




## Important information – change to AMBER drug categorisation on the formulary

Following a period of consultation, we confirm a change in the formulary AMBER drug classifications from two to three categorisations. This is to help clarify roles and responsibilities between services. The new categories are as follows:

- **Amber recommended**  is for drugs which primary care would appreciate advice regarding diagnosis or management of a patient from a specialist before initiating a drug within primary care.
- **Amber initiated**  is for drugs which due to diagnosis, monitoring or a stabilisation period need to be started by a specialist before a transfer of prescribing responsibility can be requested to transfer to primary care.
- **Amber with a shared care protocol**  is for drugs where there is an ongoing need for specialist involvement during the lifetime of the use of the drug and monitoring is required 6 monthly or more frequently.

Note a specialist may be working in the community, not solely secondary or tertiary care.

Shared Care Protocols are planned to come into effect from 1 April and cover management of the following medicines: azathioprine, leflunomide, sulfasalazine, methotrexate, ciclosporin, penicillamine, mycophenolate, hydroxycarbamide, anagrelide, mercaptopurine, atomoxetine, dexamfetamine, guanfacine, methylphenidate, lithium, lisdexamfetamine, amiodarone/dronedarone, riluzole, cinacalcet.

Work will continue throughout the first quarter of 2025 to align remaining amber drugs with their new categorisation on the Dorset formulary. **Whilst this work is undertaken there will be a period of transition where supporting patients will require flexibility from clinicians**, but if you have any queries please use the [“contact us” button](#) on the formulary or email [medicine.question@nhsdorset.nhs.uk](mailto:medicine.question@nhsdorset.nhs.uk).

Where a formal shared care protocol is not indicated but supporting information is required to define roles and responsibilities (i.e. in the amber recommended and amber initiated categories), pathways will be developed. Please monitor the Formulary for updates.

## Tirzepatide for weight management

NICE has published its Technology Appraisal on 23<sup>rd</sup> December 2024 on Tirzepatide (Mounjaro®).

NHS Dorset has published some online information to assist healthcare professionals in answering patient queries about the implementation of the technology appraisal. It can be viewed at: <https://nhsdorset.nhs.uk/health/medicines/weight/>.

NHS Dorset is now consulting with providers on new services for weight management.

## Reminder – supplies of PERT during the shortage

In the medicines team, we continue to receive enquiries about supplies of pancreatic enzyme replacement therapy (PERT). As a reminder, from 1st November 2024, there is Community Pharmacy Service commissioned around supplies of PERT, enabling four Dorset community pharmacies to order stock from Dorset County Hospital pharmacy and dispense against electronic FP10s issued from Dorset GP Practices.

Please do not send prescriptions or patients directly to DCH to attempt to obtain supplies of PERT. The prescription can be sent to one of the four pharmacies providing the service (includes distance selling pharmacies), who will obtain the stock and dispense it for the patient. Please read the [local shortage guidance](#) that sets out this process in detail.

## Shortage of isosorbide mononitrate immediate release

There is a current shortage of isosorbide mononitrate 10mg, 20mg, and 40mg immediate release (IR) tablets, with expected re-supply dates at the end of February 2025. Prescribers should not initiate new patients on isosorbide mononitrate IR tablets until the supply issues have resolved. Where existing patients have insufficient supplies to last until the end of February, prescribers should:

- consider generically prescribing isosorbide mononitrate MR tablets or capsules, at equivalent daily dose, if clinically appropriate (see below for equivalence information)
- ensure that the patient is counselled on the change in product (including excipients), dosage, and possible adverse events they may experience, particularly in the first few days, the most important being hypotension, tachycardia, and worsening headaches. They should be advised to contact their prescriber if they have concerns.

All modified release ISMN formulations will be available to prescribe and the Dorset formulary will be reviewed/updated shortly.

### Switching from an IR to an MR isosorbide mononitrate preparation

There is no definitive guidance on dose equivalence. A pragmatic approach would be to match the total daily dose of IR preparation as closely as possible to the MR preparation administered once daily in the morning. Where the dose cannot be exactly matched, prescribers should consider whether to dose slightly above to ensure symptom control is not compromised, or slightly under, if there are concerns about side effects such as headache and/or postural drop in blood pressure. Patients should be monitored after the switch, and dose titrated accordingly.

### ISMN IR (asymmetric dose) to ISMN MR (morning dose) dose conversion

ISMN IR 10mg BD is equivalent to ISMN MR 25mg or 30mg OD

ISMN IR 10mg TDS is equivalent to ISMN MR 30mg OD

ISMN IR 20mg BD is equivalent to ISMN MR 30mg or 40mg OD

ISMN IR 20mg TDS or 30mg BD is equivalent to ISMN MR 60mg OD

ISMN IR 40mg BD is equivalent to ISMN MR 80mg OD

ISMN IR 40mg TDS is equivalent to ISMN MR 120mg OD

## Alimemazine prescribing

Alimemazine tartrate is a sedating antihistamine, previously known as trimeprazine tartrate. This has long been categorised as non-formulary locally due to its cost in comparison to the formulary alternatives.

In the 12 months to October 2024, there were just 164 alimemazine items costing £58,591. This means the average cost per item of alimemazine is £357. Current costs for alimemazine products are as follows:

The formulary choices for sedating antihistamines are chlorphenamine, hydroxyzine and promethazine, all of which would cost around £5 for a month's supply for either tablets or liquid formulations. Practices are encouraged to review any current prescribing of alimemazine and assess whether any of the formulary alternatives are suitable.

### Learning

Upcoming Health Innovation Wessex learning activities:

- [Polypharmacy action learning sets – February 2025](#)
- [Reducing harm from polypharmacy in older people with urinary incontinence: Getting the balance right](#) – Thursday 6<sup>th</sup> February lunchtime session
- [Managing polypharmacy in chronic kidney disease: Getting the balance right](#) – Thursday 6<sup>th</sup> March 2025 lunchtime session

### Quick bites

- The Dorset Formulary is available at: [www.dorsetformulary.nhs.uk](http://www.dorsetformulary.nhs.uk).
- **Reminder:** We have now developed a new online form to make it easier for you to let us know about NMP leavers and joiners to your practice/PCN. Access it via the [NHS Dorset website](#). Bookmark the page so it is easy to find! **NB:** this form is only intended for changes to NMPs, changes to medical (GP) prescribers should be submitted via the individual doctor's PCSE account.
- The information on the Dorset formulary regarding lipid modification has been updated, to reflect both the [summary of national guidance for lipid management for primary and secondary prevention of CVD](#), and the [NHSE guidance on secondary prevention in primary care and the community](#), published in October 2024.
- NHS England has issued [new guidance](#) to raise awareness of potential adverse effects experienced by people who access Lecanemab (Leqembi®) for dementia through **private providers**. This follows the recent approval of Lecanemab by the MHRA for treating early-stage Alzheimer's disease. While NICE has not yet approved this drug for NHS use, patients can still obtain it through private providers with a prescription. Those seeking this treatment will need to cover the costs until further decisions are made by NICE.
- [Pages on the SPS website](#) relating to use of medicines in swallowing difficulties have been reviewed and updated. Choosing medicines formulations in swallowing difficulties remains a 6-step process and a new page covers this in more detail.

### REGIONAL MEDICINES INFORMATION SERVICE

If you work in primary care (including community pharmacy), specialist medicines advice can be obtained from SPS via **0300 7708564** or email [asksp.nhs@sps.direct](mailto:asksp.nhs@sps.direct). (Staff in Dorset NHS Trusts should seek advice from their pharmacy teams).

This newsletter is for healthcare professionals. It represents what is known at the time of writing so information may be subsequently superseded.