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# Area Prescribing Committee / Interface Update July 2023

Please direct queries to your ICB medicines  
optimisation pharmacist

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

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# New Submissions

## Tirbanibulin 1% topical ointment (Klisyri® ▼) – AMBER 3

- Indication – For focal or field treatment of Actinic Keratosis (AK) in adults.
- Its use will be restricted to Grade 1 lesions that are less than 25cm<sup>2</sup>
- Guidance on the use of tirbanibulin can now be found in the Actinic (Solar) Keratosis – Primary Care Pathway.



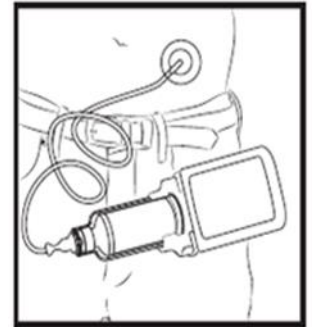
## Pancrease™ HL – AMBER 2

- Indication – For the treatment of pancreatic exocrine insufficiency.
- It has been approved as a third-line choice if Creon® and Nutrizym® are not an option for the patient e.g. allergic reaction/intolerance.
- All pancreatin medications should be prescribed by brand name.

# Shared Care Protocols

## Management of Parkinson's Disease with Apomorphine Shared Care Protocol and Prescribing Information Sheet (update)

- An alternative formulation of apomorphine, *APO-go<sup>®</sup> POD 5 mg/ml solution for infusion in cartridge*, has been included.
- This formulation will eventually replace the current *APO-go<sup>®</sup> Pre-Filled Syringe (PFS) 5 mg/ml solution for infusion*.
- *APO-go<sup>®</sup> PODs* last for up to 48 hours (PF syringes only last for 24 hours).
- Britannia Pharmaceuticals will be initiating a phased switch of all patients from the current PF syringes onto the new *APO-go<sup>®</sup> PODs* over the next few years. Initiation and switching will be done by the specialists and Britannia Pharmaceuticals.



## Dronedarone Shared Care Protocol (update)

- The National shared care protocol (SCP): 'Dronedarone for Patients within Adult Services', was published July 2022 by NHS England. The standardised templates aim to improve patient safety, reduce duplication, and reduce inequity of patient access.
- To reflect the locally agreed shared care processes, minor amendments have been made to the national protocol.
- The national dronedarone SCP template recommends 6-monthly renal and hepatic function monitoring, as opposed to annual monitoring, and this has now been adopted locally.
- Patients will now remain under the care of a specialist for the first six months of treatment when monthly monitoring is required. At six months the patients will be transferred to Primary Care.

# Information Sheets - Narcolepsy

- NHS England published a national shared care protocol in July 2022 for narcolepsy, however, the local decision is not to have narcolepsy under shared care.
- The updated information sheets include information on managing side effects, pregnancy and breastfeeding, advice to patients and links to patient information sheets.

## [Methylphenidate information sheet](#) (update)

- Added additional information regarding potential misuse, choice of formulation, alcohol use and effects on blood tests results
- Added advice on omitted doses
- Updated cautions, contraindications and drug interactions sections
- Additional information on baseline and ongoing monitoring

## [Dexamfetamine information sheet](#) (update)

- Added advice on omitted doses
- Updated cautions, contraindications and drug interactions sections
- Additional information on baseline and ongoing monitoring

## [Modafinil information sheet](#) (update)

- No significant changes made to the prescribing information sheet



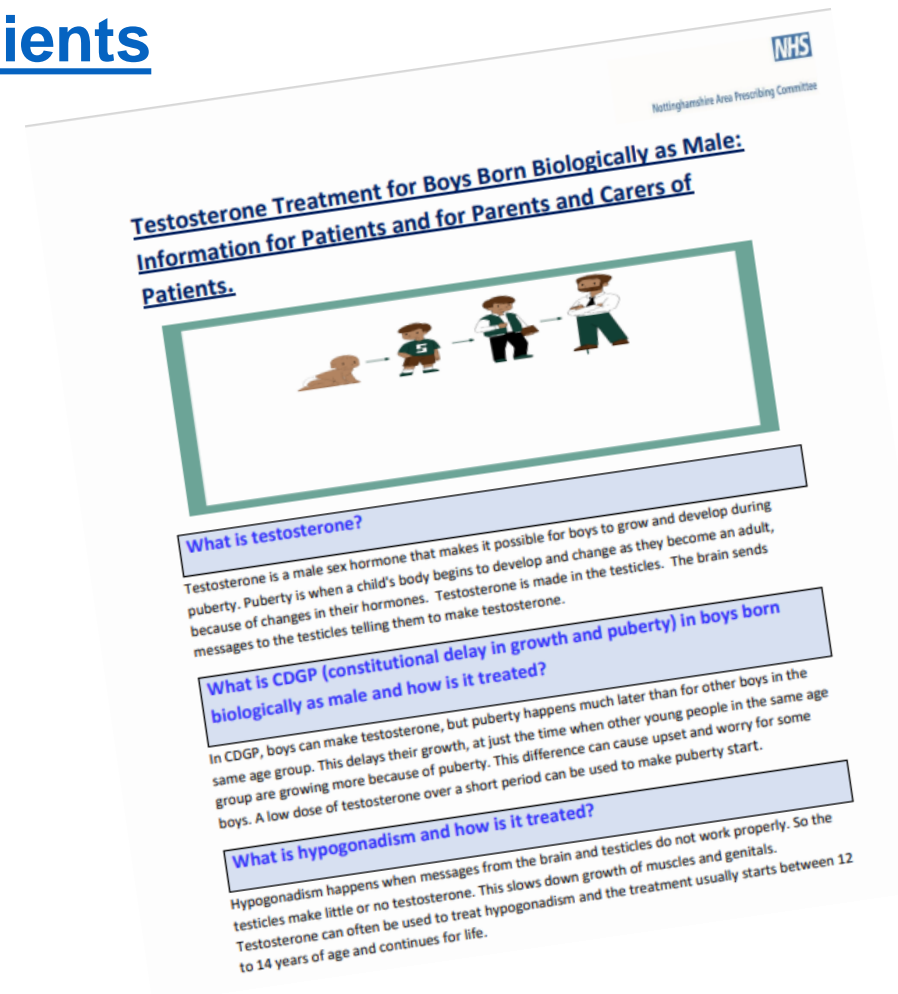
# Patient Information Sheet

## Testosterone Treatment for Hypogonadism and CGDP in Children

### Born Biologically as Male: Information for Patients

### and for Parents and Carers of Patients (new)

- This patient information leaflet is aimed at both patients and parents/carers.
- Testosterone treatment for the above conditions is off label.
- Information in the patient information from manufacturers is different to the use in these conditions, which is why a new leaflet has been developed.



# Guidelines

## Management of Psoriasis (Adults & Children) in Primary Care (update)

Key changes include:

- Prescribing Dovobet<sup>®</sup> generically is now the most cost-effective option for Primary Care.
- Dithranol been discontinued in all forms other than as a special and has been removed from the guideline.
- The treatment for Solitary treatment-resistance plaques has been changed to “Potent steroid with salicylic acid combination [Diprosalic<sup>®</sup> ointment].”
- Emulsifying ointment has been removed and replaced with Hydromol<sup>®</sup> ointment.
- Alphosyl<sup>®</sup> 2 in 1 shampoo has been discontinued and removed from the guideline.
- Daktacort<sup>®</sup> ointment was discontinued in December 2022 and now supplies are exhausted. The cream is still available, and the guideline recommendation has been changed to Daktacort<sup>®</sup> cream.
- If this is ineffective dermatology can be contacted for further options e.g. Trimovate<sup>®</sup> cream.
- Trimovate<sup>®</sup> cream is **AMBER 2** but GPs with a special interest in dermatology may initiate.

# Guidelines

## [Actinic \(Solar\) Keratosis – Primary Care Pathway](#) (update)

- The guideline had been simplified and provides up-to-date information on the current products available.
- The key changes are as follows:
  - Pictures and descriptions to differentiate different AK grades.
  - Pictures to identify malignancy transformations.
  - General advice about treating AK.
  - Different patient information leaflets available.

## [Managing Behaviour and Psychological Problems In Patients with Diagnosed or Suspected Dementia \(BPSD\)](#) (interim update)

- The Antipsychotics in Dementia Assessment and Monitoring tool has been developed to help guide the prescribing, assessment and monitoring of antipsychotics.
- This tool has been added to the BPSD guideline as an appendix.

# Guidelines

## [Use of SGLT-2 Inhibitors in Chronic Kidney Disease \(CKD\) – Primary Care Pathway](#) (new)

- The Midlands Kidney Network (MKN) has developed a regional clinical pathway for the use of SGLT-2 inhibitors in CKD in Primary Care.
- The pathway was developed for patients with CKD, whether or not they have diabetes. There are a number of exclusions to the pathway:
  - SGLT-2 inhibitors are not currently licensed for patients with Type 1 diabetes.
  - Empagliflozin does not currently have a licence for treatment of CKD.
  - Canagliflozin is licensed only for patients with diabetes and with eGFR >30ml/min and can not be used in non-diabetics with CKD.
- A webinar discussing the new pathway and the kidney failure risk equation (KFRE) can be found on the MKN FutureNHS platform workspace [here](#) .
- Use your FutureNHS platform account details to log on or create an account.
- The MKN are also inviting GPs with an interest in renal disease to join the network. For further information please email [catherine.byrne@nuh.nhs.uk](mailto:catherine.byrne@nuh.nhs.uk).





# Antimicrobial Guidelines

## Chlamydia Trachomatis (update)

- The guideline has been updated to include the option for GPs to treat patients with CT in Primary Care.
- As opportunistic screening for 16-25 year olds is not generally available locally, this has now been removed from the guideline.

## Splenectomised Patients and those with an Afunctional Spleen (update)

- The **Emergency antibiotics** section has been updated with the following statement: “following the two-year prophylaxis course, an emergency supply of oral amoxicillin or if allergic oral clarithromycin can be prescribed for use at home prior to seeking urgent medical attention. This should be kept at home, taken on holiday and used immediately should they develop any signs of infection. Patients and their carers should regularly be reminded of the ongoing risk of infection and encouraged to seek medical advice if the patients become febrile ( $\geq 38^{\circ}\text{C}$ ) and/or develop symptoms of infection.”
- Oral emergency antibiotics:
  - Clarithromycin added as an alternative in penicillin allergy.
  - Amoxicillin dosage for patients over the age of 12 years has been updated.
  - Treatment duration changed from 5 to 7 days – in line with the NUH guideline and local agreement.

# Miscellaneous

## Preferred Prescribing List (update)

- Preferred Prescribing List (PPL) is reviewed six monthly and is intended for Primary Care use.
- Some changes include:
  - Estradiol 10mcg vaginal tablets – generic is now the preferred option.
  - Fluoxetine 10mg – oral solution removed, 20mg orodispersible tablets should be halved.
  - Co-codamol 30mg/500mg – no longer a significant price difference between tablets and capsules. Zapain<sup>®</sup> and Emcozin<sup>®</sup> have been added as preferred tablet brands.
  - Calcipotriol 0.005% / Betamethasone dipropionate 0.05% – generic is now the preferred option to the brand Dovobet<sup>®</sup>.
  - Glycopyrronium bromide tablets – Assicco<sup>®</sup> is the preferred brand.
  - Melatonin 2mg MR – generic is now the preferred option to the brand Circadin<sup>®</sup> MR.
  - Metformin 500mg sachets are the preferred alternative to metformin 500mg/5ml oral solution.
  - Zolmitriptan – orodispersible tablets are the preferred option.

# Formulary changes

- **Paliperidone (Paliperidone TEVA): AMBER 2** - a branded generic of the monthly paliperidone depot injection has been approved for use in NottsHCT.
- **Sitagliptin 100mg/5ml oral solution: AMBER 3** – current advice is that the tablets can be dissolved easily in water (unlicensed). The oral solution will be added as an option for those with swallowing difficulties.
- **Lanthanum (Fosrenol<sup>®</sup>)** - removal of the brand name as a generic product is now available. The Shared Care Protocol has also been updated.
- **Betnesol<sup>®</sup> 500 microgram soluble tablets** – the brand has been discontinued; a generic is available.
- **Daktacort<sup>®</sup> ointment** – has been discontinued; the cream is still available.
- **Dithrocream<sup>®</sup> (dithranol)** – the brand has been discontinued and dithranol is now only available as a special-order product.
- **Camouflages** (chapter 13 of formulary) – additional provider, Changing Faces, has been added to the formulary.

# Traffic light changes

## RED:

- **Nicotine products for smoking cessation** – in line with new position statement.
- Salbutamol and ipratropium nebulisers (for children) – only asthma specialists should initiate and use, as per MHRA guidance.

## AMBER 2:

- **Prontoderm<sup>®</sup> foam** – only on the advice of the community IPC team for MRSA skin decolonisation if there are reasons why Octenisan<sup>®</sup> body wash can not be used. The foam doesn't need to be washed off and is cheaper than the Octenisan<sup>®</sup> mitts.
- **Lurasidone** – better tolerated second generation antipsychotic with the same monitoring requirements as other second generation antipsychotics. Classification changed from **RED** to **AMBER 2**.

## GREEN:

- **Relvar Ellipta<sup>®</sup> DPI** - 184/22 strength added for use in asthma.
- **Budesonide Easyhaler<sup>®</sup>** - 200mcg and 400mcg strengths added for use in asthma.
- **Acetylcysteine 600mg effervescent tablets** – now a first line mucolytic alongside carbocisteine. Capsules still remain non-formulary.
- **Soprobec<sup>®</sup> pMDI (50, 100, 200, 250mcg)** – already on the formulary as an option if Clenil<sup>®</sup> is unavailable. Soprobec<sup>®</sup> is the more cost-effective choice and now the first-line beclometasone pMDI choice (Clenil<sup>®</sup> and Beclu<sup>®</sup> remain as supply alternatives).

## GREY:

- **Saliva Orthana<sup>®</sup> refill** - not cost-effective due to the short expiry after opening
- **Emerade<sup>®</sup> 150microgram (1 in 1000) auto-injector (adrenaline)** – discontinued.

# Horizon scanning

## GREY – no formal assessment:

- **Riluzole (Emylif<sup>®</sup> 50 mg) orodispersible film** - tablets are already listed on the Formulary as **AMBER 1** with a SCP and information sheet. Tablets can be dispersed in water. Suspension is classified as **Grey**.
- **Vecit 6 mg/0.4 mg Modified-release<sup>®</sup> tablets** (tamsulosin hydrochloride, solifenacin succinate) - An identical product Vesomni<sup>®</sup> was reviewed and rejected in 2014 as not thought to offer significant benefits for the health community.
- **Roclanda 50 micrograms/ml + 200 micrograms/ml eye drops<sup>®</sup> ▼** (latanoprost, netarsudil mesylate).
- **Fludrocortisone acetate 0.1 mg/mL oral solution**

## No traffic light classification:

- **Bidecfo<sup>®</sup> inhaler (beclometasone dipropionate, formoterol fumarate dihydrate, 100/6, 200/6)** – product name added as a keyword. This item will be added to the action log for assessment once a price becomes available.

# Area Prescribing Committee Work Plan

## **Going to next APC guidelines meeting in September 2023:**

- Osteoporosis guidelines - update
- Anticoagulants in AF- review
- Testosterone information sheet
- ONS in adults
- Vaginal candidiasis
- ADHD children and young people shared care protocol
- Azathioprine for IBD in young people > 12 years shared care protocol
- Rheumatology shared care protocols

# 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.notts.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)**