NHS
Nottingham and Nottinghamshire

Area Prescribing Committee / Interface Update February 2023

Please direct queries to your ICB medicines optimisation pharmacist

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

New Submissions

Nottingham and Nottinghamshire

- **Tacrolimus ointment (generic) –** AMBER 2
  - Indication – facial vitiligo for adults and children.
  - Topical tacrolimus is unlicensed for vitiligo, but the off-label use of tacrolimus ointment is recommended as a first line treatment for facial vitiligo by the Primary Care Dermatology Society and supported by The British Association of Dermatologists.
  - An information sheet on the prescribing of tacrolimus in primary care, following specialist initiation, has been produced.
- **Hydrocortisone MR Capsule (Efmody®) –** AMBER 2
  - Indication – congenital adrenal hyperplasia (CAH) in adults and adolescents over 12 years.
  - It is the first hydrocortisone MR capsule licensed for CAH and is designed to deliver a sustained release over 24 hours, which significantly improves compliance, especially over a school or working day.
  - Due to indication it must be prescribed by brand following tertiary service initiation.
  - It is a high cost medication so will only be used in exceptional cases and all monitoring will be undertaken by secondary care.

New Submissions

Nottingham and Nottinghamshire

- **Insulin lispro biosimilar (Admelog®)** – AMBER 2
  - Offers cost savings compared to the originator Humalog®
  - NICE NG17 and NG8 recommend using the product with the lowest acquisition cost when starting an insulin for which a biosimilar is available.
  - The Admelog® pre-filled pen device is the Solostar ® pen, which is the same pen device as Lantus® and Trurapi® so there is familiarity with using the device locally.

New Submissions

Nottingham and Nottinghamshire

- **Ciprofloxacin 0.3% and dexamethasone 0.1% ear drops** – AMBER 2
  - Indication - adults and children for the treatment of acute otitis media in patients with tympanostomy tubes (AOMT) and also acute otitis externa (AOE).
  - They are licensed for use in children with AOMT from 6 months old.
  - They are licensed for AOE from the age of 1 year.
  - The dosage regimen is 4 drops into the affected ear twice daily for 7 days for both children and adults, and both indications.

Diabetes Resources

Nottingham and Nottinghamshire

Type 2 Diabetes Mellitus (T2DM) Guidelines (update)

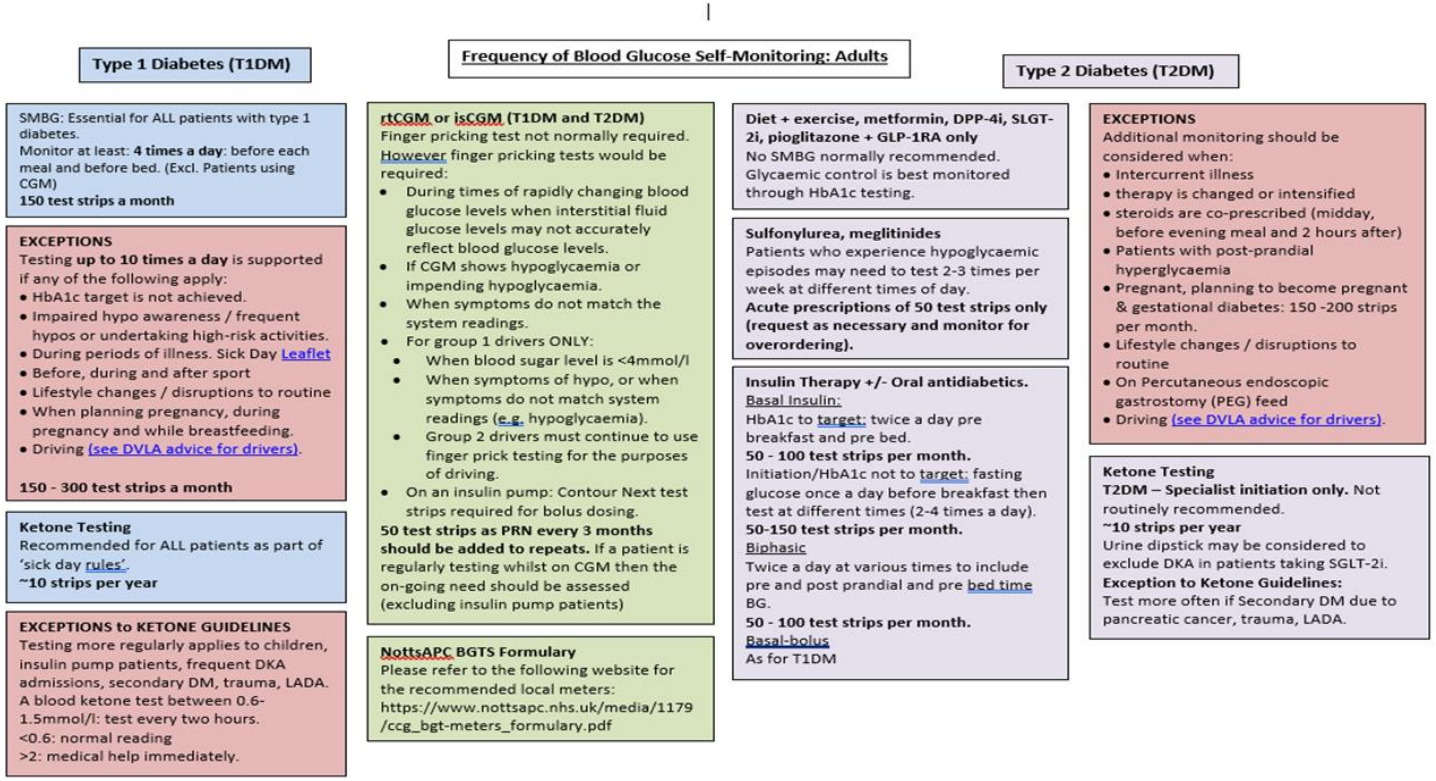
- The guideline has been updated on the APC website. We will dedicate a special podcast to cover the main changes.

Blood Glucose Testing Meters Formulary and Criteria (update)

- The formulary and criteria for prescribing has been updated in collaboration with the diabetes working group and DSNs.
- There is no active switching planned, but we would ask that switching to a formulary blood glucose meter is discussed during a patients annual review.

Frequency of Blood Glucose Self-Monitoring: Adults (new)

- Primary care clinicians have requested a guide to provide clarification on the typical quantities of blood glucose and ketone testing strips prescribed to patients.
- It will initiate patient conversations about usage and identify over/under prescribing, which should improve compliance and unauthorised third-party ordering.
- It has been reviewed by the ICB Diabetes Steering Group and includes DVLA guidance.



Shared Care Protocols

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Testosterone Shared Care Protocol (update) – to be uploaded in February

Main changes:

- The term children and adolescents has been changed to make it clear that the SCP is for cis-gender males only. Further clarity has been added to ensure the smooth transition of service once the patient has reached age of 18 years old.
- A patient leaflet is in development, and this will be brought to the March APC guideline meeting for review.
- **Note -** There is currently a national shortage of Sustanon®, so testosterone enantate 250mg/ml is recommended as an alternative option for testosterone replacement therapy ONLY whilst Sustanon® 250 is unavailable.

Antimicrobial Guidelines

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Scabies (updated)

- If more than one case, or crusted scabies is diagnosed in a care home then the local Infection Prevention and Control team must be contacted.
- If diagnosed in any other institution the UKHSA must be contacted. The link to the latest UKHSA guidance has been added.
- Where occupational exposure of staff has led to their need for treatment, it is recommended that the employer should consider funding any treatment rather than staff paying for their own treatment, either OTC or via a prescription. Where a prescription is required, the staff member should discuss this with their own GP.
- Self-care advice and patient information leaflets added, along with guidance on the quantity of medicine required to treat.
- Ivermectin is an oral unlicensed treatment for crusted or resistant scabies. Prescribing must be retained by the diagnosing specialist (dermatology) and not passed on to primary care (red on formulary).

Boils (updated)

- Clindamycin removed as no longer in CKS as treatment option.
- Treatment duration for all options agreed with microbiologist as 5 days treatment (appropriate for most people but can be increased to 7 days if severe).

Cutaneous Candidiasis (updated)

- No significant changes.
- Itraconazole removed as a systemic treatment option.

Antimicrobial Guidelines

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Gonorrhoea (updated)

- All patients with gonorrhoea should be followed up one week after treatment to confirm treatment success. A test of cure is now recommended at TWO weeks to ensure clearance.
- Cases of possible ceftriaxone treatment failure in England should be reported to UK Health Security Agency (UKHSA) via the online HIV and STI web portal.
- Patient information leaflet and advice on sexual abstinence added.

Vaginal Discharge in Children (updated)

- Links to other possible causes e.g. threadworms, recurrent UTI have been added.
- A statement has been added to highlight the safeguarding considerations of patients with suspected STI indications.

Pelvic Inflammatory Disease (updated)

- Management information added, including referral to ISHS for further screening and contact tracing.
- Information added regarding levofloxacin as an alternative antibiotic.
- Alternative less preferred regime, ceftriaxone + azithromycin added, but only for when other treatment options not suitable e.g. allergy, resistance.

Guidelines continued

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Overactive Bladder Guideline (updated)

Main changes:

- Prices have been updated and oestrogens changed to current formulary options.
- Medication treatment options before referral to secondary care have been updated:
  - Step 1 (existing steps 1 and 2 have been merged) – choice of generic anticholinergic. If the first choice is not effective or tolerated, then select another anticholinergic from the list to trial.
  - Step 2 – mirabegron alone.
  - Step 3 – mirabegron + solifenacin in combination and then refer.
- Mirabegron requires blood pressure monitoring before and during treatment.
- Classification of mirabegron and solifenacin used in combination has been changed from GREY to AMBER 3.
- Anticholinergic calculator and link to updated medicines and falls chart added.

Guidelines continued

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- **Nottingham and Nottinghamshire Continence Appliance Formulary** (Update)
  - The Continence Formulary Group are reviewing the continence formulary.
  - Sections reviewed: drainage bags, catheter valves, urinals & urine directors and bladder infusion kits.
  - First line products to be added to the formulary as GREEN after completion of a continence assessment.
  - Second line products to be added to the formulary as AMBER 2 following recommendation by a continence advisor and for existing patients.
  - Non formulary products will not be made GREY or listed on the formulary, but a note added to say that “Non-formulary continence products may be used in exceptional circumstances where none of the formulary options are suitable. Non-formulary continence products must be recommended and fitted by a continence advisor and the reason documented in the patient’s medical record.”

Guidelines continued

Nottingham and Nottinghamshire

Urticaria Primary Care pathway (updated)

Main changes:

- The guideline title has been changed from Urticaria Primary Care Pathway to **Urticaria and Angioedema Pathway (Adults)** to include patients diagnosed with angioedema.
- All patients on the angioedema pathway will have C3 and C4 checked and if C4 is low they will be referred to a specialist.
- Advice on drowsiness at tolerated doses has been added, “Advise patient not to drive if they do feel drowsy (drowsiness can occur at higher doses even if licensed doses were tolerated)”.
- Clarification around unlicensed doses and off-label doses has been made within the dosage table.

Falls – medicines which increase the risk (updated)

- Three drugs have been added to the medicines and falls chart; betahistine, selegiline and trospium.
- There was a request from the Trust Falls Group to include a reference to the new STOPPFall tool.
- The STOPPFall (Screening Tool of Older Persons Prescriptions in older adults with high fall risk) is a screening tool that aims to support prescribers in deprescribing falls risk-increasing drugs and outlines where to consider the withdrawal of a medication.

Prescribing Information Sheets

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Vortioxetine Prescribing Information Guideline (new)

- For severe depression in adults >18 years whose condition has responded inadequately to two antidepressants within the current episode
- Traffic light change from AMBER 2 to AMBER 3 approved December 2022.
- Information sheet has been produced by Notts HCT.

Enoxaparin information sheet (updated)

- Currently there is a difference between the treatment doses used in pregnancy at NUH and SFH. The information sheet has been updated to reflect this.
- Work is underway to try and align the two Trusts.

Inclisiran Information Sheet (new)

- Inclisiran is intended to be initiated in primary care in accordance with the Accelerated Access Collaborative.
- Inclisiran has been identified by NHS England to help address sub-optimal lipid management in high-risk patient populations.
- This information sheet has been produced to assist GPs to prescribe.
- Protected Learning Time (PLT) sessions have also been planned to support practices.

Melatonin formulary amendment request – oral unlicensed products to licensed or off-label alternatives in Paediatrics

NHS Nottingham and Nottinghamshire

- In Nottinghamshire, melatonin for children is currently prescribed by secondary care and unlicensed products are used. Suitable licensed formulations exist for use in children, but the introduction of those products will incur a significant cost pressure.
- The unlicensed preparations are likely to become unavailable in the near future causing prescribers to consider switching formulations which may lead to adverse outcomes to existing patients.
- Therefore the preferred option locally is the **managed introduction of licensed melatonin products in paediatrics within secondary care:**
  - ❖ This option will require the addition of a range of licensed melatonin products to the Nottinghamshire Joint Formulary, with the most cost-effective product being utilised wherever clinically possible.
  - ❖ Prescribers, including the Trust pharmacy team, community paediatricians and specialist nurses, would manage the changeover, maintaining and enhancing advice on sleep hygiene, weaning doses, drug holidays and maximum effective doses.

- Primary care could support this transition and the cost containment by encouraging sleep hygiene and supporting treatment breaks.

Traffic light changes

Nottingham and Nottinghamshire

- **Riboflavin**: GREY – a food supplement and OTC purchase required for migraine use. Note, it is also classified as **RED** for the treatment of metabolic diseases.
- **Cavilon® cream and spray:** GREY – not included in barrier formulary but have been used historically. Confirmed with Trusts that formulary alternatives are now in use.
- **iQoro ® device:** GREY – PrescQIPP summary advises against its use, link added to the formulary.
- **Chloral Betaine: RED** – been discontinued and is only available as a non-Drug Tariff special.
- **Beclometasone/Formoterol pMDIs (Luforbec ®): GREEN** – agreed as cost effective alternatives to Fostair ® 100/6 and 200/6 pMDIs.
- **Metformin 500mg powder sachets: GREEN** – more cost-effective than oral solution, but the sachets need to be reconstituted in 150ml water which may be limiting for some patients.
- **Suprasorb® P Sensitive: GREEN** – SFH is implementing a switch from Allevyn ® Gentle Border/ Allevyn ® Adhesive in line with Regional Wound Care Formulary.
- **Colecalciferol (Pro D3 2000®): GREEN** – may be supplied as alternative to Fultium ® D3 drops during supply problems.
- **Testosterone for post-menopausal women: AMBER 3** – has been reclassified from Amber 2 to Amber 3 to ensure equity of access to all patients.

Horizon scanning

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GREY – no formal assessment:

- Salcrozine® 500 mg and 1000mg gastro-resistant tablets (mesalazine) – consultation would be required with gastroenterology.
- Drovelis® ▼(drospirenone & estetrol. 3 mg/14.2 mg tablets) - a combined oral contraceptive containing estetrol, a new synthetic version of a naturally occurring oestrogen, and the progestogen drospirenone.
- Lidbree® 42 mg/mL intrauterine gel (lidocaine) – more expensive than current formulary alternatives.
- Humalog (insulin lispro) 100 units/ml Tempo Pen® optional smart button technology. Tempo pen offers no benefits over standard pens until smart button is available.
- Demovo® 360 micrograms/ml Oral Solution (desmopressin acetate) – to be reviewed once product launched for consideration of use alongside current formulary options.
- Epistatus® 2.5 mg and 5mg oromucosal solution pre-filled syringes (midazolam maleate) – to be reviewed once product launched for consideration of use alongside current formulary options.
- Ozempic® 2mg in 0.74mL pre-filled pen (semaglutide) – to be reviewed once product launched for consideration of use alongside current formulary options.

Area Prescribing Committee Work Plan

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Guidelines going to next APC guidelines meeting in March 23:

- Dronedarone SCP (update)
- Parkinson's Disease – Apomorphine SCP (update)
- ADHD children and young people SCP (update)
- Adult asthma guidelines (interim update)
- Children’s asthma guidelines (new)
- COPD exacerbation rescue medication (update)
- Phosphate binders SCP and information sheet (update)
- Narcolepsy information sheets (update)
- Restless legs treatment algorithm (update)
- Alternatives to using an Unlicensed "Special" (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 SystmOne 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

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