

Area Prescribing Committee Bulletin

November 2024



1 - [Link to APC website](#)



2 - [Link to APC Joint Formulary](#)

New Formulary Submissions

Vibegron (Obgemsa®) - AMBER 3

Indication:

- Approved in [NICE TA guidance](#) with the same place in therapy as mirabegron - if antimuscarinic medicines are not suitable, do not work well enough or have unacceptable side effects.

- Does not affect blood pressure - mirabegron is contraindicated in those with severe hypertension and requires regular blood pressure monitoring.
 - Cost effective alternative to mirabegron (£26.68 vs £29 for 30 tablets).
 - **Dose:** 75mg daily.
 - Tablets can be crushed for those with swallowing difficulties (mirabegron is MR).
 - See [NottsAPC Overactive bladder guidance](#) or the [Formulary](#) for further details.
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Latanoprost & netarsudil eye drops (Roclanda®) - AMBER 2

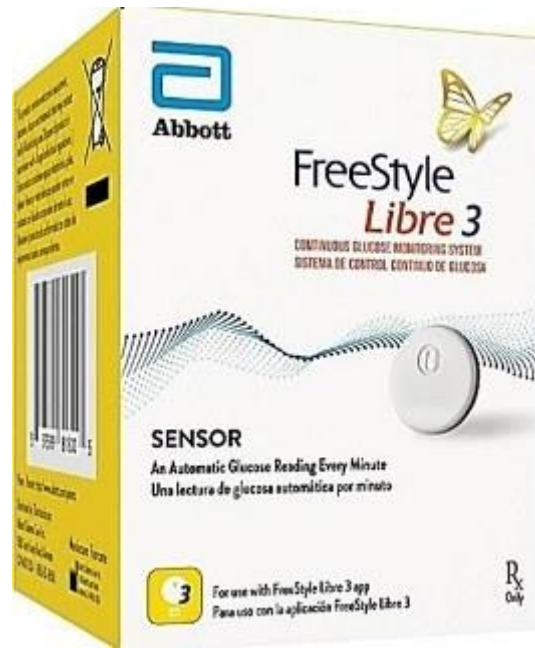
Indication:

- NICE recommended in [TA guidance](#) as 2nd/ 3rd line option for glaucoma or ocular hypertension after a prostaglandin analogue alone has not reduced the intraocular pressure (IOP) enough if:
 - a fixed-dose combination treatment containing beta-blockers is unsuitable or
 - a fixed-dose combination treatment has been tried and it has not reduced IOP enough.
 - Usage will be guided by Ophthalmology.
 - More expensive than other generic combination options (£10 per 2.5ml bottle).
 - Conjunctival hyperaemia (red eye) was the most frequently reported adverse reaction in trials - attributed to the netarsudil component. Usually mild and sporadic.
 - Once daily treatment option.
 - May allow 1 bottle of eye drops vs 2 bottles in some people.
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Freestyle Libre 3 - Amber 3

- Only for patients with Type 1 diabetes who are 4 years or older for use as part of a hybrid closed loop (HCL) system only AND where a lower costing Freestyle Libre 2 Plus has been considered first and deemed not appropriate or not compatible with the chosen insulin pump.
- Also, as first line CGM sensor for use as part of HCL in pregnancy and in preconception in line with ICB HCL commissioning policy. Patients initiated on the Freestyle Libre 3 in pregnancy, may continue with the device post-partum.

- Recently included in the Drug Tariff and therefore available for prescribing in Primary Care on an FP10 following the initiation by Secondary Care. Supply via FP10 is more cost-effective to the NHS.
- HCL systems will continue to only be initiated by Secondary Care.
- Companies offer training and links are available for Primary Care prescribers.



News from the APC - updated & new documents

Antimicrobial Guidelines:

[Pharyngitis/Sore Throat/Tonsillitis](#) - 5 or 10 days supply of Penicillin V.

[Splenectomised Patients and Those with an Afunctional Spleen](#)

[Varicella Zoster/Chicken Pox/Herpes Zoster/Shingles](#)

Interim updates:

[UTI in Pregnancy](#) - Cefalexin dose changed to three times a day.

[Complicated UTI](#) - when to change catheter.

Pharyngitis/Sore Throat/Tonsillitis



Nottingham and Nottinghamshire

Most sore throats **DO NOT** require antibiotics.

Simple analgesia and throat sprays can be used for effective symptom management.

FeverPAIN is a clinical scoring tool that can help identify whether antibiotics are required or not. It can be found on the GP clinical systems.

The majority of sore throats are **viral** but there is clinical overlap between viral and streptococcal infections.

Organisms:

- Viral: Epstein Barr Virus, Enteroviruses, Adenoviruses, Cytomegalovirus.
- Bacterial: Group A streptococcus (Streptococcus pyogenes) (2-15% of cases), Group C and G streptococcus (rare less clear).

Consider **quaternary** recent foreign travel e.g. former USSR/ Africa/ Middle East/ South Asia.

Sore throat due to a viral or bacterial cause is a **self-limiting condition** which generally resolves within two weeks. 90% of sore throats resolve within 7 days and antibiotics only shorten the duration of symptoms by 16 hours. Symptoms can be relieved with simple analgesics such as paracetamol and ibuprofen.

Throat sprays can be considered for symptom management.

The **FeverPAIN** score predicts the likelihood of Streptococcus as the causative organism.

5- or 10-days' supply of Penicillin V

10 days is more effective at microbiological clearance. 5 days MAY be enough for symptomatic cure (e.g. >5 years with no significant medical issues).

Always prescribe 10 days for patients with a positive throat swabs (or suspected), Group A Streptococcus, or multiple comorbidities.

Antibiotic	Dose	Duration
Penicillin V	Child 5-14 months: 62.5mg four times a day or 125mg twice a day	5 or 10 days
	Child 1-4 yrs: 125mg four times a day or 250mg twice a day	
	Child 4-12 yrs: 250mg four times a day or 500mg twice a day	
Adult and child >12yrs: 500mg four times a day or 1000mg twice a day		

How to set up a Detected Antimicrobial Prescription on SystmOne

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Antimicrobial Guidelines



Nottingham and Nottinghamshire

Splenectomised Patients and Those With an Afunctional Spleen.

Varicella Zoster / Chicken Pox / Herpes Zoster / Shingles

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

Contact numbers updated.

UTI in Pregnancy.
Interim update: Cefalexin dose changed from 500mg twice a day to three times a day (in line with NICE and Acute Trust guidance). Full guideline review due May 2025.

Complicated UTI.
Interim update: If treating a catheter-associated UTI, the catheter should be changed as possible after starting antibiotics, unless it has been changed in the previous 7 days.

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Other guidelines:

[Hypothyroidism in Pregnancy - Primary Care Guide](#) (update)

[Benzodiazepines and Z-hypnotics: Guidance on Prescribing and Deprescribing](#) (update)

[Agomelatine Prescribing Information Sheet](#) (update)

[Inflammatory Bowel Disease - Methotrexate Shared Care Protocol](#) (Update)

[Diabetes - Type 2 Treatment Algorithm](#) - addition of a new appendix on the Management of Type 2 Diabetes in Young Adults

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

Hypothyroidism in Pregnancy – Primary Care Guide



Nottingham and Nottinghamshire

Interim guidance has been updated due to some differences between NUIH and SFHT being aligned.

Ongoing management stills remains different –

- NUIH is GP led monitoring.
- SFHT is antenatal/ endocrine clinic led.

Recommended dose increases of levothyroxine have been aligned and a dose increase table added.

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[Benzodiazepines and Z-hypnotics – Guidance on Prescribing and Deprescribing](#)

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- Links to [NICE patient decision aid](#) throughout the document.
- Additional information on the use of propranolol in anxiety added, highlighting the risk of harm in overdose.
- Clonazepam has been removed from Appendix Two: treatment of anxiety and insomnia are not formulary-approved indications.
- Information on access to local services updated. →

Should I stop my benzodiazepine or z-drug?
Patient decision aid summary

[Agomelatine Information Sheet](#)

- Minimal changes, updated links and references.



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[Inflammatory Bowel Disease – Methotrexate Shared Care Protocol](#)

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- No changes to the overall shared care process; national contraindications, cautions and parameters have been adopted.

[Unlicensed 'Specials' – Alternatives and Options for Prescribing](#)

- The local guideline has been retired and superseded with the PrescQIPP database.
- PrescQIPP will be updating their database every 6 months.
- The link on the APC website takes you to an Excel workbook, so it can be accessed even if you don't have PrescQIPP access.

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[Type 2 Diabetes Treatment Guideline update](#)

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Management of Type 2 Diabetes in Young Adults

- Appendix 4 of Notts APC Type 2 diabetes guidance.
- Covers the management of Type 2 diabetes in ages 18-40 years.
- No specific pharmacological treatment differences in this age group.
- Signposting guidance of key considerations when managing this cohort.
- Aligns with the priorities of the T2Day project.



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Miscellaneous:

Retired Information Sheets:

[Unlicensed 'Specials' – Alternatives and Options for Prescribing](#)

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- The link on the APC website takes you to an Excel workbook, so it can be accessed even if you don't have PrescQIPP access.

For further information and a full explanation of changes, go to the [Notts APC website in Publications, under the Webinars section](#) to see the [latest APC update](#) or watch our [latest webinar](#).

Horizon scanning, formulary amendments and traffic light changes

- **Torsemide** - reclassified as GREY as supply problems with loop diuretics now resolved.
- **Insulatard Penfill cartridges** and **Novorapid FlexTouch pre-filled pens** - discontinued from March 2025. No new patients to be initiated.
- **Levemir** – all presentations to be discontinued from December 2026. Local guidance is being developed.
- **Macrogol 3350** - added as GREY, not a cost-effective product. Macrogol should be prescribe generically as macrogol compound (not macrogol 3350).

Publications



3 - [Link to APC webinars](#)

APC Webinars: You can find our [November 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:

We've recently published two more episodes. The first one is covering [Benzodiazepines and Z-hypnotics initiation](#) and deprescribing. [In part one](#), our colleague Nirlas Bathia, Dr Helen Sperry and Dr John Barker have a conversation about initiating benzodiazepines and z-hypnotics. And [in part two they discuss the complex process of deprescribing these medicines](#).

In our second episode, our colleague Emma Moncrieff, Dr Asifa Akhtar and Dr David Wicks discuss [Covert administration](#), what steps are required before deciding it is appropriate to administer medicines in this way and how you document and review this.

Feature of the month: Tirzepatide for overweight and obesity



NICE has not yet published its TA for tirzepatide use in managing overweight and obesity, so **use for this indication alone is not yet approved**.

Due to the large cohort who will be eligible and the wrap around services which will need to be commissioned, NHSE are proposing an extended implementation plan to prioritise cohorts who are at most need.

The below holding statement was added to the [formulary](#) to explain the current situation and the ICB's position.

- **Tirzepatide** for managing overweight and obesity is classified **GREY**. NICE are expected to publish TA guidance in January 2025. There will then be an implementation period to manage the adoption of the recommendations made by NICE; **tirzepatide should NOT be prescribed for managing overweight and obesity** until NICE has published and a position is reached by the ICB.

Tirzepatide can be used in Nottinghamshire following **specialist recommendation for Type 2 diabetes** in line with [Nottinghamshire Type 2 diabetes guidance](#) and [NICE TA 924](#). It is classified as **AMBER 2** for this indication.

Locally, tirzepatide prescribing is on the rise with **monthly spend now over £100,000 and increasing rapidly**. We are seeing an increase in the number of prescriptions for 4 pens, or

more. Prescribers are reminded that **each pen contains 4 doses**. Also, **5mg weekly is expected to be a sufficient maintenance dose** for the majority of individuals. Dose escalation beyond 5mg should be done only on Specialist advice after a review.

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

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 SystemOne 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**

