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Area Prescribing Committee / Interface Update November 2023

Please direct queries to your ICB medicines
optimisation pharmacist

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

Please provide your feedback to help us
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Use the link to join or scan the QR:

<https://forms.office.com/e/TWknniC8Fy?origin=lprLink>



New Submissions

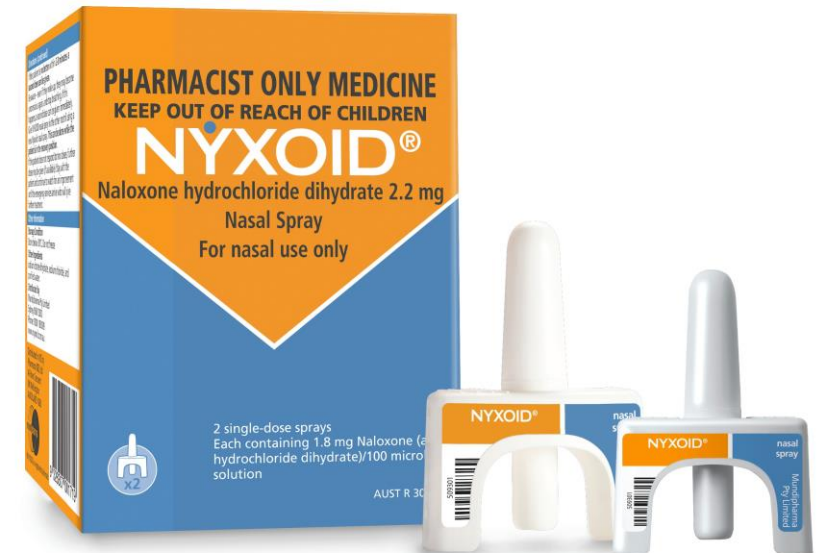
Rimegepant (Vydura[®]) Oral Lyophilisate – **AMBER 2**

- Indication: For the prevention of migraines in adults as per [NICE TA906](#).
- Rimegepant has been added to the formulary with an **AMBER 2** classification, as an option for patients where Erenumab is not suitable.
- It is recommended as an option for preventing episodic migraine in adults who have at least 4 and fewer than 15 migraine attacks per month and only if at least 3 preventative treatments have failed previously.
- Treatment should be stopped after 12 weeks if the frequency of migraine attacks does not reduce by at least 50%.
- The transfer to Primary Care will take place after patients had undergone a review after 12-weeks of treatment. Secondary Care will provide patients with a one-month supply of medication at the 12-week review to cover the transition period.

New Submissions

Naloxone (Nyxoid[®]) 1.8mg nasal spray – **AMBER 2**

- Indication: Opioid antagonist for opioid overdose reversal.
- Injectable naloxone (Prenoxad[®] pre-filled syringes) will remain the first-line option for most service users, however intranasal naloxone may be preferable in a small cohort of patients e.g., family members, service users who no longer inject, or patients with dexterity issues.
- As classified as **AMBER 2**, GPs with a specialist interest in substance misuse may be competent to initiate.



New Submissions

Ivabradine – **AMBER 3**

- Indication: Postural Orthostatic Tachycardia Syndrome (POTS)
- POTS is a chronic condition and ivabradine might be an alternative to nonselective beta-blocker therapy.
- Although the use in POTS is off-label, it is an established indication and cardiologists from both Trusts are in favour of its use. Propranolol will remain the first-line option.
- Ivabradine may be teratogenic and adequate contraception is required when used in women with child-bearing potential.

Cyclogest[®] pessaries – **AMBER 2**

- Indication: Prevention of preterm birth.
- This is an off-label use, but NICE recommends prophylactic vaginal progesterone in women with a history of spontaneous preterm birth or loss of pregnancy.
- Micronised progesterone has been given a classification of **AMBER 2** and includes Cyclogest[®] and Utrogestan[®] brands.

New Submissions

Ferric maltol – **AMBER 3**

- Indication: Iron deficiency anaemia of any cause.
- Indicated if standard iron preparations are not tolerated or ineffective, as an alternative to IV iron.
- Currently there is no IV iron service via the urgent anaemia pathway offered through NUH, but this service is still in place at SFHFT.
- To support the prescribing in Primary Care a new guideline has been produced:
 - [Anaemia - Ferric Maltol Treatment Algorithm.](#)
- Ferric maltol can be tried if the patient is intolerant to or treatment has failed with two or more first line iron salts.
- FBC and ferritin levels must be checked after one month of initiation and if the patient's haemoglobin and ferritin levels are the same or increasing, the prescription should be continued for a further 8 weeks before bloods are repeated.
- If the patient's haemoglobin decreases the patient should be referred to Secondary Care.

New Submissions

Empagliflozin – AMBER 2

- Indication: for the treatment of symptomatic chronic heart failure in adult patients with preserved or mildly reduced ejection fraction, as recommended in [NICE TA929](#).
- Empagliflozin is a direct alternative to dapagliflozin (approved August 2023) and is currently cost equivalent.
- Empagliflozin should be started on the advice of a heart failure specialist.
- Empagliflozin is already available locally with an AMBER 2 classification for heart failure with reduced ejection fraction in line with [NICE TA 773](#). It is also available for the treatment of type 2 diabetes (AMBER 3) and a NICE TA is expected for CKD in December 2023 (currently GREY no formal assessment).



Shared Care Protocols

Rheumatology Shared Care Protocols

- 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 rheumatology shared care protocol and the individual information sheet for all rheumatology DMARDs.
- This has been undertaken in collaboration with consultants at NUH and SFH. 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 Rheumatology.
- The shingles vaccination information has been updated in response to changes in [The Green Book](#).
 - [Leflunomide for Patients within Adult Services](#)
 - [Sulfasalazine for Patients within Adult Services](#)
 - [Ciclosporin \(oral\) for Patients within Adult Services](#)
 - [Hydroxychloroquine for Patients within Adult Services](#)
 - [Methotrexate \(oral\) for Patients within Adult Services](#)
 - [Azathioprine for Patients within Adult Services](#)

Miscellaneous

[Lamotrigine – Use in Bipolar Disorder Information Sheet](#) (update)

- This has been reviewed by specialist mental health pharmacists at Nottinghamshire Healthcare NHS Foundation Trust as NICE CG 90 has been updated and replaced by [NICE NG222](#).
- Information has been added regarding lamotrigine plasma level monitoring during pregnancy as per the [MHRA Drug Safety Update 2021](#).
- Practical information on lamotrigine plasma levels added as per Maudsley Prescribing Guidelines (timing of level and approximate reference range).
- Patients and their carers should be counselled on the signs and symptoms suggestive of bone marrow failure such as anaemia, bruising, or infection.

[Palliative Care Pocketbook](#) (update)

- The palliative care pocketbook has been reviewed and updated with help from a local GP with a specialist interest in palliative care and is supported by the EoL Board.
- It is important to remember, if printing and using a paper version, always ensure the most recent version is being used.

Traffic light changes

AMBER 2:

- **Cenobamate ▼**: Classification changed from **RED** to **AMBER 2**. Prescribing will only be transferred to Primary Care once the patients' treatment has been stabilised.

GREEN:

- **Bupivacaine and Adrenaline Injection**: temporarily reclassified as **GREEN** due to the current supply problems with lidocaine and adrenaline used for minor operations in Primary Care. The amendment will be reviewed at the February APC meeting.

GREY:

- **Azathioprine 75mg and 100mg high-strength tablets** - more expensive than currently used strengths and safety concerns about availability of higher strengths.
- **Omeprazole 1 mg/ml Powder for Oral Suspension** - 4mg/ml is the preferred regional strength.

Formulary amendments

- **Affened[®] XL (methylphenidate) 12-hour prolonged release tablets:** Added to list of brands.
- **Adrenaline Autoinjectors for children:** Parents/ carers may require up to four pens to be renewed if pens have expired. Primary school-aged children who are unable to carry their own pens at school require two pens for school and two for other times. This should be done by issuing two prescriptions for two pens. See British Society for Allergy and Clinical Immunology (BSACI) guidance [Adrenaline AAI prescription for anaphylaxis guidance for Primary Care](#).
- **Prednisolone 25mg tablets:** The following statement has been added '25mg tablets are reserved for a very limited number of patients requiring long-term high-dose steroid therapy, to reduce pill-burden. They should not be prescribed for short-term use or as part of a reducing course of steroids.'
- **St Marks solution:** Formulary entry amended to reflect that although St Marks solution should not be prescribed, in exceptional circumstances, should a patient not be able to obtain the ingredients, glucose powder and sodium bicarbonate could be prescribed.

Formulary amendments cont.

- **Vagifem[®] Pessaries:** Statement added that 'Vagifem[®] can be prescribed in exceptional circumstances where individual applicators are needed'.
- **COVID-19 vaccine** - formulary entries have been updated in line with the National Protocol updated on the 2nd of October 2023.

Horizon Scanning

GREY – no formal assessment:

- **Respiratory syncytial virus (RSV) vaccine (recombinant, adjuvanted). Arexvy[®] powder and suspension for injection solution.** The vaccine has not yet been added to the Green Book.
- **Rivastigmine (Zeyzef[®]) twice weekly 4.6 mg/24 hr and 9.5mg/24hr transdermal patch**
- **Metaperex[®] capsule** - contains RRR- α -tocopherol, 280 mg (equivalent to 400IU of Vitamin E).

Area Prescribing Committee Work Plan

Going to next APC guidelines meeting in January 2024:

- Position statement and leaflet on glucose products for hypoglycaemia.
- Azathioprine for IBD in young people >12 years shared care protocol.
- Nitrazepam for epilepsy prescribing information sheet.
- Heart failure traffic light guidelines.
- Switching from originator to biosimilar insulins guidance.
- ADHD children and young people shared care protocols.
- Nausea and vomiting in pregnancy.

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