

APG Round-up – April 2022

Below is a list of documents that have recently been approved by the APG:

Traffic Light Drugs List Updates

[Mexiletine \(Namuscla®\)](#) ▼ for treating the symptoms of myotonia in non-dystrophic myotonic disorders classified as **Red** [criteria 1 & 5](#)

House Dust Mite Extract (Acarizax®) and **Grass Pollen Extract (Grazax®)** for adults and children diagnosed with severe allergic rhinitis to grass pollen or house dust mite, classified as **Amber** - see [Sublingual Immunotherapy \(SLIT\) \(Grazax®/Acarizax®\)](#) - for more details

[Cenobamate](#) ▼ for treating focal onset seizures with or without secondary generalised seizures in adults with drug-resistant epilepsy that has not been adequately controlled with at least 2 antiseizure medicines classified as **Amber** [criteria 1,2 & 3](#). N.B. Not yet mentioned in epilepsy shared care protocol, but currently being updated to incorporate cenobamate.

Bempedoic Acid ▼ as monotherapy for the management of primary hypercholesterolaemia or mixed dyslipidaemia in adults,

- in patients intolerant of both statins **and** ezetimibe
- who continue to be at high risk of CVD and are not eligible for, do not consent to, or have not been able to tolerate injectable therapies

classified as **Amber**

Guidelines

[Management of Hyperglycaemia in Type 2 Diabetes for Adults: Sheffield Joint Primary and Secondary Care Guidance](#)

- Dapagliflozin now recommended in HF and CKD
- Ertugliflozin added as an option
- SGLT-2i and current renal function table – licence indications/doses aligned with the SPCs

[Dapagliflozin ▼ in Heart Failure \(HF\) with Reduced Ejection Fraction \(HFrEF\) in patients with and without Diabetes Mellitus: guidance for primary care](#)

Selection of patients suitable to receive dapagliflozin in the management of HFrEF is the responsibility of the heart failure specialist (Amber traffic light drug). This guidance details the pathway for writing the first prescription and monitoring of patients. The guidance applies to both non-diabetic patients and those with Type 2 diabetes mellitus. There is a slight difference in the procedure for Type 2 patients who are on insulin or a sulfonylurea as these patients require the support of the community diabetes specialist nurse to titrate doses of insulin/diabetic medication in line with glucose control to avoid the risk of hypoglycaemia.

[The Sheffield Extended Healthy Start scheme](#) has had a slight amendment made regarding how the scheme affects breastfeeding mothers. Please re-familiarise yourself with the scheme and promote wherever possible to those who are pregnant, breastfeeding or to those with children under the age of 4. Please note, Children's Centres are now referred to as Family Centres.

Vitamin D Children's Guidelines and Algorithm

The Children's [Guideline](#) and [Algorithm](#) have had a full review following updated trust guidelines from our colleagues at Sheffield Children's Hospital. Please familiarise yourself with the guidelines and refer to the [Sheffield Extended Healthy Start scheme](#) for further information on how you can promote the best start in life for children.

The **Vitamin D Pregnancy/Breastfeeding [Guideline](#), [Algorithm](#) and [Leaflet](#)** have had a full review following a recent change to national guidance. The main changes include that vitamin D levels are now done via ICE rather than a GP request form. The regime for treatment of deficiency has also been amended following the archiving of guidance from RCOG (Royal College of Obstetricians and Gynaecologists) – refer to the [guideline](#) for further information.

[Lipid optimisation for the secondary prevention of cardiovascular disease in adults: A 3 Step](#)

[Approach](#)

The secondary prevention lipid modification guideline has been updated to incorporate and highlight the place of inclisiran injection in the pathway, which is at step 3. There has also been a change, in that optimisation to step 3 is now based on fasting lipid levels in order to ascertain whether patients meet the LDL-C cut-offs for the injectable treatments as per [NICE criteria](#). All patients who are eligible for PCSK9i treatment (alirocumab and evolocumab) should be referred to secondary care for possible initiation and/or discussion with lipid specialist re choice of injectable treatment.

Inclisiran is green on the TLD list and can be initiated by primary care clinicians (see [SPC](#) for prescribing details). Alternatives are given for those who do not meet the criteria, do not want injectable therapies or do not tolerate these.

[STOP List Amendment - Bath and Shower Preparations](#) - After consultation there has been a change to exceptions:

- Local specialists within SC(NHS)FT may ask for ongoing prescribing in primary care for a small number of patients where topical emollients alone/used as a soap substitute has not been shown to be effective. Information should be provided on a case-by-case basis and continued need regularly reviewed and confirmed to the GP at each specialist review
- Guidance for all other patients has not been affected

Prescribers are advised to review need on a case- by- case basis, using emollients as soap substitute/bath additive is suitable for most patients.

Formulary

[Endocrine Chapter 6](#) has had a few amendments in line with recently updated guidance. Section 6.2.1. highlights local guidance regarding the prescribing of [Liothyronine](#). Section 6.3.2 refers to the recently approved [Steroid Emergency Care Guide](#). Sections 6.6 and 6.6.2 have had minor amendments made to hyperlinks. The mirrored section in [Chapter 9](#) has also been updated to reflect these changes.

Medicines Safety

DMARDs, Blood Monitoring and COVID

As we move out of the COVID pandemic, the blood monitoring frequency associated with DMARDs should **no longer be delayed** and clinicians are now recommended to follow guidance as per the respective DMARD shared care protocols found [here](#). GP practices are asked to ensure that systems are in place so that prescriptions of DMARDs are NOT routinely issued unless blood monitoring is up to date. To help support GP practices identify those patients where blood monitoring is overdue and who may need to be reviewed with urgency, the CCG is developing DMARD monitoring system searches, which will be shared once tested.

Other

[Top tips for greener prescribing](#)

The NHS is working to reduce its direct carbon footprint to net zero by 2040, with an ambition to reach an 80% reduction by 2028 to 2032. As a result of this, a guideline has been created to be disseminated within GP practices regarding the top tips to support greener prescribing. The document provides information on topics such as polypharmacy and appropriate deprescribing and the Investment and Impact Fund indicators (IIF). This is a new document to share ideas and link to resources to support greener prescribing.

For further information on the above, please contact Sharron.Kebell@nhs.net **If there are any issues you would like to raise or report to the Area Prescribing Group please send these direct to the [APG mailbox](#).**