

Key updates to the Buckinghamshire Formulary* April 2021

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Amber recommendation / Amber Initiation	Antidepressants - formulary changes UPDATED Depression guideline Antidepressants summary treatment algorithm	Licensed
Green		

A fully updated [Depression in adults and older adult's guideline](#) is approved for use across Oxford Health, Buckinghamshire and Oxfordshire. A 2-page [Antidepressants treatment algorithm](#). Summarises the full (27 page) guideline.

Some key changes include:

- ✚ Clearly defined 1st, 2nd, 3rd and 4th line choices.
- ✚ Inclusion of "special considerations" sections:
 - older adults
 - pregnancy
 - breast-feeding
 - Other populations – epilepsy, renal impairment, coronary heart disease.
- ✚ *Formulary / traffic light classification changes:*

Drug	Formulary Traffic light classification
Escitalopram	Green. (2 nd line option in primary care. 1st line option for severe depression. In secondary care)
Duloxetine	Green
Antipsychotic augmentation (aripiprazole, quetiapine, olanzapine, risperidone)	Amber initiation.
Vortioxetine	Amber Recommendation
Agomelatine	Amber initiation
Venlafaxine	Green
MAOI's	Amber initiation
Moclobemide	Amber initiation
Tricyclic antidepressants (TCAs)	Amber initiation.

To support management of patients following discharge, the discharge letters must include a treatment plan with the anticipated duration of treatment, any necessary monitoring, guidance about when and how to withdraw treatment, and what to do should symptoms re-emerge at any time after discharge or during a planned withdrawal of medication

Amber Recommendation	UPDATED Denosumab for Fracture Prevention in > 50years Amber Recommendation guideline	Licensed
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The traffic light classification of Denosumab 60mg Prolia® has changed from amber protocol to **amber recommendation**.

Some key changes to the updated Denosumab guideline include:

- The 1st and subsequent doses are prescribed and administered in primary care on the recommendation of the specialist with support of the practice nurse.
- Treatment duration extended to 5 to 10 years (or longer) based upon specialist advice.
- Patients with eGFR<30ml/min remain under follow-up by the specialist. Denosumab is prescribed and administered in primary care. A repeat calcium level is needed 2 weeks after each injection. Patients whose eGFR falls below 30 need to be identified and highlighted to the specialist for follow up
- Specialist responsibilities include:
 - Full assessment +/- DXA + blood tests
 - Assessment of Calcium and Vid D intake and recommendation for further supplementation
 - Patient counselling / discussion of benefits and adverse effects, provision of PIL
 - Advice on treatment monitoring and date for the next treatment review

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- If there is concern that the patient is not taking calcium and vitamin D supplements, Vitamin D levels should be tested within 4 weeks prior to each injection. See guideline for details.
- **Clear warnings about rapid loss of bone mineral density (BMD) / rebound vertebral fractures after Denosumab cessation. It recommends NOT to stop or delay denosumab without prior specialist advice.**

Amber recommendation / Amber protocol

UPDATED [Fracture prevention for adults >50 years guidelines](#)

Licensed

Fully updated guideline replacing the previous Primary prevention and Secondary prevention guidelines.

Key formulary changes for secondary fracture prevention include:

2nd line options

- Alendronic acid 70mg effervescent tablets **Green**

3rd line options

- Denosumab 60mg SC 6 monthly **Amber Recommendation**
- Teriparatide biosimilar **Red**
- Raloxifene (NICE TA 161) **Amber Recommendation**
- Strontium ranelate 2 g PO daily **Amber Protocol**

Key changes to the guideline include:

- Criteria for fracture risk assessment aligned with NICE CG 146
- Clear warning about need for urgent assessment and treatment following a recent fracture (**very high risk**)
- Criteria for DXA scanning updated. Rationale for lack of benefit >75 year age group + contraindication
- Primary and secondary prevention treatment pathways updated.
- Contraindications to oral bisphosphonates and frailty highlighted.
- Links to PILs for different treatments
- Link to new Denosumab Guideline (Amber recommendation)
- Algorithm for treatment monitoring and duration of treatment cycles
- New section on treatment duration
- New section on information to be communicated to specialists when GPs use Advice & Guidance via ERS

Amber initiation

UPDATED [Antiplatelets and rivaroxaban 2.5mg tablets for secondary prevention of occlusive vascular events](#)

Licensed

Rivaroxaban 2.5mg tablets are initiated by Consultant Cardiologists and continued by GPs for the following indications:

- Post ACS with elevated cardiac biomarkers (in combination with aspirin alone or aspirin and clopidogrel) in accordance with NICE TA 335. Treatment duration ONE year and stopped by the GP at the same time as clopidogrel unless the consultant specifies a different duration at discharge (small cohort of patients).
- Coronary artery disease or symptomatic peripheral artery disease at high risk of ischaemic events (in combination with aspirin) in accordance with NICE TA 607. Duration of treatment and review of bleeding risks to be specified by the consultant at discharge.

The updated Antiplatelets guideline includes:

Criteria for extended prophylaxis for high risk ischaemic patients with:

- Ticagrelor 60 mg twice daily + aspirin 75 mg daily up to 3 years (NICE TA 420)
- Rivaroxaban 2.5 mg twice daily + aspirin 75 mg daily long term (NICE TA 607 and TA 335)

Secondary care communication responsibility for all dual antiplatelet therapy (DAPT) or single APT plus rivaroxaban 2.5mg:

- Treatment duration and stop date via discharge letters, prescriptions, medicine labels and patient counselling.

Primary care responsibility to check that duration and stop date of the above are recorded on EMIC.

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Amber protocol

UPDATED [NEW electronic shared care agreement \(SCA\) letter and process](#)

The electronic shared care agreement (SCA) letter now includes all amber protocol drugs and Specialty email addresses to be used by the GP to respond to request to share care. It is available on DocGen and linked to each shared care protocol and the [Bucks formulary shared care protocols page](#).

REMINDER of key changes to the new SCA letter and process

- Sent and returned electronically
- Sent to the GP **at the point when the patient is stable on treatment** and ready for shared care
- **Sent together with the latest clinic letter which confirms the dose and follow up arrangements**
- **Requires NO patient signature.** This is replaced by the specialist's statement confirming that the patient has received counselling and agrees to book and attend necessary blood test monitoring and contact the GP for the results.
- **Requires NO consultant or GP signature**
- Is responded to by the GP using the email addresses provided on the SCA letter

Amber protocol

UPDATE: [DMARD use in Rheumatology, Dermatology, Gastroenterology, Respiratory patients during the COVID-19 pandemic guideline](#)

IMPORTANT UPDATE. The following note is being added to the [DMARDs during the COVID-19 pandemic](#)

- **From 1st April 2021**, the monitoring advice in **Table 2** of this guideline will be reverted back to the monitoring described in the shared care protocols for each DMARD found on the [Bucks formulary shared care protocols page](#).
- Please note: The section on '**Actions to take when patients on DMARDs are known or suspected to have COVID-19**' continues to apply.
- If necessary in the future, the monitoring advice in **table 2** of this guideline may be reintroduced. This will be clearly communicated and indicated in this guideline

ABBREVIATIONS

ACS: Acute Coronary Syndrome
 APT: Antiplatelet therapy
 DMARD: Disease Modifying Anti-Rheumatic Drug
 DAPT: Dual Antiplatelet Therapy
 PIL: Patient Information Leaflet
 SCA: Shared Care Agreement

Any queries about the above, please contact the Bucks Medicines Resource Centre

By email bucks.medicinesresourcecentre@nhs.net . Urgent queries: by phone, weekdays 9am to 5pm: 01494 425355