NHS
Nottingham and Nottinghamshire

Area Prescribing Committee / Interface Update September 2023

Please direct queries to your ICB medicines optimisation pharmacist

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

Antimicrobial Guidelines

Nottingham and Nottinghamshire

Meningitis (update)

- Information has been updated on how to report this notifiable disease, including the UK Health Security Agency (UKHSA) contact details, guidance and notification form.
- The doses of ceftriaxone and cefotaxime have been changed to 2g as per the BNF and NUH guidance. Doses for different age groups are as per the BNF.
- Further information on the prescribing and use of rifampicin has been added.
- Patient information and patient information leaflets have been added.

Vaginal candidiasis (update)

- Now includes information on recurrent vaginal candidiasis as well as acute and during pregnancy.
- Self-care information has been added which is applicable to all three forms/groups of patients.
- Clotrimazole 100mg has been removed and replaced with 200mg or 500mg pessaries, depending on the patient group. This is as per the CKS.
- A definition of recurrent vaginal candidiasis has been added. Patients require an induction treatment regimen followed by a maintenance regimen (6 months).

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Testosterone for Male Hypogonadism Information Sheet (update)

- No significant changes:
  - Therapeutic summary information has been condensed.
  - Safety advice about product transfer to other persons has been aligned with MHRA information.
  - Recommendations for timing of monitoring testosterone levels have been updated.
- There is currently a supply problem with Tostran® gel. During this shortage, secondary care support the switching of affected patients to Testogel ® pump dispenser by primary care.
- SPS advise that patients should be switched to the nearest **mg** equivalent dose. Patients will require their testosterone levels monitoring following any switch, as products may not be directly equivalent. Dose titration may then be required.
- An alternative testosterone pump product is available; Testavan®. This is a cost-effective preparation, but not the most environmentally friendly, so has been classified as **GREY** on the joint formulary. It has been agreed that it is appropriate to prescribe Testavan ® where needed during the shortage and the formulary will be amended to reflect this.

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Anticoagulants in AF guidance (update)

- This guideline has been updated in collaboration with haematology, stroke and heart disease specialists and has been shortened by removing information that is readily available in the SPC.
- Sections that could help during a consultation (initiation, review or switching) have been retained.
- We have also responded to the queries raised around edoxaban prescribing within the update.

The main changes include:

- Advice from NICE CKS on monitoring DOACs has been adopted.
- A new section has been added with points for discussion during a DOAC review (adopted from NICE CKS).
- Information from the DOAC comparison table regarding cost and safety compared to warfarin has been removed, as current practice to use a DOAC first line has been established.
- Removed the link to the edoxaban switching principles and to the DOAC alert card as these documents have been retired.

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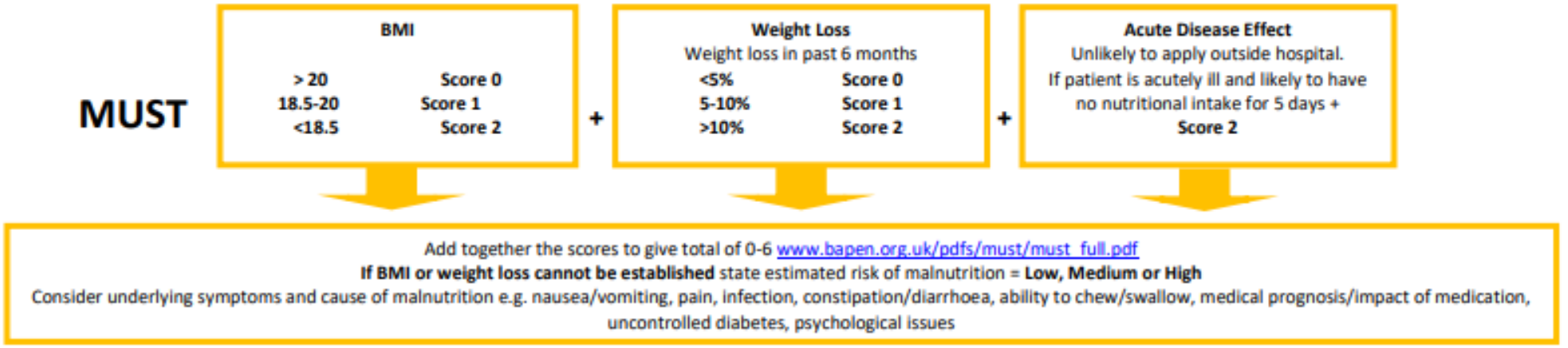
Oral Nutritional Supplements (ONS) in Adults (update)

- The ONS in Adults guidelines have been updated in collaboration with lead dieticians from the local Dietetic Teams. The updated guidelines include the Full Guidance, the Quick Reference and the Care Home Request Form.
- When there is identification of undernourishment in a patient, following the completion of the Malnutrition Universal Screening Tool (MUST), this update provides advice to prescribers regarding nationally supported procedures.
- Recommended products have been reviewed to ensure accuracy, quality, safety and cost effectiveness on both a local and national level.



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Supporting Guideline for Prescribing Nebulised Colistimethate (update)

- The course duration for ciprofloxacin has been reduced to two weeks.
- The diluent to be used is sodium chloride (in line with SPC). In addition, it has been made explicitly clear that the sodium chloride must be supplied in a plastic ampoule as patients are taught a no-needle dilution technique by the respiratory specialist teams.

Gonadorelin Analogue Position Statement – Primary Care (update)

- Zoladex LA® (goserelin) 10.8mg is now licensed for breast cancer.
- Indications for Zoladex LA® and hyperlinks to the SPC have been updated.
- A section on using GnRH Analogues for Transgender Adults has been included. Most transgender female patients start treatment with oestrogens which also suppresses testosterone. For most, this will not be enough to put the testosterone level into the female range. GnRH analogues are usually required to achieve maximum suppression of the secondary male sexual characteristics. All the GnRH analogues available are classified as **AMBER 2** and used off-label for this indication. The clinicians at the Nottingham Centre for Transgender Health recommend triptorelin preparations for reasons of cost-effectiveness and convenience.

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Unlicensed Specials Database (update)

- This is updated every 6 months and aims to help clinicians consider alternatives to prescribing an unlicensed special.
- Two Gliptins have been added:
  - **Sitagliptin -** A licensed oral solution (100mg/5ml) is available, which has a 60-day shelf life once opened.
  - **Linagliptin -** No licensed oral liquid available. Tablets disperse very slowly in water and may need crushing. They have an unpleasant taste.

Principles for Specifying Brand Names on the Joint Formulary (update)

- This is guidance on how and when a brand name will be added to the Joint Formulary.
- There may be instances when a brand name is required to ensure efficacy and safety are not compromised. This includes medicines with a narrow therapeutic index, biosimilars, certain modified release medicines.
- A link to the Specialist Pharmacy Services (SPS) ‘Examples of medicines to prescribe by brand name in Primary Care’ guidance has been added.

Shared Care Protocols

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Auto-Immune Hepatitis Shared Care Protocol (update)

- The standardised national templates (RMOC) aim to improve patient safety, reduce duplication and inequity of patient access.
- The national template has been cross-referenced against the existing APC overarching auto-immune hepatitis (AIH) shared care protocol and the individual information sheet for azathioprine.
- This has been undertaken in collaboration with gastroenterology consultants at both NUH and SFH and there have been no changes to the overall process, but RMOC contraindications, cautions and parameters have been adopted.
- There have been no updates on the recommendations from the British Society of Gastroenterology.
- The shingles vaccination information has been updated in response to changes in The Green Book.
- From the 1st September 2023 patients aged 50 years or over who are immunosuppressed, are eligible for the non-live shingles vaccine (currently two doses of Shingrix®).

Amiodarone Shared Care Protocol (update)

- Transfer of care from Secondary to Primary Care happens at 4 weeks, as there is no further monitoring required until 6 months. Secondary Care prescribe the initial induction and maintenance dose.
- Primary Care will be informed via either a clinical letter (NUH) or the Amiodarone Shared Care Checklist (SFH).

Miscellaneous

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Continence Formulary (update)

- The Continence Formulary Group have added four new sections to the continence formulary:
  - Dilatation catheters,
  - Non-lubricated intermittent catheters,
  - Pre-lubricated intermittent catheter sets,
  - Mitroffanoff catheters.
- In addition to the new formulary sections, three guidance sections were added:
  - Catheterisation gels,
  - Faecal collectors,
  - Anal plugs.
- First-line products are classified as **GREEN,** after completing a continence assessment. Second-line products are classified as **AMBER 2**, following recommendation by a continence advisor and only for existing patients.
- Non-formulary products will not be made **GREY** or listed on the formulary, but a note will be 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."

Miscellaneous

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Biosimilar Insulin Formulary Chapter (review)

- On the formulary some insulins have historically been classified as **AMBER 2**, which requires a specialist to initiate.
- Some of these entries are outdated and required reviewing as the insulins were new at the time of their traffic light classification.
- Biosimilar insulins are the first group to be reviewed as part of this work. As there is APC guidance available, all biosimilar insulins have been re-classified as **AMBER 3**, to allow practices to initiate prescribing of these cost-effective insulins.
- Semglee® is recommended as first- line insulin glargine on the formulary.

Shringrix® Vaccine

- The Green Book has updated its recommendation for shingles vaccination: from 1st September 2023, Shingrix® will be offered to immunocompetent individuals routinely at 60 years of age and to immunosuppressed individuals aged 50 years and over.

Traffic light changes

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RED:

- **Ambrisentan, tadalafil (Adcirca®), macitentan (Opsumit®), riociguat (Adempas®):** classification changed from **GREY** as they are commissioned via Specialist Centres.

AMBER 2:

- **Hydralazine, methyldopa, moxonidine and minoxidil:** NICE recommends that specialist advice is sought before prescribing these antihypertensives. Classification changed from **GREEN** to **AMBER 2**.

AMBER 3:

- Abasaglar®, Lantus® and Semglee® biosimilar insulins have been changed from **AMBER 2** to **AMBER 3** to allow easier initiations and switches in primary care.

GREEN:

- **Venlafaxine:** All doses are now **GREEN**. The AMBER 2 restriction has been lifted for doses ≥ 300mg as this was based on a historical licensing restriction. SNRI blood pressure monitoring advice is available within the formulary.

OTHER: Semaglutide (Wegovy®): Work is ongoing locally to plan for the implementation of NICE TA875. Semaglutide for weight loss will only be available to patients that meet the eligibility criteria outlined by NICE. Semaglutide is still unclassified as we don't yet have a service clarified to refer to.

Formulary changes

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- **Dapagliflozin:** AMBER 2 for heart failure with preserved or mildly reduced ejection fraction and will be started on the advice of a heart failure specialist.
- **Emollients containing urea:** no longer available on an FP10, formulary updated to reflect this.
- **NICE patient decision aid for stopping benzodiazepines or z-drugs:** link added to chapter entry.
- **Freestyle Libre®:** information added about where to obtain a replacement sensor if faulty or damaged.
- **Octenilin® Wound Irrigation Solution:** restriction lifted to allow practices to prescribe as per SPS recommendation, following discontinuation of Unisept® and Tisept® solutions.
- **Fludrocortisone acetate 0.1mg/ml oral solution:** AMBER 2 - licensed for use in primary adrenocortical insufficiency in Addison's disease. It is expensive compared to standard tablets that can be dispersed in water.
- **Covid-19 vaccines:** formulary updated to reflect vaccines currently offered.

GREY:

- **SunSense® SPF50+:** full product range has been discontinued.
- **Synalar C® cream and ointment:** both have been discontinued.
- **Orabase®:** discontinued with no further stock available.
- **SunSense® SPF50+:** full product range has been discontinued.
- **Synalar C® cream and ointment:** both have been discontinued.
- **Orabase®:** discontinued with no further stock available.
- **Unisept® solution (0.05% solution 100mL and 25mL sachets):** discontinued.
- **Tisept® solution (100mL and 25mL sachets):** discontinued.

Horizon scanning

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GREY – no formal assessment:

- **Desmopressin acetate (Demovo® 360 micrograms/mL) oral solution** – indicated in the treatment of central diabetes insipidus and in the treatment of primary nocturnal enuresis in patients aged over 5. Several formulations are already available on the formulary and the products are not directly interchangeable.
- **Lidocaine and tetracaine 70mg/g + 70mg/g (Pliaglis®) cream**.
- **Cytisinicline (Belnifrem) 1.5mg tablet (Tabex®)** – indicated for smoking cessation.
- **Drospirenone (Slynd®) 4mg tablet.**
- **Budesonide and formoterol fumarate dihydrate (GoResp® Digihaler) 160mcg/4.5mcg and 320mcg/9mcg inhalation powder.**
- **Eszopiclone (Lunivia®) tablets:** indicated for insomnia.
- **Vibegron (Gemtesa®):** indicated for an overactive bladder.
- **Tamsulosin hydrochloride and solifenacin succinate (Vecit®) Modified-release 6mg/0.4mg tablets:** indicated for LUTS.

Area Prescribing Committee Work Plan

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Guidelines going to next APC meeting in November:

- Rheumatology Shared Care Protocols
- Dermatology Shared Care Protocols
- IBD Shared Care Protocols
- Heart failure traffic light treatment guidelines
- Dementia medicines information sheets
- Lamotrigine information sheet
- Position statement and leaflet on glucose products for hypoglycaemia
- Azathioprine for IBD in young people > 12 years SCP

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

Please direct queries to your ICB medicines optimisation pharmacist or e-mail nnicb-nn.nottsapc@nhs.net