NHS
Nottingham and Nottinghamshire

Area Prescribing Committee / Interface Update.

June - July 2024 meetings.

Please direct queries to your ICB Medicines Optimisation Pharmacist

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

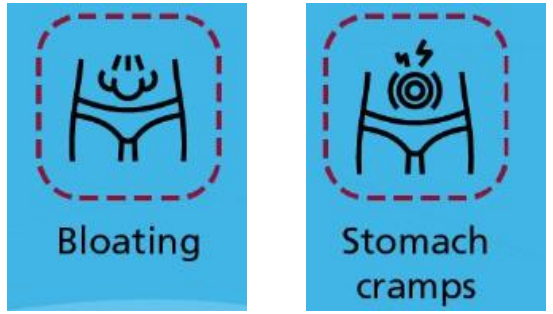
Contents

- New submissions – SimAlvia®
- Antimicrobial guidelines - Scabies, MRSA decolonisation, Acne, Dermatophyte Infection of the Scalp, Eczema – suspected bacterial infection, Herpes Simplex Virus
- COPD guideline
- Headache in Adults Pathway
- Anticoagulants in AF Guideline
- Palliative Care in End Stage Heart Failure Pocketbook
- Hypertriglyceridaemia Guideline
- Fludrocortisone for Orthostatic Hypotension Information Sheet
- Bupropion Information Sheet
- Antipsychotics Information Sheet
- Take Home Naloxone Information Sheet
- Clozapine Information Sheet
- Parkinsons Disease Information Sheets
- Retired Information Sheets
- Formulary Amendments

New Submissions

Nottingham and Nottinghamshire

Alverine 60mg/ simeticone 300mg capsules (SimAlvia®) - AMBER 2



- **Indication:** Irritable Bowel Syndrome (IBS)
- This combination product is second line for symptomatic relief of abdominal pain/discomfort in patients with IBS, where symptoms have not responded to initial therapy with mebeverine, peppermint oil capsules or hyoscine butyl bromide.
- **Dose:** One capsule to be taken twice or three times a day when required alongside dietary and lifestyle interventions.
- It must only be prescribed as a combination product. Alverine is available to purchase from pharmacies and simeticone can be bought over the counter.
- **Temporary classification** - will be revised on development of local IBS guidelines.

Scabies

NHS
Nottingham and Nottinghamshire

Close contacts within the last 8 weeks should be identified.

Oral ivermectin 3mg tablets have been classified as **AMBER 2** for the treatment of scabies.

Oral ivermectin should be considered for **CLASSICAL SCABIES** treatment when there has been treatment **failure after at least two courses of topical treatment** and following the advice of a specialist.

200mg/kg in a single dose, repeated 7 days later.

Contact details for the **Infection Prevention and Control** teams updated: ICB County IPC now covers both County and Bassetlaw.

July 2024

Scabies

Scabies is an intensely itchy skin infestation caused by the human parasite *Sarcoptes scabiei*.

Classical scabies (typical scabies) involves infestation with a low number of mites (about 5–15 per host).
Crusted scabies (formally known as Norwegian scabies) is a hyperinfestation with thousands or millions of mites present in exfoliating scales of skin. It develops as a result of an insufficient immune response by the host.

Management of scabies involves:

- **Simultaneously treating** the affected person and **all** household members, close contacts, and sexual contacts with a topical treatment, even in the absence of symptoms.
- Identifying close contacts of the symptomatic patient within **the 8 weeks** before the initial scabies diagnosis. For definition of close contact see UKHSA.
- Providing information on scabies, including information on how the treatment should be applied.
- Considering symptomatic treatment for itching (for example topical crotamiton).
- Treating any complications (such as cellulitis).

Oral ivermectin
Should be considered when there has been treatment failure after at least two courses of topical treatment and following the advice of a specialist (Amber 2 on formulary).
Confirmation should be obtained that topical treatment has been used correctly (including treatment of contacts and laundry) and not resolved the symptoms, or that there is evidence of ongoing infestation with the presence of burrows.
Ivermectin is available in 3mg tablets and can be used in adults and children weighing ≥15kg. Patients weighing less than 15kg must be managed by a specialist.

The dosage for classical scabies treatment is 200micrograms/kg taken in a single dose with food.
A second dose should be given 7 days later to kill recently hatched mites.

BODY WEIGHT (kg)	DOSE (number of 3mg tablets)
15 to 24	One
25 to 35	Two
36 to 50	Three
51 to 65	Four
66 to 79	Five
≥ 80	Six

Contacts should be treated with permethrin unless it is determined on an individual basis that ivermectin should be used.

MRSA Infection Control & Empirical Treatment

Nottingham and Nottinghamshire

Skin Decolonisation Treatment updated.

Chlorhexidine 4% surgical scrub no longer recommended.

First line: **Octenisan** body wash

Second line: **Prontoderm** foam (e.g. allergy, limited washing facilities, restricted washing ability)

Medication[1]	Dosage	Duration
Octenisan® body wash	Use once daily on the body. Apply undiluted to skin and leave for 1 minute before washing off. Also use as a shampoo on days 2 & 4.	5 days
Second line: Prontoderm® foam^ (if unable to use Octenisan® due to allergy, limited washing facilities, restricted washing ability)	Apply once daily from head to toe (including hair) and leave to dry. It does not need to be washed off.	5 days
Plus Octenisan® nasal gel **Or** Mupirocin 2% nasal ointment	Apply to the inside of both nostrils twice a day. Apply to the inside of both nostrils three times a day.	5 days 5 days

[1] See BNF for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, and breastfeeding.

^ Note Bassetlaw follow different guidelines and use Prontoderm® foam as first line treatment.
* On the advice of infection control only – Octenisan® wash mitts and shower caps (Amber 2) may be used in community patients unable to use the standard wash or Prontoderm® foam.
Naser[illegible] cream applied four times a day to both nostrils can be used as an alternative third line option. Recommended course lengths vary from[illegible] to 10 days depending on the indication. Naseptin has been reformulated and no longer contains arachis oil. **Please note - there may still[illegible] old stock in the system which will contain arachis oil, so continue to consider peanut allergy risk.

Octenisan mitts and shower caps are now **AMBER 2** and must be recommended by Infection Prevention and Control teams.

Both Octenisan nasal gel and mupirocin 2% nasal ointment are first line options

July 2024

Acne

NHS
Nottingham and Nottinghamshire

No change to the preferred treatments or combinations in NICE or local guidelines.

Trimethoprim – locally the recommended dose is 200mg twice a day. The BNF recommends 300mg twice a day.

Local experience has found the lower dose to be effective and tolerated, but if needed it can be increased to 300mg twice a day.

Table 2. Systemic antibiotic therapy choices:

Medication	Dose	Duration
Lymecycline **OR**	**Adult and child >12 years:** 408mg once a day	12 weeks
Doxycycline	**Adult and child >12 years:** 100mg once a day	12 weeks
For people with moderate to severe acne who cannot tolerate or have contraindications to oral lymecycline or oral doxycycline, consider replacing these medicines in the combination treatments in Table 1 with trimethoprim or with an oral macrolide (for example, erythromycin).		
Erythromycin (see advice: QT prolongation, pyloric stenosis)	**Under 12 years:** 250mg twice a day. **Adult and child >12 years:** 500mg twice a day	12 weeks
Trimethoprim	Adult: 200mg twice a day*	12 weeks

*Note: this dose is based on local experience of effectiveness, tolerance of side effects and differs from that in the BNF. Can be increased to 300mg twice a day if required/tolerated.
Trimethoprim cautions:
Hyperkalaemia: caution when prescribing medications such as spironolactone, ACE or angiotensin inhibitors.
Renal Impairment: Avoid if eGFR <15ml/min. Discuss with a renal physician if eGFR <30ml/min. May increase serum creatinine.
Patients should be advised to stop trimethoprim immediately and contact their GP/specialist if they develop a rash.

Trimethoprim should be stopped immediately if a rash develops.

Dermatophyte Infection of the Scalp

Nottingham and Nottinghamshire

Trichophyton indotineae is an emerging pathogen which is often resistant to first line treatment. Consider if a patient has travelled or had close contact with a potentially infected individual or if there has been treatment failure.

Treatment[1]	Dose	Duration
Griseofulvin Best absorbed when taken with or after a high fat meal e.g., whole milk ice cream. *Reduce dose when the response occurs, daily dose may be taken once daily or in divided doses.*	**Child 1 month–11 years:** 10mg/kg daily (max. per dose 500mg), increased if necessary to 20mg/kg daily (max. per dose 1g), for severe infections. **Child 12–17 years:** 500mg daily, increased to 1g once daily, if needed for severe infections. **Adult:** 1g once daily or 500mg twice a day	For at least 4-8 weeks. Continue until there is no clinical or laboratory evidence of infection.
OR Terbinafine (off-label) *Monitoring not required for healthy patients if treatment course is 4 weeks. If monitoring is required, LFTs recommended at baseline and 1 month into treatment.*	**Child 1–17 years:** Body weight 10–19kg: 62.5mg once daily Body weight 20–39kg: 125mg once daily Body weight ≥40kg: 250mg once daily **Adult:** 250mg once daily	For at least 4 weeks. Continue until there is no clinical or laboratory evidence of infection.

[1]See BNF and BNFC for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, breastfeeding.

Griseofulvin – adult dose changed from 500mg daily, increasing as needed, to 1g once daily (or 500mg twice a day if side effects are an issue).

Griseofulvin is better absorbed if taken with or after a high fat meal.

Terbinafine – monitoring required if course length exceeds 4 weeks.

Once appropriate treatment is started, school, nursery or work **can** be attended as normal.

July 2024

Eczema – suspected bacterial infection

Nottingham and Nottinghamshire

No change to treatment options.

First line topical:
- Fusidic acid 2%

First line oral:
- Flucloxacillin

Not all eczema flares are causes by bacterial infection.

Mild infections may clear with treatment of the underlying eczema.

SKIN AND SOFT TISSUE INFECTIONS

Eczema - treatment of suspected secondary bacterial infection

Background:

- Symptoms and signs of bacterial secondary infection can include – weeping, pustules, crusts, no treatment response, rapidly worsening eczema, fever and malaise.
- **Not all eczema flares are caused by bacterial infection, even if crusts and weeping are present.**
- Eczema is often colonised with bacteria but may not be clinically infected.
- Eczema can also be infected with herpes simplex virus (eczema herpeticum).

Continue to manage underlying eczema and flare-ups with treatments including emollients and corticosteroids, whether antibiotics are given or not.

Consider prescribing new supplies of topical products (emollients and corticosteroids) for use after the infection has cleared and advise the person to discard the old products. **This is only necessary if the topical products are likely to be contaminated** e.g., Tub preparations where hands are put into the tub.

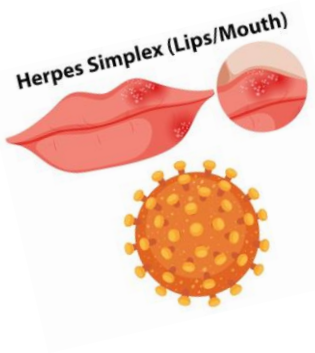
For people who are not systemically ill and where infection is mild, do not routinely offer either a topical or oral antibiotic:

- Evidence suggests a limited benefit with antibiotics.
- Consider the risk of antimicrobial resistance.
- Consider the extent and severity of signs and symptoms and risk of complications.
- Mild infection may clear with treatment of underlying eczema

Emollients and corticosteroids – consider replacing old products after the infection has cleared if there is risk of contamination, such as tubs that hands are put into.

Herpes Simplex Virus

Nottingham and Nottinghamshire



Cold Sores:

- **Most cold sores resolve after 5 days without treatment.**
- Paracetamol and/or ibuprofen can be used to treat symptoms of pain and fever, if needed,
- **Do not** routinely prescribe topical antiviral preparations as these are **available over the counter**.
- Topical antivirals applied before the cold sore appears can reduce the duration by 12–18 hours.
- Topical antivirals may reduce the duration of lesions but only if applied in the first 24-48 hours. They do not prevent recurrences.
- **If frequent, severe, or persistent:** consider oral antivirals for healthy people depending on clinical judgement. Repeat acute courses should not be made, consider referral to assess prophylaxis suitability.
- Prophylactic (suppressive) aciclovir can be considered case by case following investigation for any underlying immunodeficiency. Consider seeking specialist advice or referral to a specialist in infectious diseases, depending on clinical judgement.

Topical antivirals should not be prescribed.

Repeated oral treatments should not be prescribed. Seek specialist advice on prophylaxis options.

'Five times a day' and 'three times a day' dosage options for aciclovir. Consider patient preference.

Treatment[1]	Dose	Duration
Aciclovir	*Cold sores, genital herpes, and mild eczema herpeticum:* **Child 1 – 23 months:** 100mg 5 times a day **Adults and children 2 years and over:** 200mg 5 times a day **OR** 400mg three times a day	 5 days 5 days
Valaciclovir **(Only if compliance is likely to be poor.** 10 times the cost of aciclovir)	*Cold sores and genital herpes:* **Adults and children 12years and over:** 500mg twice a day *Eczema herpeticum:* **Adults and children 12years and over:** 1g twice a day	5 days 5 days

[1]See BNF and BNFC for appropriate use and dosing in specific populations, e.g., hepatic, or renal impairment, pregnancy, breastfeeding.

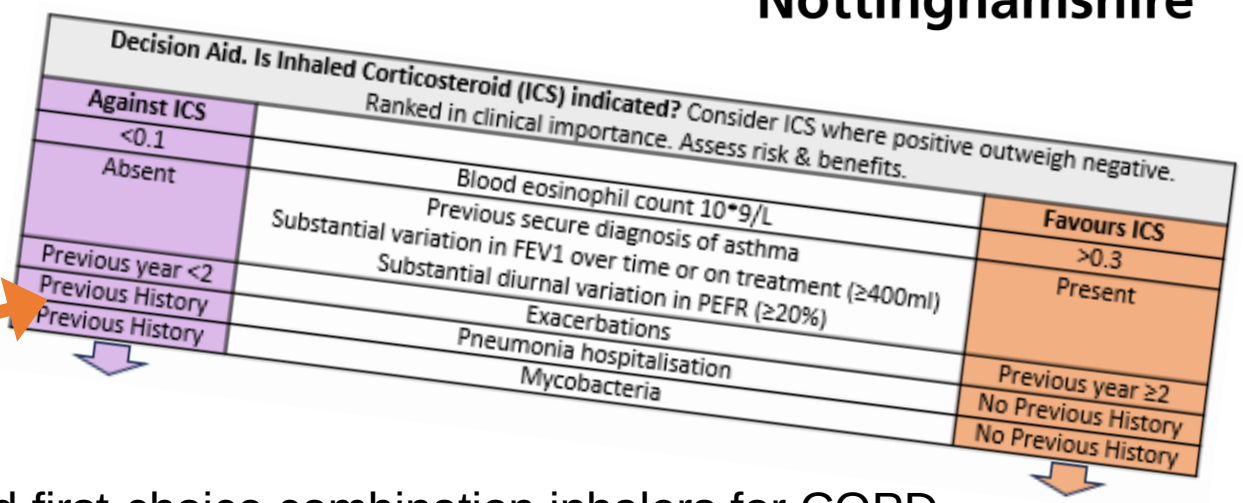
Valaciclovir is **AMBER 2** and requires specialist recommendation.

COPD Guideline

NHS
Nottingham and Nottinghamshire

The recent update offers a concise visual summary of inhaled treatment options for COPD. It also provides detailed guidance on treatment considerations and available options.

It includes simplified guidance on determining whether an Inhaled Corticosteroid is indicated.



Decision Aid. Is Inhaled Corticosteroid (ICS) indicated? Consider ICS where positive outweigh negative. Ranked in clinical importance. Assess risk & benefits.		
Against ICS		Favours ICS
<0.1	Blood eosinophil count 10*9/L	>0.3
Absent	Previous secure diagnosis of asthma Substantial variation in FEV1 over time or on treatment (≥400ml) Substantial diurnal variation in PEFR (≥20%)	Present
Previous year <2	Exacerbations	Previous year ≥2
Previous History	Pneumonia hospitalisation	No Previous History
Previous History	Mycobacteria	No Previous History

The **appendix** provides a visual summary of the licensed first-choice combination inhalers for COPD.

A guidance document has been linked to both the asthma and COPD guidelines providing advice on the environmental impact of inhalers.

No updates to national COPD guidance, and no change in advice to this guidance.

Decision-making tree for selecting an appropriate inhaler to suit a patient is currently in development.

Amb3 **Trixeo® Aerosphere** (formoterol, glycopyrronium, budesonide) added as an additional option alongside other triple inhalers (Trelegy® Ellipta and Trimbow® NEXThaler/pMDI).

Headache in Adults Pathway

Nottingham and Nottinghamshire

Migraine

UPDATES to migraine management include:

• Addition of information and supporting documents for the Pregnancy Prevention Programme (PPP) for topiramate in women of childbearing potential – following MHRA safety alert.

Topiramate

Topiramate is licensed for migraine prophylaxis, it is recommended by NICE in the headache clinical guideline for over 12's, and locally classed Amber 3 in the APC formulary. The use of topiramate during pregnancy is associated with significant harm to the fetus therefore, it should not be used in pregnancy for prophylaxis of migraine. It is also contraindicated for use in all women of childbearing potential, unless the conditions of the Pregnancy Prevention Programme are fulfilled. This aims to ensure that all women of childbearing potential:

- are using highly effective contraception covering the period of at least four weeks after the last dose of topiramate (Cu-IUD/copper coil, LNG-IUS/Levonorgestrel Intrauterine System, DMPA/depot-medroxyprogesterone acetate plus condoms*), and
- have a pregnancy test to exclude pregnancy before starting topiramate, and
- are aware of the risks from use of topiramate, have completed the Risk Awareness Form with the prescriber, and received a copy of the Patient Guide from the prescriber.

The use of topiramate in women of childbearing potential requires an annual review with annual completion of the Risk Awareness Form.

Please see prescriber guide on Topiramate Pregnancy Prevention Programme for migraine prophylaxis.

See Drug Safety Update for more information.

Place in therapy: This will be tailored to each patient, but as highlighted in the headache pathway, it should be considered when the frequency of migraines is such that regular prophylaxis is warranted.

July 2024

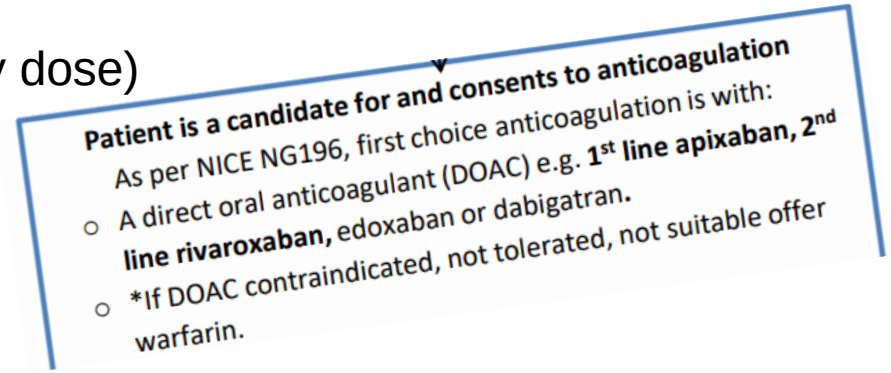
• Addition of atogepant for migraine prevention following specialist initiation (**AMBER 2**) as per NICE TA973

• Ibuprofen for migraine in pregnancy is no longer locally recommended and has been removed from treatment options (some evidence suggestive of risk of miscarriage if used in early pregnancy).

Anticoagulants in AF Guideline

NHS
Nottingham and Nottinghamshire

- **Rivaroxaban** is now **available as a generic** and has become **the second line DOAC locally** (once daily dose).
- **Apixaban** continues to be **the most cost effective DOAC** (twice a day dose) and should be used **first line** unless there is a clinical reason for using another DOAC.



Potential savings for the remainder of 24/25: £1.175 million.

Palliative Care in End Stage Heart Failure Pocketbook

- No significant changes, aligned to the End-of-Life Pocketbook.

Hypertriglyceridaemia Guideline

- January 2024 MHRA Drug Safety Update on Omega 3 and the risk of Atrial Fibrillation.
- QRISK2 changed to QRISK3 in line with NICE Guideline 238 CVD risk assessment.

Fludrocortisone for Orthostatic Hypotension Information Sheet

NHS
Nottingham and Nottinghamshire

- Maximum dose changed from 300 micrograms to 400 micrograms daily, as per BNF.
- 100 micrograms tablets are more cost-effective than 50 microgram tablets. Many brands are scored and can be halved.
- Live vaccines contraindication at immunosuppressive dose.
- Weekly U&E + BP checks - The initiating prescriber is responsible for ensuring the monitoring is continued until care can safely be transferred to Primary Care.

Antipsychotics Prescribing Guide

- To provide further guidance during pregnancy and breastfeeding links to BUMPs, e-lactancia, and choice and medication websites added.
- Updated side-effects (for all antipsychotics) table in line with the BNF.

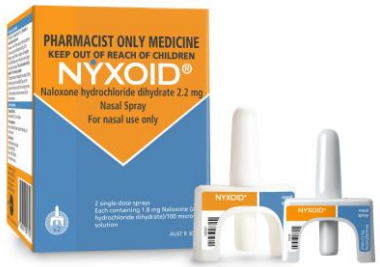
Bupropion Information Sheet (new)

- Bupropion for severe depression has an **AMBER 2** classification (off-label indication).
- The information sheet supports the off-label prescribing for patients already stabilised on bupropion for depression by Secondary Care. These patients will already have been transferred to Primary Care.
- It includes information on discharge and follow-up review, blood pressure monitoring and hyperlinks to the advice line.

Take Home Naloxone Information Sheet (new)

Nottingham and Nottinghamshire

- Nasal (Nyxoid®) and intramuscular (Prenoxad®) naloxone have both been classified as **AMBER 3**.
- Substance Misuse Services (SMS) can continue to initiate and provide further supplies.
- Primary Care can initiate both forms of naloxone without SMS input, following an individual risk assessment.



Clozapine Information Sheet

Specialist contact information updated:

- Bassetlaw Hospital and Rampton Hospital removed; Wells Road Pharmacy a better as a point of contact.
- Pharmacy advice line has been added.
- Link to the Choice and Medication patient information leaflet on hypersalivation from clozapine (log-in needed).

choice and medication©
information for people who use services, carers and professionals

- Constipation screening added to the schedule for physical health monitoring.

Parkinson's Disease (PD) Information Sheets

Nottingham and Nottinghamshire

Advice added on not abruptly stopping due to risk of neuroleptic malignant syndrome.
Advice on omitted doses added to all information sheets.

Ropinirole Information Sheet

- Caution required with elderly patients. Slower titration for patients over 75 years recommended.
- Caution as Ropinirole contains lactose.
- Caution required during product selection as name can be confused with risperidone.

Rotigotine Information Sheet

- Rotigotine patches can cause allergic reactions.
- Cautions updated, and patients with severe cardiac disease should be asked about symptoms of syncope.
- Renal impairment advice is for MR preparations. Refer to the SPC for immediate release preparations.
- Monitor blood pressure due to risk of postural hypotension especially on initiation.

Pramipexole Information Sheet

- Cautions updated.
- Renal impairment advice is for MR preparations. Refer to the SPC for immediate release preparations.
- Monitor blood pressure due to risk of postural hypotension, especially on initiation.
- Advise annual eye tests via optician/optometrist or if vision abnormalities occur.

Retired Information Sheets

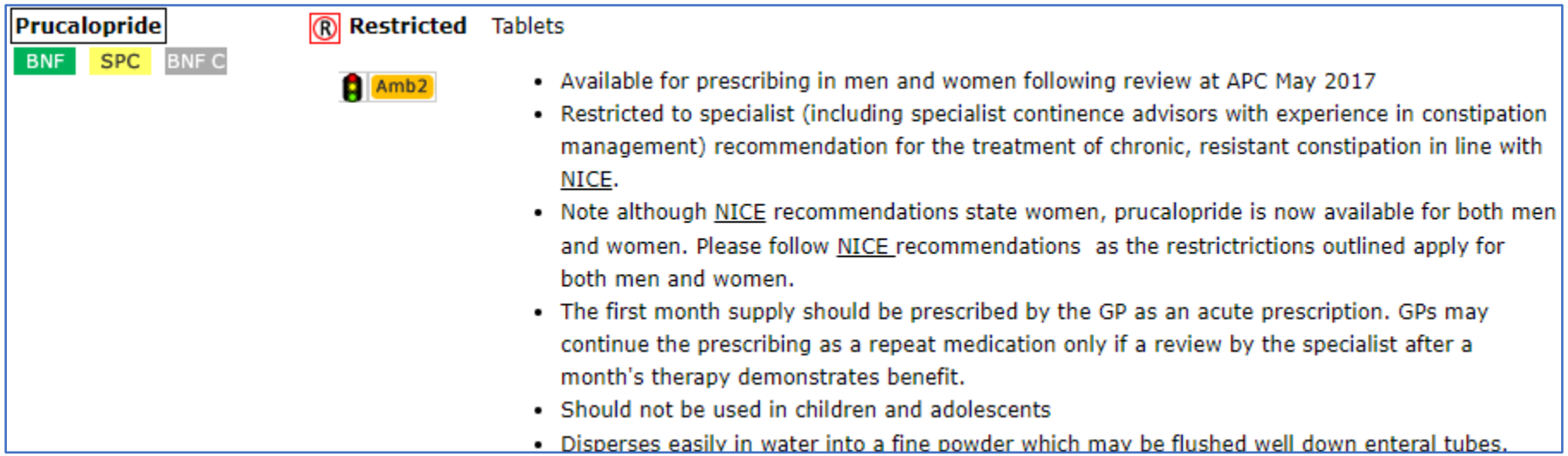
Nottingham and Nottinghamshire

Cabergoline Information Sheet

- Reclassified for PD as **GREY** for new initiation and **AMBER 2** only for existing patients on cabergoline for PD

Prucalopride (for treatment of constipation) Information Sheet

- Although the NICE TA211 only lists women, the drug is currently licensed and on the formulary for both men and women, therefore the restrictions on the NICE TA will apply to both men and women.



Prucalopride

BNF SPC BNF C

Restricted Tablets

Amb2

- Available for prescribing in men and women following review at APC May 2017
- Restricted to specialist (including specialist continence advisors with experience in constipation management) recommendation for the treatment of chronic, resistant constipation in line with NICE.
- Note although NICE recommendations state women, prucalopride is now available for both men and women. Please follow NICE recommendations as the restrictrictions outlined apply for both men and women.
- The first month supply should be prescribed by the GP as an acute prescription. GPs may continue the prescribing as a repeat medication only if a review by the specialist after a month's therapy demonstrates benefit.
- Should not be used in children and adolescents
- Disperses easily in water into a fine powder which may be flushed well down enteral tubes.

Formulary Amendments and Traffic light changes

NHS
Nottingham and Nottinghamshire

- **Ondansetron:** reclassified as **AMBER 2** to for the management of diarrhoea in patients with diarrhoea predominant IBS.

  Prescribing information sheet is available to support clinicians in Primary Care.
  With risk in animal studies, ondansetron for treatment of IBS-D is not recommended during pregnancy and all women of childbearing potential should be advised to use contraception (any form).

- **ADACEL® (Tdap):** a non-IPV-containing vaccine has replaced Boostrix-IPV® for vaccination of pregnant women against pertussis.
- **Freestyle Libre Plus® and Dexcom One® +** have been added. The original versions will continue to be available for approximately 12 months. *Nb.* differences in wear time.
- **Tirzepatide (Mounjaro®):** dose escalation beyond 5mg should be done only on Specialist advice after a review. 5mg weekly is expected to be a sufficient maintenance dose for the majority of individuals. *Nb*. currently approved locally only in line with NICE TA924 for the treatment of Type 2 diabetes.
- **Prostaglandin analogue preservative-free (PF) eye drops:** prescribe generically so that future cost savings associated with generic availability can be achieved.
- **Opicapone:** no longer restricted to second line use.

Area Prescribing Committee Work Plan

Nottingham and Nottinghamshire

Guidelines going to forthcoming APC meetings include:

- SGLT2i Pathway (update)
- Summary of SGLT2i Indications (new)
- Agomelatine Information Sheet (update)
- Freestyle Libre 3 (new)
- Antimicrobial:
  - Infected wounds
  - Pharyngitis/tonsilitis/sore throat
  - Varicella Zoster Virus
  - Splenectomised Patients and those with an Afunctional Spleen
- Barrier Preparations Formulary

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)

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