Area Prescribing Committee Bulletin May 2024

1 - Link to APC website

2 - Link to APC Joint Formulary

New Formulary Submissions

Cytisine for smoking cessation - RED

- Cytisine is an alternative for smokers who are unable to tolerate or who have not managed to quit smoking using Nicotine Replacement Therapy.
- It acts as a partial agonist at nicotine receptors, causing a limited amount of activation of neural pathways (enough to control urges to smoke) and blocking the receptor so that nicotine (e.g. from smoking a cigarette) cannot attach itself to it.
- It is taken as a course over 25 days with a gradually decreasing frequency and a quit date set no longer than day 5.

- Generally, well tolerated. Gastrointestinal adverse effects are most common.
- There is interest in making this available for patients in Primary Care **via smoking cessation services**. However, currently services in Nottinghamshire do not have prescribers so there is no facility for the supply of prescription only products (POM). **GPs are not expected to prescribe.**
- The Nottingham Smoking Cessation position statement has been updated to include cytisine.

News from the APC - updated & new documents

Guidelines:

Antimicrobials:

- **Acute Exacerbation of COPD** (update).
- **Bronchiectasis** (update).
- Vitamin D Guidelines for Adults (update)

Contains 5 major key changes to the current clinical practice, which are detailed below in the **Feature of the month** section.

- **Vitamin D Patient Information Leaflet** (update).
- **Vitamin D Guidelines for Children** (update).

For further information and a full explanation of changes please see the latest APC update or watch our latest webinar.

Shared Care Protocols:

The standardised national templates (RMOC) have been cross-referenced against the existing APC overarching shared care protocols and the individual information sheets. 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.

Dermatology Shared Care Protocols: **Methotrexate SCP** (update): Type III procollagen peptide (PIIINP) removed as part of baseline and primary care monitoring requirements.

Motor Neurone Disease – Riluzole SCP (update): Riluzole orodispersible films have been added for use in exceptional circumstances following a multidisciplinary team (MDT) recommendation that crushed tablets are not suitable.

Neuroinflammatory Conditions – Azathioprine SCP (update).

Azathioprine in Children and Young People (update).

For further information and a full explanation of changes please watch our latest webinar.

Miscellaneous:

- Treatment options for diabetic hypoglycaemia in children and adults: Position statement (new):
- **Emollient Formulary** (update):
- **Information and Guidance on Prescribing in Transgender Health Position Statement** (updated)
- Insulin Chapter Formulary entry for Tresiba has been reviewed and reworded.

For further information and a full explanation of changes please see the latest APC update or watch our latest webinar.

Horizon scanning, formulary amendments and traffic light changes

RED

- **Bowel cleansing preps** e.g. Moviprep®, Picolax®.

AMBER 2

- **Viridal® duo:** temporarily reclassified from **GREY** due to supply problems with Caverject®.
- **Vital 1.5kcal® 200ml sip feed** and **Peptisip® Energy HP:** temporary reclassification during Pancreatic Enzyme Replacement Therapy (PERT) shortages, as recommended in a national Position Statement. Any patient requiring these alternative treatments must be reviewed by their Specialist team.

GREEN

- **Tadalafil 5mg tablets**: daily tadalafil 5mg reclassified to **GREEN** for those anticipating sexual activity >2/week (in line with license). The **2.5mg tablet** remains **GREY** as this is significantly more expensive.

GREY:

- **Ogluo®:** reclassified as supply problems with GlucaGen® have been resolved. **Note for treatment of hypoglycaemia – food/drink products are first line.**
- **Avanafil** is no longer more cost-effective and has been reclassified as **GREY** to simplify treatment options available.

FORMULARY AMENDMENTS

- **Bibecfo® Metered Dose Inhaler:** Cost-effective alternative to Fostair® MDI for patients who do not tolerate Luforbec® MDI. Both Bibecfo® MDI and Luforbec® MDI are price equivalent.
- **Goserelin (Zoladex LA®) 10.8mg for breast cancer:** The product license has been updated and the 3-monthly goserelin implant is now also indicated for breast cancer. Added as **AMBER 2** for this indication. The 3-monthly formulation offers reduced frequency of administration with benefits to patients and reduced NHS workload. The Gonadorelin analogues (GnRH) position statement has been updated to include both Zoladex® and Zoladex LA® formulations.
- **Innolet devices containing Insulin Levemir® and Insulatard®:** now discontinued. Will be removed from the diabetes guideline.
- **Estriol 0.1%:** Ovestin® brand has been discontinued.
- **Salbutamol nebules**: additional information has been added about actions to take during shortages of 2.5mg/2.5ml nebules.

Publications

3 - Link to APC webinars

APC Webinars: Our May update was delivered in a new format, as a live webinar. You can find our May 2024 APC presentation on the APC website and the recording is available to view on our Notts ICB YouTube channel.

4 - Link to APC podcasts

Our Podcasts: In our latest episode, we discuss SGLT2 inhibitors with our guests:

Dr Catherine Byrne, Renal Consultant at Nottingham University Hospitals, and Vimbayi Mushayi, Specialist Interface Medicines Optimisation Pharmacist - PILS ep 10, May 2024, SGLT2i in Chronic kidney disease**.**

Feature of the month: Vitamin D Guidelines for Adults (update)

Contains the following 5 major key changes to clinical practice:

- Routine vitamin D **testing in "at high risk" cohorts' is no longer recommended**. The update lists indications when vitamin D testing is recommended.
- Vitamin D level **deficiency threshold changed from 30 nmol/L to 25 nmol/L** – as per current NICE and national recommendation. Local pathology labs at NUH and SFH have updated the test ranges and descriptors accordingly. DBHT (Doncaster and Bassetlaw) provide no descriptors for ranges below 50 nmol/L.
- Where corrective **treatment is required only rapid regimen over 6 or 7 weeks is to be prescribed with the preferred brands** Invita D3 50,000 units once weekly over 6 weeks or Colextra-D3 40,000 units once weekly over 7 weeks. This includes patients with deficiency and symptomatic insufficiency of vitamin D. The slow correction regimen with 1,000 units daily if vit D below 50 nmol/L is locally no longer recommended. This is to reduce the initiation and ongoing prescribing of the maintenance dose of vitamin D where not indicated.
- Where in exceptional circumstances, NHS prescribing of maintenance/ preventative dose is required **Valupak 1,000 units tablets once daily remains the most cost effective option** (food supplement, unlicensed). Where a licensed product is required, or to reduce the pill burden, additional prescribing options have been agreed with once monthly administration of 25,000 units as Colextra-D3 or Invita D3. Monthly maintenance with Valupak – cost £0.35/patient/28 days, Colextra - £1.03, and Invita - £1.32.
- For the treatment of deficiency prescribers are requested to issue **acute and branded prescriptions only,** to reduce ongoing unintended prescribing on completion of loading regimen.

Let us know what you think!

The work of the Nottinghamshire Area Prescribing Committee is supported and managed by the interface team.

We can be contacted via email on nnicb-nn.nottsapc@nhs.net

www.nottsapc.nhs.uk

www.nottinghamshireformulary.nhs.uk