

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS Derby & Derbyshire Clinical Commissioning Groups, 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 THE JAPC APRIL MEETING CLINICAL GUIDELINES

GORD in children and young people is a common and normal asymptomatic occurrence seen in infants noticeable by the effortless regurgitation of feeds in young babies – this guidance has been updated with minor changes.

Trimovate (Clobetasone, nystatin, oxytetracycline) cream has been reclassified from BLACK to BROWN consultant/specialist (GPwSI) recommendation when a moderately potent steroid in combination with an antifungal and antibacterial is required. Trimovate was previously discontinued, but a generic version was available only as a special, which was very expensive. Trimovate is now available as a licenced product; however prescribers are reminded the cost of a 30g tube is £12.45, rendering trimovate one of the most expensive steroid creams on the formulary.

PATIENT GROUP DIRECTIONS

PHE have updated the following PGD's:

- Meningococcal ACWY Risk Groups
- Meningococcal Group B Risk Groups
- Meningococcal Group B Vaccine
- dTaP/IPV in pregnant women
- Shingles vaccine

SHARED CARE GUIDELINES

None this month

BUDESONIDE (JORVEZA) ORODISPERSIBLE RED (hospital use only)

A Budesonide (Jorveza) 1mg orodispersible tablet is licensed for the treatment of eosinophilic oesophagitis in adults (older than 18 years of age). Eosinophilic oesophagitis is a chronic, immune-mediated inflammation of the oesophagus. The current medical management of eosinophilic oesophagitis includes proton pump inhibitors, dietary elimination and topical steroid preparations. Budesonide orodispersible tablets have been assigned a RED traffic light status, for use as a short course, usually 6 weeks.

TREATMENT OF CHRONIC CONSTIPATION

The chronic constipation treatment algorithm had been updated in light of discontinuation of lubiprostone and the license extension for use of prucalopride in men. This licence extension was based on results from a 12 week RCT comparing prucalopride with placebo. NICE guidance for prucalopride recommends if the treatment is not effective at 4 weeks, the patient should be re-examined and the benefit of continuing treatment should be reconsidered. For patients who continue with prucalopride treatment, local expert's advice GP's to undertake a review at 12 months, if no benefit is seen at this point, to consider a 3 month treatment holiday (based on local expert opinion) and to refer the patient to a specialist if no benefit is seen after the 3 month treatment break.

FREESTYLE LIBRE remains

BROWN after diabetic consultant/specialist initiation

The JAPC briefing for [Freestyle libre](#) has been updated following the publication of recommendations from [NHSE](#) regarding the funding and commissioning arrangements from April 2019. Freestyle libre remains BROWN after diabetic consultant/specialist initiation. NHSE recommendations include further eligibility criteria, initiation still takes place in secondary care, type 1 diabetics are to attend a diabetes structured education programme, the patient agrees to scan glucose levels no less than 8 times per day and to use the sensor >70% of the time, agreement for regular reviews with local clinical teams and continuing prescriptions for long term use (post 6 months) dependent on demonstration of improvement in individuals diabetes self- management (e.g. improvement of HbA1c).

GUIDELINE GROUP KEY POINTS

N-acetylcysteine (NACSYS) effervescent tabs - changed from BROWN to GREEN. An option for use as a mucolytic in line with COPD guidance. To be prescribed by brand and more cost effective over carbocysteine liquid formulations.

Mirtazapine orodispersible tabs replaced with tablets as the cost effective option.

Type 2 DM guideline Appendix 3- further information for GLP-1 agonists updated to include newer GLP-1 agonists and reflect current JAPC position. Lixisenatide Green 1st line; other GLP-1 agonists Brown 2nd line.

Emollient guideline minor update- Emulsifying ointment now called Ovelle emulsifying ointment with higher price.

MHRA NOTICES

1. **Fluoroquinolone antibiotics** (ciprofloxacin, levofloxacin, moxifloxacin and ofloxacin): new restrictions and precautions for use due to very rare reports of disabling and potentially long-lasting or irreversible side effects. This notice follows a detailed EU review of very rare reports of disabling and potentially long-lasting or irreversible side effects affecting the musculoskeletal and nervous systems. Healthcare professionals and patients should be vigilant during treatment with fluoroquinolone antibiotics and treatment should be discontinued at the first sign of tendon pain or inflammation. Patients who are >60 years of age, and have renal impairment or have had solid-organ transplantation, and those being treated with a corticosteroid are at higher risk of tendon damage. Concomitant treatment with a fluoroquinolone and a corticosteroid should be avoided as the risk of fluoroquinolone-induced tendinitis and tendon rupture may be exacerbated. Fluoroquinolones should not be prescribed for treatment of mild to moderate infections, such as in acute exacerbation of chronic bronchitis and chronic obstructive pulmonary disease, unless other antibiotics that are commonly recommended for these infections are considered inappropriate.
2. **Onivyde** (irinotecan, liposomal formulations): has been associated with reports of serious and fatal thromboembolic events such as pulmonary embolism, venous thrombosis and arterial thromboembolism.
3. **Medicines with teratogenic potential**: what is effective contraception and how often is pregnancy testing needed? New guidance on contraceptive methods and frequency of pregnancy testing to reduce inadvertent exposures during pregnancy in a woman taking a medicine of teratogenic potential.

| Drug | Date considered | Decision | Details |
|--|-----------------|---|---|
| Budesonide (Jorveza) orodispersible tabs | April 2019 | RED | Indicated for treatment of eosinophilic oesophagitis in adults. |
| Clobetasone, nystatin, oxytetracycline (Trimovate) cream | April 2019 | BROWN consultant /specialist (including GPwSI) recommendation | For use after consultant/specialist recommendation (including GPwSI), when a moderately potent steroid in combination with an antifungal and antibacterial is required. |
| Benralizumab | April 2019 | RED | NICE TA565: for treating severe eosinophilic asthma. |
| Tisagenlecleucel | April 2019 | RED | NICE TA576: for treating relapsed or refractory diffuse large B-cell lymphoma after 2 or more systemic therapies |
| Abatacept | April 2019 | BLACK | NICE TA568 for treating psoriatic arthritis after DMARDS (terminated appraisal) |
| Pertuzumab | April 2019 | RED | NICE TA569 for adjuvant treatment of HER2-positive early stage breast cancer |
| Pembrolizumab | April 2019 | BLACK | NICE TA570 for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy |
| Brigatinib | April 2019 | RED | NICE TA571 for treating ALK-positive advanced non-small-cell lung cancer after crizotinib |
| Ertugliflozin | April 2019 | BROWN | NICE TA572 - ertugliflozin as monotherapy or with metformin for treating type 2 diabetes |

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.

BROWN: 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.

BLACK: 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:

- The patient requires specialist assessment before starting treatment and/ or
- 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:

- There is no immediate need for the treatment and is line with discharge policies and
- The patient response to the treatment is predictable and safe

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.