


Area Prescribing Committee / Interface Update January 2024

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Please direct queries to your ICB medicines
optimisation pharmacist

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



New Submissions

Spironolactone for Acne – AMBER 3

Indication: treatment of persistent moderate to severe acne in female patients ≥ 18 years old, who have not responded to previous treatment that includes an oral antibiotic.

- This is an off-label indication, but it is anticipated that its availability will reduce the reliance on antibiotics in some patients and potentially reduce the need for isotretinoin referral.
- Spironolactone can decrease testosterone levels so is not suitable for use in males and is contraindicated in pregnancy.
- Spironolactone has been added to the current [Acne antimicrobial guideline](#).
 - 50 mg once daily for two weeks, increasing to 100mg daily (maximum of 150mg daily) according to response and adverse effects.
 - Review at 12 weeks, then six monthly. Stop after 6 months if no significant benefit or no longer needed.
 - Baseline renal function (U&Es) should be checked before commencing. Ongoing renal monitoring only required in >45 years and at-risk populations (i.e., renal problems, concomitant use of potassium-sparing diuretics).
 - Effective contraception is advised, and it is usually safe to conceive a month after stopping the spironolactone treatment.



New Submissions

Daridorexant for long term insomnia – AMBER 3

Indication: a hypnotic, recommended by [NICE TA922](#) for long-term (chronic) insomnia (lasting for 3 months or longer).

- For adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, but only if:
 - cognitive behavioural therapy for insomnia (CBTi) has been tried but has not worked, or
 - CBTi is not available or is unsuitable.

Daridorexant Information Sheet

- When diagnosing chronic insomnia, completion of a sleep diary should be requested- e.g. [sleepdiary.pdf \(www.nhs.uk\)](#). This is helpful in identifying sleeping patterns and lifestyle factors that may exacerbate or maintain insomnia and should be kept for at least two weeks. Good sleep hygiene should be established. Other strategies that may aid sleep should also be encouraged e.g. mindfulness, smoking cessation, exercise, [reducing alcohol consumption](#).
- Patients with co-existing mental health conditions should first be considered for referral to NHS Talking Therapies, with an initial aim to focus on sleep. Some non-medication options are suggested in the [Choice and medication leaflet](#). [www.sleepful.me](#) is available free of charge.
- On initiation, treatment expectations, requirements for review and trials without medication should be outlined.
- The length of treatment should be **as short as possible**. Treatment should be reviewed within the **first month**, with a further assessment **within 3 months of initiation**. It should be stopped in people who do not experience a significant improvement. If treatment is continued, **regular assessments** and trials without medication should be conducted e.g. **every 3-6 months**. **Lifestyle factors** should be **discussed** at **each review**.
- Treatment can be stopped without down-titration.

Guidelines

[Infant Feeds for Premature Infants](#) (update)

Key changes include:

- Infants born at <30 weeks' gestation will have a neurodevelopmental follow up until 2 years corrected age.
- Follow-up for infants born at ≥ 30 weeks' gestation will be agreed by the consultant neonatologist before discharge.

[Nausea and Vomiting in Pregnancy](#) (update)

Key changes include:

- Promethazine dose changed from '25mg at night, increase to four times a day' to '25mg at night, increase to three times a day as needed'.
- Trial duration for antiemetics changed from 24 hours to 48 hours. There is no need to titrate the dose as patients can have the maximum allowed dose.
- The treatment steps and final combination have been amended to cyclizine +/- prochlorperazine or metoclopramide.
- Statement added that all antiemetics can be used with caution when breastfeeding.

Guidelines

Anticoagulants in AF (update)

Key changes include:

- **Apixaban** is now 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.
- This change is in line with the newly published NHS England note: [NHS England » Operational note: Commissioning recommendations for national procurement for direct-acting oral anticoagulant\(s\) \(DOACs\)](#)
- The DOAC position statement supporting edoxaban first line has been retired and the [Joint Formulary entry edited](#) to reflect that **apixaban** is now **the first line DOAC**.
- SFH and NUH Trusts have already switched to generic apixaban.
- The AF and DVT/PE guidelines have been aligned, and the extremes of body weight include patients under 50kg and over 150kg.
- Pregnancy/breastfeeding and active cancer/chemotherapy must be considered before deciding on anticoagulation, and specialist advice sought if appropriate.

Information Sheets

[Enoxaparin Information Sheet](#) (update)

Key changes include:

- Arovi® is now the brand of choice for new patients at NUH and in Primary Care.
- Inhixa® is the brand of choice for SFH.
- Existing patients should ideally continue with the brand they were initiated on.
- Arovi® and Inhixa® share the same injection technique and can be interchanged, if necessary. The patient must be informed of any switch.
- There has been no change to the recommended doses for adults or to the pregnancy guidelines, so the treatment tables remain the same. Further information has been added about anticoagulation in malignancy.
- Colour chart for the syringe labels of Arovi®, Inhixa® and Clexane® has been updated.

Arovi® syringe label colour	Syringe size (100mg/mL)	Inhixa® syringe label colour
Maroon	20mg	Light Blue
Yellow	40mg	Yellow
Orange	60mg	Orange
Brown	80mg	Red
Grey	100mg	Black
	Syringe size (150mg/mL)*	
Purple	120mg	Purple
Light Blue	150mg	Dark blue



Information Sheets

[Nitrazepam for Children with Epilepsy Information Sheet](#) (new)

- At the October 2023 APC Formulary meeting nitrazepam for children with epilepsy was classified as **AMBER 2** for the treatment of infantile spasm syndrome and Lennox Gastaut syndrome.
- This is an unlicensed indication, but one that is recommended as an option in [NICE NG217: Epilepsies in children, young people, and adults for infantile spasms](#).
- The predicted patient numbers are expected to be low.
- Nitrazepam is not listed in the BNF for Children, therefore as dosing advice is not readily available to Primary Care prescribers; it was requested that prescribing advice was produced.
- This guidance has been developed in collaboration with neurology consultants and the specialist pharmacist at NUH.
- Tablets will be used first-line for all patients and can be crushed and dispersed if needed.
- This is an off-label use of a licensed medicine and there is local experience of crushing tablets.
- The 5mg tablets are scored so smaller doses can be obtained. Guidance on the use of tablets will be provided to the patient/parent/carer by the specialist team.
- There is an expensive licensed liquid and if this is required it will be supplied by secondary care.



Information Sheets and Other

[Dementia Medicine Information Sheets](#) (update)

- The information sheets for the following have been reviewed, with no major changes:
 - Donepezil,
 - Galantamine,
 - Memantine,
 - Rivastigmine.

[Preferred Prescribing List](#) (update)

- Reviewed and updated every 6 months.
- If the recommendation changes from a brand to a generic, this generic recommendation will be retained on the PPL for the following 6 months and removed at the next update.



Formulary amendments

- **Lecicarbon C[®] Suppositories:** Temporarily reclassified as **GREEN** due to supply problems with bisacodyl suppositories.
- **Meflynate[®] (methylphenidate) XL Capsules:** Additional cost-effective brand of methylphenidate added with an **AMBER 1** classification.
- **Sertraline Concentrate for Oral Solution S/F: GREY.** Contains ethanol and requires dilution prior to administration. No significant advantage over tablets and liquid versions of other SSRIs available.
- **Dabigatran (Pradaxa[®]) Granules Sachets: GREY.** significantly more expensive than tablet formulations and alternative DOACs are licensed for manipulation for patients with swallowing difficulties.
- **Rimegepant (Vydura[®]) 75mg Oral Lyophilisates S/F: AMBER 2** for both the prevention and treatment of migraine in line with [NICE TA906](#) and [NICE TA919](#).
- **Daridorexant (Quviviq[®]) Tablets: AMBER 3** for the treatment of long-term insomnia.

GREY – no formal assessment:

- **Calcifediol (Domnisol[®]) 266mcg capsules.**
- **Estriol 0.5mg pessary.**
- **Levonorgestrel and ethinylestradiol 100/20 microgram tablets, (Violite[®]).**



Area Prescribing Committee Work Plan

Going to next APC guidelines meeting in March 2024 includes:

- Dermatology Shared Care Protocols
- Vitamin D in Adults' Guideline
- Unlicensed Special's Database
- Conjunctivitis Antimicrobial Guideline
- Human and Animal Bites Antimicrobial Guideline
- Bupropion information sheet for use in depression



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**