Derby & Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

Derby and Derbyshire Integrated Care Board

Joined Up Care Derbyshire

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 February's JAPC meeting

The high cost drug (HCD) algorithm for Severe Osteoporosis (previously named romosozumab) has been updated to include abaloparatide and teriparatide (in tariff) following the NICE TA911 Abaloparatide for treating osteoporosis after menopause. Abaloparatide stimulates new bone formation on trabecular and cortical bone surfaces by stimulation of osteoblastic activity. Abaloparatide causes transient and limited increases in bone resorption and increases bone density. Treatment is for an 18 month course after which patients should go back to previous treatments such as bisphosphonates.

The HCD algorithm for Age-Related Macular Degeneration (ARMD) was also updated to include bevacizumab gamma another anti-VEGF treatment approved by NICE in TA1022 which acts in the same way as the current treatments but is another option & has been added into the existing algorithm.

Following the discontinuation of Pabrinex injection the DHcFT document Vitamin supplementation in alcohol misuse has been updated & Pabrinex replaced by thiamine injection and a statement that patients requiring IV treatment should be admitted to an acute hospital setting.

Key new drug traffic light additions/changes

Following an update to the NICE guideline NG112 Urinary tract infection (recurrent): antimicrobial prescribing methenamine hippurate (Hiprex) has been reviewed & changed from GREY after consultant/specialist recommendation to GREEN for prophylaxis for recurrent UTI in women, and trans men and non-binary people with a female urinary system if:

- they are not pregnant and
- any current UTI has been adequately treated and
- they have recurrent UTI that has not been adequately improved by behavioural and personal hygiene measures, vaginal oestrogen or single-dose antibiotic prophylaxis (if any of these have been appropriate and are applicable).

The NICE visual summary can be viewed here.

Treatment with methenamine hippurate should be reviewed within 6 months, and then every 12 months, or earlier if agreed with the person. Methenamine Hippurate works best in an acidic environment, patients may be advised to buy ascorbic acid tablets over the counter if needed. Ascorbic acid tablets should not be prescribed in primary care.

Aripirazole depot 400mg injection remains **RED** but the higher strength depot injections (720mg & 960mg) that are administered every two months have been made **DNP** at the request of DHcFT who are not prescribing these strengths on the extended administration regime. This is due to a lack of evidence for use and for safety reasons. Patients moving into Derbyshire established on these newer injections will be swapped to the 400mg by DHcFT.

Guideline Group Key Messages

The Shared Care agreement (SCA) for apomorphine has been updated to include a new formulation APO-Go POD. This is a 100mg/20ml pre-filled apomorphine cartridge, for subcutaneous infusion via syringe driver, the pump & sleeve are provided free of charge by the manufacturer. A subcutaneous infusion line (Neria - 1 line per day) is also needed on prescription for the administration, this is the same consumable as is currently used for the APO-Go ampoules & pre-filled syringes.

Beclometasone and budesonide nasal sprays have been removed from the Chronic Rhinosinusitis guideline as treatment options in step 1 due to high bioavailability and unsuitability for long-term use. Mometasone 50mcg/metered spray and fluticasone furoate 27.5/metred spray are now the recommended step 1 options. It is now recommended that a Thudichum's nasal speculum is used for examinations where possible.

The Information for GPs on Clozapine has been updated to reflect DHcFT's use of EPMA (electronic prescribing and medicines administration), meaning clozapine prescribed and issued by DHcFT now automatically appears on patient repeat prescription lists on SystmOne. The medication remains under ownership of DHcFT and cannot be issued by GP practices. For EMISweb users this is not currently possible. Contact details have also been updated.

The Appendix 1 Antibiotic prophylaxis prior to catheter changes has been removed from the Community Continence Appliance Prescribing Guideline. The decision to prescribe prophylactic antibiotics should be made by urology on an individual basis.

Ritalin XL brand as an option for methylphenidate MR capsules has been added to the SCA for ADHD in Children due to ongoing supply problems with other brands. Bioequivalence data for brands of methylphenidate MR has also been updated from the SPS guidance.

The SCA for lanreotide & octreotide (growth hormones) has been updated to reflect the change to generic drug prescribing. The baseline tests and ongoing monitoring has been softened to 'consider' rather than 'should be undertaken'.

The SCA Vigabatrin for Children with Epilepsy has been updated to include a change to the treatment initiation for infantile epileptic spasms syndrome (IESS/West Syndrome).

Appendix 4 of the Type 2 diabetes in adults guideline has had Rybelsus brand of semaglutide tablets added and liraglutide removed temporarily as Victoza has been discontinued. The formulary biosimilar for liraglutide to be confirmed at a later date.

The JUCD Working Group on Opioids and Transfers of Care have produced two new resources: Derbyshire Hospitals Approach to Prescribing and Supply of Analgesia on Discharge Following Surgery.
and a PIL - Managing Pain After Your Surgery.

Emerade brand of adrenaline auto-injectors have been discontinued, any patients prescribed the 500mcg strength will need to be reviewed as there are no other brands of this.

MHRA Drug Safety Update (DSU)

The January DSU was about GLP-1 and dual GIP/GLP-1 receptor agonists & a potential risk of pulmonary aspiration during general anaesthesia or deep sedation.

Advice for healthcare professionals:

- glucagon-like peptide-1 (GLP-1) and dual glucose-dependent insulinotropic polypeptide (GIP)/GLP-1 receptor agonists, such as the dual agonist tirzepatide, are known to slow gastric emptying, which is a recognised side effect of these medicines
- consider that patients taking these medicines who are undergoing surgeries or procedures with general anaesthesia or deep sedation may have residual gastric contents despite preoperative fasting
- anaesthetists should consider the potential risk of aspiration within their risk assessment of patients being treated with GLP-1 or dual GIP/GLP-1 receptor agonists for all indications and manage the aspiration risk, in line with usual anaesthetic practice
- anaesthetists should provide an individualised assessment of the aspiration risk. Within the risk assessment, consider the following points:
  - that patients taking GLP-1 or dual GIP/GLP-1 receptor agonists who have underlying diabetic gastroparesis, as well as other comorbidities such as obesity or gastroesophageal reflux disease, and symptoms of delayed gastric emptying (such as nausea, vomiting, and abdominal pain) may be at higher risk of aspiration
  - patients should be asked about whether they are taking GLP-1 or dual GIP/GLP-1 receptor agonists. Consider the possibility that patients may have purchased GLP-1 or dual GIP/GLP-1 receptor agonists for aesthetic weight loss and may not readily disclose this information unless directly asked. Be aware that private prescriptions may not always be included in the patient's medical notes or drug history
- healthcare professionals should identify the increased risk of aspiration as early as possible before surgery and specifically at pre-assessment clinic before surgery
- remind patients to inform their healthcare teams and anaesthetists if they are on GLP-1 or dual GIP/GLP-1 receptor agonists

Traffic Light Changes Summary		
Drug	**Decision**	**Details**
Methenamine hippurate	**GREEN**	For women, and trans men and non-binary people with a female urinary system for prophylaxis of UTI in line with NICE
Aripiprazole depot injection 720mg & 960mg strengths only	**DNP**	
Erdafitinib (Balversa)	**RED**	as per NHSE commissioning intentions
Lecanemab (Leqembi)	**DNP**	Not recommended by NICE
Durvalumab (Imfinzi)	**RED**	as per NHSE commissioning intentions
Bimekizumab	**DNP**	as per NICE TA1028 (terminated appraisal)
Andexanet alfa	**DNP**	as per NICE TA1029 (terminated appraisal)
Tebentafusp	**RED**	as per NICE TA1027 for treating uveal melanoma in adults.
Durvalumab	**RED**	as per NICE TA1030 with chemotherapy before surgery (neoadjuvant) then alone after surgery (adjuvant) for treating resectable non-small-cell lung cancer in adults
Vamorolone	**RED**	as per NICE TA1031 for treating Duchenne muscular dystrophy in people 4 years and over.
Anhydrous sodium thiosulfate	**RED**	as per NICE TA1034 for preventing hearing loss caused by cisplatin chemotherapy in people 1 month to 17 years with localised solid tumours
Vadadustat	**RED**	as per NICE TA1035 for treating symptomatic anaemia in adults having dialysis for chronic kidney disease.

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.

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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