Prescribing *Update*

NHS Basildon and Brentwood Clinical Commissioning Group

NHS Thurrock Clinical Commissioning Group

October 2021 Newsletter

Oxypro - oxycodone prolonged release tablets

- Oxycodone prolonged release tablets should be prescribed by brand name from a clinical safety perspective to reduce the risk of confusion and error in dispensing and administration.
- There are several brands of oxycodone prolonged release tablets available including OxyContin prolonged release tablets.
- **Oxypro prolonged release tablets** is the locally preferred brand of oxycodone prolonged release tablets, and is significantly more cost effective (up to 75% lower cost). Please note that prescribing generic oxycodone prolonged release tablets also results in higher costs.
  - ◊ Oxypro prolonged release tablets are considered interchangeable.
- For the October 2021 bimonthly prescribing action, please review the prescribing of generic oxycodone prolonged release tablets and other branded versions such as OxyContin prolonged release tablets, and change to the more cost effective brand Oxypro prolonged release tablets.
  - ◊ Please do not change patients prescribed the lower cost brand Reltebon prolonged release tablets.
  - ◊ Please note that completion of this action qualifies for 3 points.
  - ◊ The deadline for completion of this action is 5th November 2021 - an email has been sent to practices with further information and guidance.
- The Medicines Management Team are in the process of informing the Local Pharmaceutical Committee about this change and have assurances from the manufacture that there are no availability issues with this product. Please take the opportunity to also discuss this with your local community pharmacies.
- Reminder: please check that the quantity of oxycodone prolonged release tablets on prescription is appropriate, and also in line with recommendations for schedule 2 controlled drugs (maximum quantity is 28 days' supply).

Reminder - non formulary PDE5 inhibitors and devices for erectile dysfunction

- Generic sildenafil is the formulary choice PDE5 inhibitor, and all other PDE5 inhibitors are non-formulary and not recommended for GP prescribing.
- Alprostadil is available on the formulary as an injection (Caverject injection and Viridal Duo injection) or as a urethral stick (Muse urethral sticks).
  - ◊ Specialist initiation.
  - ◊ Patients need to meet the 'SLS' criteria for prescribing.
  - ◊ Patients require support and education on correct administration and use by the specialist.
- Vacuum pumps are available on the formulary. These however require the following:
  - ◊ Specialist initiation.
  - ◊ Patients need to meet the 'SLS' criteria for prescribing.
  - ◊ Patients require support and education on correct administration and use by the specialist.
- The following are examples of non-formulary PDE5 inhibitors and devices which are not recommended for prescribing for the management of erectile dysfunction:
  - ◊ Tadalafil (brand name Cialis), including once daily and 'on-demand' tadalafil preparations
  - ◊ Avanafil (brand name Spedra)
  - ◊ Vardenafil (brand name Levitra)
  - ◊ Viagra prescribed by brand name
  - ◊ Alprostadil cream (Vitaros)
- Any requests from specialists to continue prescribing non-formulary PDE5 inhibitors and devices for erectile dysfunction should be challenged and declined, and this position will be supported by the Medicines Management Team.

Rybelsus - oral semaglutide

- Rybelsus is an oral formulation of the GLP-1 receptor agonist semaglutide, indicated as an adjunct to diet and exercise to improve glycaemic control in adults with type 2 diabetes mellitus.
- Rybelsus is recommended by the MSEMOC for restricted use as an oral GLP-1 receptor agonist when a GLP-1 receptor agonist is indicated in accordance with the type 2 diabetes mellitus treatment pathway.
- Injectable forms of GLP-1 receptor agonists are recommended first line where this class of agent is indicated, due to better bioavailability and vascular outcome data.
- Rybelsus is recommended for restricted use (as monotherapy, or in dual therapy, or in triple therapy regimens):
  - ◊ after a trial of injectable forms has been considered/attempted, **and**
  - ◊ for patients with established severe needle-phobia or marked limitations in manual dexterity, **and**
  - ◊ for patients with no access to support partners or carers.
- Rybelsus is in the Yellow List - it is recommended for initiation by **specialists** with relevant clinical experience in managing diabetes and for continuation in primary care.
- Please note that semaglutide is available as a once weekly subcutaneous injection (Ozempic) and as a once daily tablet (Rybelsus). Ozempic and Rybelsus are not interchangeable because of the high pharmacokinetic variability of oral semaglutide.
- To aid absorption of Rybelsus, patients are required to follow the specific administration instructions.
  - ◊ Rybelsus should be taken on an empty stomach, at least 30 minutes before eating, drinking or taking other oral medicines. Waiting less than 30 minutes decreases the absorption of Rybelsus.
  - ◊ It should be swallowed whole with a sip of water (up to half a glass of water equivalent to 120 ml). Tablets should not be split, crushed or chewed, as it is not known whether this impacts the absorption of Rybelsus.

Inclisiran (Leqvio)

- Inclisiran is indicated in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia, as an adjunct to diet:
  - ◊ in combination with a statin, or statin with other lipid-lowering therapies in patients unable to reach LDL -cholesterol goals with the maximum tolerated dose of a statin, or
  - ◊ alone or in combination with other lipid-lowering therapies in patients who are statin-intolerant, or for whom a statin is contraindicated.
- Inclisiran has not been formally assessed by the Mid and South Essex Medicines Optimisation Committee. Therefore, inclisiran is currently not recommended for prescribing in primary care until a formal position and guidance has been agreed.

Drug shortages

Metformin 500mg/5ml oral solution - please refer to the DHSC Medicine Supply Notification

- Long term supply issues of metformin 500mg/5ml oral solution are expected.
- Metformin 850mg/5ml and 1000mg/5ml oral solutions remain available but cannot support an increased demand.

Sodium cromoglicate 100mg capsules - please refer to the DHSC Medicine Supply Notification

- Sodium cromoglicate (Nalcrom) 100mg capsules will be out of stock until early November 2021.

Conotrane cream (dimeticone 22%/benzalkonium chloride 0.1%)

- Conotrane cream is out of stock until early November 2021.

Chloral hydrate 143.3mg/5ml oral solution - please refer to the DHSC Medicine Supply Notification

- Chloral hydrate 143.3mg in 5ml oral solution is out of stock until end of November 2021.

Glipizide (Minodiab) 5mg tablets - please refer to the DHSC Supply Disruption Alert

- Glipizide 5mg tablets are out of stock early November 2021.
- Prescribers will need to review all affected patients and assess ongoing need for glipizide.
- If ongoing treatment is required, consideration should be given to prescribing an alternative sulfonylurea or glucose lowering medication.

Mid and South Essex Medicines Optimisation Committee (MSEMOC) Meeting Updates

Traffic Lights status classification:

GREEN	Recommended for primary care, community or specialist initiation.
YELLOW	Recommended for specialist INITIATION and primary care continuation with appropriate information from specialist.
AMBER	Recommended for specialist INITIATION and primary care continuation under shared care agreement/guideline.
RED	**NOT RECOMMENDED** for prescribing in primary care. Responsibility for prescribing, monitoring and dose adjustment should remain with the specialist in secondary or tertiary care.
BLACK	**NOT RECOMMENDED** for prescribing in primary care, community or secondary care. Black List includes non-formulary items, NHSE drugs of low clinical value, and NHSE over the counter items.

MSEMOC July 2021 meeting decisions and position statements

Drug / Position Statement	Indication	Traffic Light Status
Andexanet alfa	Reversing anticoagulation from apixaban or rivaroxaban (NICE TA697)	RED
Atezolizumab (monotherapy)	Untreated advanced non-small-cell lung cancer (NICE TA705)	RED
Bempedoic acid with ezetimibe	Primary hypercholesterolaemia or mixed dyslipidaemia (NICE TA694) (Nilemdo and Nustendi)	RED
Bezafibrate	Primary biliary cholangitis	RED
Carfilzomib with dexamethasone and lenalidomide	Previously treated multiple myeloma (NICE TA695)	RED
Crisaborole	Mild to moderate atopic dermatitis in people 2 years and older (terminated NICE TA701)	BLACK
Doxazosin modified-release	Hypertension and benign prostatic hyperplasia	BLACK
Dulaglutide (all strengths)	Type 2 diabetes mellitus	YELLOW
Fenofibrate	Primary biliary cholangitis	RED
Glucosamine (with or without chondroitin)	Osteoarthritis	BLACK
Ibrutinib with obinutuzumab	Untreated chronic lymphocytic leukaemia and small lymphocytic lymphoma (terminated NICE TA702)	BLACK
Ibrutinib with rituximab	Untreated chronic lymphocytic leukaemia (terminated NICE TA703)	BLACK
Ofatumumab	Relapsing multiple sclerosis (NICE TA699)	RED
Olaparib plus bevacizumab	Maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer (NICE TA693)	RED
Omega-3 fatty acids (and other fish oils)	All indications including hypertriglyceridemia and secondary prevention of myocardial infarction	BLACK
Ozanimod	Relapsing-remitting multiple sclerosis (negative NICE TA706)	BLACK

MSEMOC July 2021 meeting decisions and position statements - continued

Drug / Position Statement	Indication	Traffic Light Status
Pembrolizumab	Locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy (negative NICE TA692)	BLACK
Perindopril arginine and perindopril arginine with indapamide	Heart failure, hypertension, diabetic neuropathy, prophylaxis of cardiovascular events	BLACK
Ravulizumab	Paroxysmal nocturnal haemoglobinuria (NICE TA698)	RED
Rubefacients	Soft tissue disorders and topical pain relief	BLACK
Selinexor with low dose dexamethasone	Refractory multiple myeloma (terminated NICE TA700)	BLACK
Semaglutide (oral)	Type 2 diabetes mellitus	YELLOW
Sildenafil	Digital ulceration in systemic sclerosis in adults	RED
Sildenafil	Pulmonary hypertension in adults	RED
Stiripentol	Severe myoclonic epilepsy in infancy (Dravet syndrome)	RED
Tafamidis	Transthyretin amyloidosis with cardiomyopathy (negative NICE TA696)	BLACK
Trastuzumab deruxtecan	HER2-positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies (NICE TA704)	RED
Vitamin B compound and compound strong	Re-feeding syndrome, complex malnutrition needs as guided by a specialist	RED
Vitamin B compound and compound strong	All other indications	BLACK

MSEMOC July 2021 Guidelines: the following guidelines have been approved by the MSEMOC

-Type 2 diabetes mellitus - anti-hyperglycaemic treatment pathway
-Pharmacological management of asthma in children (age 2-17)
-Adult asthma treatment guidelines (18 years and over)
-Principles to be used to facilitate fast-tracked introduction of biosimilars to the local health economy
-Cardiovascular formulary (BNF chapter 2 - some sub-chapters)
-Respiratory formulary (BNF chapter 3)
-Principles for shared care drugs

Dulaglutide (Trulicity) - all strengths

- Dulaglutide is a long-acting GLP-1 receptor agonist, indicated as an adjunct to diet and exercise to improve glycaemic control in adults with type 2 diabetes mellitus.
- Dulaglutide is recommended by the MSEMOC for restricted use when a GLP-1 receptor agonist is indicated in accordance with the type 2 diabetes mellitus treatment pathway.
- Dulaglutide is in the Yellow List - it is recommended for initiation by **specialists** with relevant clinical experience in managing diabetes and for continuation in primary care.
- The majority of patients will be stabilised on a 1.5mg once weekly dose of dulaglutide at which the benefit risk ratio is most favourable.
- Refer to a diabetes specialist for consideration of higher strength dulaglutide (3mg once weekly and 4.5mg once weekly) for patients that fail to achieve their reduction in HbA1c and weight loss on a 1.5mg once weekly dose, or for consideration of alternative treatment options as appropriate.