Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

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This is a countywide group covering NHS Derby & Derbyshire Integrated Care Board, Derbyshire Community Health Service Foundation Trust, Derbyshire Healthcare Foundation Trust, University Hospital of Derby and Burton and Chesterfield Royal Hospital foundation trusts. It provides recommendations on the prescribing and commissioning of drugs See http://www.derbyshiremedicinesmanagement.nhs.uk/home

Key Messages from October's JAPC meeting

Alopecia high cost drug algorithm – a new dermatology high-cost drug commissioning algorithm has been approved following the NICE TA958 -Ritlecitinib for treating severe alopecia areata in people 12 years and over. Ritlecitinib is a JAK inhibitor which downregulates the immune response at the hair follicles and is the first treatment available on the NHS with this mechanism of action licensed for severe alopecia areata which is defined as having at least 50% loss of scalp hair (e.g. Severity Alopecia Tool [SALT] score of ≥50.

Key guideline info

The Opioid resource pack has been updated and also moved on the website to sit under Other information on the Chapter 4 CNS page. This has been updated to include more patient information. The updates reflect current best practice and evidence and have been adapted to reflect the local Derbyshire formulary with a few additions to assist health care professionals with the management of patients using opioids. Changes include the addition of visual summaries to aid in discussions, references to external resources and additional sections including patient factors to support the management of patients in a more holistic way.

The Infant feeding guideline has been updated and covers the prescribing of specialist infant formulas and information relating to the management of faltering growth, premature low birth weight infants, lactose intolerance and galactoasaemia. It includes a PIL about temporary lactose intolerance in Appendix 2. A new separate guideline on Cow's milk allergy has been added to the website. It contains information if non-IgE CMA is suspected, a 2-4-week cow's milk elimination should be trialled, advice of gradual introduction of the formula and re-challenge. Appendix 6 contains the Formulary for hypoallergenic infant formula in the management of CMA. First line formulary choices for most cases are now Nutramigen LGG and SMA Althera.

Osteoporosis guideline Addition of patient advice when starting bisphosphonates "See their own dentist to allow their dental health to be maximised before taking their first dose of medication. Subsequent dental extractions will risk development of Medication related osteonecrosis of the jaws and loss of jawbone structure." This has been added at the request of the Oral Surgery MCN Chair for Midlands East following at letter sent out to GP practices.

Key new drug traffic light additions

Ivermectin (3mg tablets) have been classified as GREY Specialist recommendation for permethrin treatment resistant scabies, previously this item was DNP due to it being an unlicensed product. This is now licensed including for treatment resistant scabies and is occasionally used by the DCHS sexual health specialty, recommendation from infections disease or dermatology would also be appropriate.

Ticagrelor has been classified as GREY- after consultant/specialist initiation post stroke for patients with confirmed or suspected clopidogrel resistance or clopidogrel allergy (off-label). Ticagrelor is recommended in the RCP UK National Stroke Guideline, however the planned NICE TA for this indication has been cancelled due to lack of any submission from the manufacturer who decided not to pursue a product licence for use in ischaemic stroke/TIA. As such, use of ticagrelor remains off-label and without current NICE assessment but is supported by the RCP in the National Stroke Guidance (National Clinical Guideline for Stroke, 2023).

Guideline Group key messages & traffic light amendments

Chapter 10: MSK Update of PPI recommendations including for swallowing difficulties and enteral feeding tubes to bring in line with Specials and Expensive Liquids Guideline.. Celecoxib is included as GREY for palliative care use supported by The Palliative Care Formulary. Information on quinine salt equivalencies has been added. A link for osteoarthritis treatment has been updated to the NICE management of osteoarthritis visual summary. Diclofenac IM was removed as not used in primary care. Salazopyrin brand of sulfasalazine removed due to supply issues & expected discontinuation of the brand.

Chapter 11: Eye Chloramphenicol treatment guidance removed to avoid confusion between OTC and prescription guidance. Addition of traffic light classification information for the alternative treatment options to chloramphenicol. Clarification that olopatadine 1mg/ml eye drops 5ml is classified as GREEN for seasonal allergic conjunctivitis as a third-line POM option. The Dry Eye position statement has been updated - Ocufresh brand added as first choice for carbomer 0.2% eye gel. Sno-Tears removed as product is discontinued, Liquifilm eye drops are an alternative brand.

Chapter 4: CNS has been updated to include new advice from the MHRA regarding men taking valproate and their partners to use effective contraception.

MHRA – Drug safety update

The September MHRA Drug Safety Update contained advice on Valproate use in men: as a precaution, men and their partners should use effective contraception.

Advice for healthcare professionals:

- inform male patients (of any age) who may father children of the possible risk at initiation of valproate or at their next regular treatment review – this counselling should be given irrespective of the indication for valproate and also after intravenous use of valproate
- as a precaution, recommend that male patients use effective contraception (condoms, plus contraception used by the female sexual partner) throughout the valproate treatment period and for 3 months after stopping valproate, to allow for one completed sperm cycle not exposed to valproate
- at the next regular treatment review, discuss with men on oral valproate treatment whether they are planning a family in the next year and if they are, refer to a specialist to discuss alternative treatment options
- if a female patient reports they are pregnant or planning a pregnancy with a man on valproate (including those undergoing IVF), refer for prenatal counselling
- advise men not to donate sperm during valproate treatment and for 3 months after stopping valproate
- report any suspected adverse drug reactions associated with valproate on a Yellow Card

Information for healthcare professionals to provide to patients:
• if you father a child while you are taking valproate or in the 3 months after stopping valproate, there is a potential small increased risk of the child being diagnosed with a mental or movement related developmental disorder (neurodevelopmental disorder)
• advice will be added to the valproate patient guide; in the meantime see MHRA's Advice for male patients on valproate to use contraception and visual risk communication diagram to be used by a healthcare professional when counselling on the risks

Traffic light changes

Drug	Decision	Details
Ivermectin	**GREY**	After specialist recommendation only for permethrin treatment resistant scabies
Ticagrelor	**GREY**	After specialist/consulatant initiation post stroke for patients with confirmed or suspected clopidogrel resistance or clopidogrel allergy (off-label).
Oxybutynin (Velariq) 10mg in 10mL prefilled syringe	**DNP**	new intravesical formulation – **DNP** until clinician request received.
Faricimab	**RED**	As per NICE TA1004 - Faricimab for treating visual impairment caused by macular oedema after retinal vein occlusion
Empagliflozin	**DNP**	As per NICE TA1006 (terminated appraisal) for treating type 2 diabetes in people 10 to 17 years
evinacumab	**RED**	as per NICE TA1002 for treating homozygous familial hypercholesterolaemia in people 12 years and over. NHSE commissioned
Iptacopan	**RED**	As per NICE TA1000 for treating paroxysmal nocturnal haemoglobinuria. NHSE commissioned
Zanubrutinib	**RED**	As per NICE TA1001 for treating marginal zone lymphoma after anti-CD20-based treatment. NHSE commissioned
Exagamglogene autotemcel	**RED**	as per NICE TA1003 for treating transfusion-dependent beta-thalassaemia in people 12 years and over. NHSE commissioned
Futibatinib	**RED**	as per NICE TA1005 for previously treated advanced cholangiocarcinoma with FGFR2 fusion or rearrangement. NHSE commissioned
Rucaparib	**RED**	as per NICE TA1007 for maintenance treatment of relapsed platinum-sensitive ovarian, fallopian tube or peritoneal cancer. NHSE commissioned
Trifluridine–tipiracil	**RED**	as per NICE TA1008 with bevacizumab for treating metastatic colorectal cancer after 2 systemic treatments . NHSE commissioned

DERBYSHIRE MEDICINES MANAGEMENT, PRESCRIBING AND GUIDELINES WEBSITE

This website is the first port of call for information on local NHS decisions and guidance on medicines use. It includes local prescribing formularies, JAPC decisions, traffic lights, shared care guidelines, medicines guidelines, newsletters, controlled drug resources, and other medicines management resources. The site improves upon previous sites in several ways. It is faster, more reliable, has its own search engine, and it is easier to find information. Content is constantly being updated and you can sign up for e-mail alerts to keep you up to date.

Definitions:
RED: drugs are those where prescribing responsibility lies with a hospital consultant or a specialist.
AMBER: drugs are those that although usually initiated within a hospital setting, could appropriately become the responsibility of the GP, under a shared care agreement.
GREEN*: drugs are regarded as suitable for primary care prescribing.
GREY*: drugs are those that JAPC does not recommend for use, except in exceptional circumstances, due to lack of data on safety, effectiveness, and/or cost-effectiveness.
Do Not Prescribe (DNP)*: drugs, treatments or medical devices are **not** recommended or commissioned* (*unless agreed through the individual funding request route)

CONSULTANT/SPECIALIST INITIATION: consultant/specialist issues the first prescription usually following a consultation because:
a. The patient requires specialist assessment before starting treatment and/ or
b. Specialist short term assessment of the response to the drug is necessary.

GPs will be asked to continue prescribing when the patient is stable or predictably stable
CONSULTANT/SPECIALIST RECOMMENDATION: consultant/specialist requests GPs prescribe initial and on-going prescriptions, but ensures:
a. There is no immediate need for the treatment and is line with discharge policies and
b. The patient response to the treatment is predictable and safe