - **RED**
- **Orlistat** - **GREY** (was Amber 3), less suitable for prescribing and GPs not commissioned to provide weight management service. To be reviewed if tier 3 weight management service is commissioned.
- **Potassium Permanganate (Permitabs[®])** - Clarified as **AMBER 2** on tissue viability recommendation (primary or secondary care)
- **Venlafaxine oral solution** - **GREEN** only to be used where switching to another antidepressant is not clinically appropriate (expensive)
- **IM Pabrinex[®]** - **AMBER 3** (was Amber 2). A 15-minute observation period is recommended post injection due to a very small risk of anaphylaxis and facilities for treating anaphylaxis should be available. See the primary care [alcohol dependence guideline](#) for more information.

Horizon scanning:

- **Glucagon injection pre-filled pen (Ogluo[®])** – **GREY** no formal assessment
- **Salmeterol/fluticasone inhaler (Seffalair[®] Spiromax[®])** – **GREY** non-formulary (new initiation with fluticasone/salmeterol not recommended)

Work Plan

The following guidelines/shared care protocols have agreed extensions to expiry:

- Dronedarone SCP – extended to September 2022 (awaiting RMOC publication of national SCP)
- Adult ADHD SCP and information sheets – extended to September 2022 (awaiting RMOC publication of national SCPs)
- End of life guidance – extended to May 2022

Guidelines going to next APC meeting

- End of life guidance (update)
- Gastroprotection for patients on NSAIDs or Antithrombotics (new)
- Overarching pain management guideline (new)
- Anticoagulants in AF (update)
- Type 2 diabetes guidance (update)
- Growth hormone SCP (update)
- Aminosalicylates in IBD (update)
- Transgender collaborative care protocol and prescribing information sheets (new)
- Vitamin B12 guideline (update)

Further Information

- [Nottinghamshire Area Prescribing Committee Website](#)
 - [Nottinghamshire Joint Formulary Website](#)
 - [Nottinghamshire Area Prescribing Committee Bulletins](#)
 - [Nottinghamshire Area Prescribing Committee Meeting Minutes](#)
 - [CCG 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 CCG medicines optimisation pharmacist or nnccg.nottsapc@nhs.net

Using eHealthscope to report inappropriate prescribing requests

The screenshot shows the eHealthScope web application interface. The browser address bar displays the URL <https://ehsweb.notts.nhs.uk/Default.aspx?tabid=223>. The user is logged in as HARIA SUSAN - MEDICINES OPTIMISATION PHARMACIST - C84078. The main navigation bar includes tabs for HOME, DOCUMENTS, SERVICES, DATA, WORKFLOW, REGISTERS, LOGS, SOCIAL, and MORE. The LOGS tab is active, and a dropdown menu is open, listing various log types: Audit Log, Data Flow Log, Equipment Log, Issues log, Learning Events, Meeting log, OPEL Log, Permissions log, Referral log, Referral Meeting Log, Summarisation log, Tutorial log, DataLog Builder (highlighted), and Covid Invitation. Below the navigation bar, the Home Page section features icons for Dashboards, Accounts, Patient registers, Patient logs, Services, Contacts, and Library (documents). A search bar is present with radio buttons for Patient, Document, Service, OCKS, OBNF, and OcBNF. The Data Upload Status section shows a message from 29/12/2021 12:11:14 regarding TPP SystemOne upload. A news item from 13/12/2021 17:21:21 discusses COVID BOOSTER listings with instructions to go to the Single Register, click on Filter, and choose COVID-19 from the Category pull-down box.

Click on the LOGS tab and select Datalog Builder from the drop down menu

Using eHealthscope to report inappropriate prescribing requests

The screenshot shows the eHealthScope DataLog Builder interface. The user is logged in as Haria Susan, Medicines Optimisation Pharmacist - C84078. The interface includes a search bar, navigation menu, and a table of DataLog entries. The table has columns for DataLog Name, Category, and Date Created. The entry 'Non-Formulary Medication Requests' is highlighted.

DataLog Name	Category	Date Created
ADAMTESTBUILD		28/05/2019
ADAMTESTBUILD	test	29/05/2019
ADAMTESTLIVE		17/06/2019
BulkTest	Bulk	10/07/2019
COVID-19 IG Data Sharing	Uncategorized	19/03/2020
Discharge / Outpatient issues	Uncategorized	14/11/2018
EMAS GP Connect Sign Up	Uncategorized	18/09/2019
Fax use audit		24/04/2019
<u>Non-Formulary Medication Requests</u>	Uncategorized	16/10/2018
Secondary use of GPRCC		25/09/2018
Tasks in place		12/06/2019

Click on Non Formulary Medication Requests

Thanks for Sue Haria (CCG Medicines Optimisation Pharmacist) for writing this guide

Using eHealthscope to report inappropriate prescribing requests

The screenshot shows the eHealthScope DataLog Builder interface. The page title is "Non-Formulary Medication Requests". The user is logged in as "MARIA SUSAN - MEDICINES OPTIMISATION PHARMACIST - EMON". The page displays a form for entering request details, including fields for "Acute Hospitals", "Drug Status", "Practice", "Specialty", "CCG", "Row created Dates" (from 01/11/2021 to 01/05/2022), and "And". A red circle highlights the "Add Row" button. Below the form is a table with the following columns: ID, Date of request, Acute Hospitals, Name of consultant or other requesting specialist, Specialty, Name of drug, Drug Status, Outcome of Request, Comments - NO PATIENT DATA, Name of person reporting, Job title, CCG, Practice, and Email (Optic). The table is currently empty.

ID	Date of request	Acute Hospitals	Name of consultant or other requesting specialist	Specialty	Name of drug	Drug Status	Outcome of Request	Comments - NO PATIENT DATA	Name of person reporting	Job title	CCG	Practice	Email (Optic)
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- To enter new information to the log, click on “Add Row”
- Complete all of the sections – please ensure that **no patient identifiable information** is entered.
- The “outcome of request” will be “prescribed in primary care” unless you have managed to prevent this from happening.