

Area Prescribing Committee / Interface Update March 2023

Please direct queries to your ICB medicines optimisation pharmacist

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

Nottingham and Nottinghamshire

New Submissions

- Doxazosin for PTSD AMBER 2
 - <u>Indication</u> Off-label use for the treatment of nightmares associated with post-traumatic stress disorder.
 - Although off-label, this would be an alternative treatment for a small niche patient group and there is a lot of experience prescribing doxazosin for other indications.
 - It has been approved for patients who are under the care of a neurology specialist and have demonstrated benefits from taking the medicine.

• A.S Saliva Orthana[®] – GREEN

- Indication Artificial saliva spray for the treatment of xerostomia or dysphagia due to dry mouth.
- \circ $\:$ It is pH neutral and a mucin-derived saliva substitute.
- As this is a porcine derived product it may be unsuitable for certain population groups.
- It is available in a 50ml spray and 500ml refill. The 500ml refill is more environmentally friendly and includes an empty spray bottle.
- There is currently a supply issue (March 2023)



New Submissions



• Melatonin for Huntington's Disease – AMBER 2

- o Indication For the treatment of sleep disorders in adults with Huntington's Disease.
- It is not appropriate to treat this group of patients with benzodiazepines or Z-medicines due to fall and cognition risks.
- Melatonin will only be used in a limited capacity as it is not appropriate at all stages of the disease.
- The patient numbers will be very low, being patients in the mid-stage of their disease with either loss of circadian rhythm or who sleep very badly.
- It will be stopped once the sleep pattern settles or the patient moves into the next stage of their disease.
- \circ It will be prescribed as the formulary approved melatonin MR preparation.

Guidelines



Children and Young People (CYP) Asthma Guidance 5-17 years (new)

- New guideline developed by the Nottingham and Nottinghamshire CYP Asthma Group.
- It provides guidance on the appropriate safe, effective pharmacological treatment at each step and when and why asthma reviews are required.
- Non-drug interventions have been included as well as information on appropriate inhaler techniques.
- Information about greener inhalers has been included.
- The first choice inhaler is given as a Dry Powder Inhaler (DPI) but if a pMDI is used a spacer (Aerochamber Plus[®] Flow-Vu) must also be prescribed and used.

 Step 1: regular use of an inhaled corticosteroid (ICS) + SABA.
Step 2: combined ICS and long acting beta agonist (LABA) + SABA MART options given (off label for patients <12 years but is included in NICE NG80)
Step 3: same dose ICS/LABA + SABA PRN. Consider trial of montelukast.
Step 4: refer to specialist paediatrician

• All patients should have a Personalised Asthma Action Plan (PAAP).

Guidelines



Adult Asthma Treatment Summary (update)

- This guidance has been updated to include images of all inhalers. Both strengths of Trimbow[®] have been incorporated into the additional add-on therapy section.
- 💴 symbol has been added to indicate which preparations are preferred with regards to the greener agenda.
- Easyhaler[®] Beclometasone DPI is now the first choice regular preventer inhaler.
- Fostair[®] pMDI preparations have been replaced by Luforbec[®] pMDI as the cost effective ICS/LAMA pMDI option.
- Fostair[®] MART has also been replaced with Luforbec[®] MART.
- Symbicort[®] pMDI has been replaced with Fostair[®] Nexthaler.

Guidance on MART (Maintenance and Reliever Therapy) (new)

- Maintenance and Reliever Therapy is a form of combined ICS and LABA treatment in which a single inhaler, containing both an ICS and a fast-acting LABA (e.g. formoterol) is used for daily maintenance therapy and the relief of symptoms as required.
- The use of a separate SABA should not be required but patients MUST be advised to have their MART inhaler available for rescue use.
- MART is not suitable for patients with diagnoses of conditions other than asthma.
- This guidance will be linked to both the adult and children asthma guidelines. There is currently no licensed MART dose and inhaler for children 11 years and younger. However NICE does suggest it as an option for children aged 5 to 16.

Shared Care Protocols



Phosphate Binder Shared Care Protocol (update)

- Reviewed in conjunction with specialist nephrologists.
- References updated, but no significant changes have been made.
- The information sheet has also been reviewed and updated.

Dronedarone Shared Care Protocol (update – under review)

- NHS England published a national shared care protocol for dronedarone in July 2022.
- The national template is being cross-referenced against the local shared care protocol and there are a couple of differences which are being reviewed.
- Currently in the Nottinghamshire SCP, prescribing responsibility should be retained by secondary care for the first year of treatment. The national template supports ongoing monitoring by primary care after 4 weeks of treatment.
- The national template recommends 6 monthly renal and hepatic function monitoring, whereas the local protocol recommends annual monitoring.
- We are working on adopting the national template, but currently are reviewing the time period for which specialists need to retain care of the patient.

Antimicrobial Guidelines



Cellulitis (update)

- Referral information included as well as information about treatment failure.
- If a patient has recurrent episodes dermatology should be contacted to discuss if prophylactic antibiotics are appropriate.
- If there has been previous colonisation with MRSA do not use empirical flucloxacillin or co-amoxiclav.
- Treatment duration is 5 days, but can be increased to 7 days in a severe infection. After a review the course may be extended by 7 days. Separate treatment table has been added for facial cellulitis.
- Community based IV pathway details included.

Dermatophyte Infection of the Skin (update)

- Treatment table and doses of terbinafine (topical and oral) and clotrimazole updated as per the BNF and CKS.
- If specialist advice is required dermatology should be contacted via Advice and Guidance.

Head Lice (update)

- Head lice is a condition that should be treated over the counter and should NOT be routinely prescribed for in primary care.
- Patient information leaflets added.

Mould Infections of the Nail (update)

• Transferred to standard template, no significant changes made.

Antimicrobial Guidelines

Osteomyelitis (update)

• Transferred to standard template, no significant changes made.

Epididymitis +/- Orchitis (update)

- As per NICE CKS, mumps orchitis added as a possible diagnosis.
- The investigations required if a patient presents during the daytime or out of hours added.
- Patients presenting to the GP during daytime hours should not be prescribed antibiotics. Investigations must be undertaken first, including referral to the Integrated Sexual Health Service for a same day appointment if an STI is likely.
- Empirical antimicrobial treatment options included for if a patient presents out of hours.
- Information added for suspected epididymo-orchitis in pre-pubertal children.

Prostatitis (update)

- Nitrofurantoin should not be used in patients with prostatitis as it has no activity outside of the bladder.
- Azithromycin has been removed and replaced with doxycycline as an option for chronic prostatitis, as per updated NICE CKS guideline.



Guidelines continued



Gynaecomastia in Adults (update)

- Reviewed with breast specialists.
- No significant changes made to the guideline.

Liothyronine for Hypothyroidism Position Statement (update)

- Liothyronine is currently classified as **GREY** and is only supported locally for prescribing on the NHS in exceptional circumstances and only under recommendation from an NHS endocrinologist after an MDT discussion.
- It was discussed and agreed at the February formulary meeting that the current classification was appropriate, given that ongoing prescriptions may be required for some patients in exceptional circumstances.
- It was agreed that there should be a mechanism for providing ongoing prescriptions in appropriate cases and this has been added to the position statement.
- Ongoing prescriptions can be issued in primary care if the decision to initiate treatment is from an NHS endocrinologist after a multi disciplinary discussion involving fellow consultants.
- Liothyronine monitoring requirements have also been added.
- A review and update of the patient information leaflet is also underway.

Guidelines continued



Restless Legs Treatment Algorithm (update)

- The NICE CKS guidance was updated in July 2022 and supports using either a dopamine agonist or a gabapentinoid as first line treatment.
- The previous guidance had a dopamine agonist as first line, followed by pregabalin or gabapentin (an off-label indication).
- If none of the suggested treatments work, the clinicians are advised to submit a request for Advice and Guidance to neurology for specialist support, rather than refer to a movement disorder or sleep clinic, as 95% of referrals can be dealt with immediate advice and waits are long.

<u>Amiodarone Primary Care Supporting Document (new)</u>

- The Nottinghamshire Medicine Safety Officer group have been developing materials to support GP practices, undertake amiodarone medication reviews, ensure the appropriate monitoring and to highlight patients needing referral.
- The supporting documents can be found as an appendix on the shared care protocol and also in the amiodarone monograph on the formulary.

Preferred Prescribing List (update)

Alternatives to Using an Unlicensed Special Database (update)

Traffic light changes



- Dienogest 2mg film-coated tablets (Zalkya[®]): GREY no formal assessment for the treatment of endometriosis.
- Dienogest (Dimetrum®): GREY no formal assessment for the treatment of endometriosis.
- Insuman Rapid, Basal and Comb insulin for injection: GREY products discontinued. Add a note "no new patient initiations, existing stocks can be used until stocks are exhausted, or the patient is reviewed.
- **Clarithromycin XL:** GREY no particular benefit as once a day compared to twice a day.
- Paliperidone depot (Byannli[®]): RED specialist prescribing for carefully selected stable patients.
- Paliperidone depot (Trevicta[®]): RED recommended for specialist prescribing in the formulary.
- **Mirabegron with solifenacin combination:** changed from GREY to AMBER 3.
- Uro-trainer[®] Polihexanide PHMB catheter irrigation solution: AMBER 2 restricted for patients on the catheter patency pathway.
- Anal irrigation systems (generic entry): Entry for Peristeen[®] removed. Generic anal irrigation system added as AMBER 2, following recommendation and patient training by the continence specialist.

Horizon scanning



GREY – no formal assessment:

- Melatonin 3mg tablet (Ceyesto[®]): a new indication for insomnia in children and adolescents aged 6-17 years with attention-deficit/hyperactivity disorder, where sleep hygiene measures have been insufficient.
- Tozinameran 10 doses multi-dose vial (Comirnaty® 3micrograms/dose)▼: currently no plan to use this new formulation for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in infants and children aged 6 months to 4 years.
- Tozinameran + famtozinameran (Comirnaty®▼ Original/Omicron BA.4/5)▼: for active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals aged ≥5 years who have previously received at least a primary vaccination course against COVID-19 Licence change from use only in patients aged ≥12 years. Currently, this vaccine is not in the Nottinghamshire system.
- **Dapagliflozin tablets (Forxiga®)**: licence update to include treatment of symptomatic chronic heart failure in adults. NICE TA is expected in June 2023.

Area Prescribing Committee Work Plan



Going to next APC guidelines meeting in May 23:

- ADHD children and young people SCP
- Narcolepsy information sheets
- Parkinson's Disease Apomorphine SCP
- Headache pathway
- Antimicrobial guidelines
- Osteoporosis guideline
- Buccal Midazolam Guideline for patients under paediatric care
- Testosterone for Children patient information sheet.

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) <u>https://ehsweb.nnotts.nhs.uk/Default.aspx?tabid=223</u>





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