

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 <a href="http://www.derbyshiremedicinesmanagement.nhs.uk/home">http://www.derbyshiremedicinesmanagement.nhs.uk/home</a>

# Key Messages from August JAPC meeting

First new **Ranibizumab biosimilar – Ongavia**; (secondary care ICB-commissioned high-cost drug) launched in England for use across all licensed indications. It is anticipated use of the biosimilar will generate significant cost savings for the Derbyshire ICS. Providers are engaging with their clinicians to promote its uptake in appropriate patents.

<u>Risankizumab</u> - high-cost drug for secondary care ICB commissioned. Commissioning algorithm for psoriatic arthritis updated to include Risankizumab NICE TA803 as a further treatment option.

**Icosapent ethyl** - JAPC has assigned RED traffic light for **icosapent ethyl**. Icosapent ethyl is approved for use through NICE TA805 – an option for reducing the risk of CV events in adults. It is recommended to reduce risk of CV events in statin-treated patients at high CV risk with elevated triglycerides (≥1.7mmol/I) and established CVD or diabetes and ≥1 other CV risk factor. **Bisphosphonate treatment break** – minor update to the guidance includes definition of low-risk category, renamed as treatment break and not holiday; renal cut off GFR <35ml/min for alendronic acid and <30ml/min for risedronate and message that the specialist may recommend a shortened treatment break of 1-year for some patients, dependent on individual circumstances.

<u>UTI in CKD</u> – in the absence of a national guidance, this guideline is a useful resource and has been updated to reflect current evidence and best practice. Nitrofurantoin or pivmecillinam are 1<sup>st</sup> line antibiotics dependent on the patient's age. Fosfomycin is available as a 2<sup>nd</sup> line option and ciprofloxacin reserved if other antibiotics are considered inappropriate.

<u>Vitamin supplementation in alcohol misuse</u> and <u>Vitamin B compound/compound strong</u> - both updated with minor amendments. Due to conflicting and low-level evidence, the use of pyridoxine for peripheral neuropathy has been removed from the vitamin supplementation in alcohol misuse guidance, pending discussions with specialists.

# Morphine orodispersible tabs - GREY

(use in vulnerable patient group, to reduce the risk of accidental or intentional overdose) Morphine orodispersible tablets (Actimorph) have been classified as GREY by JAPC. Various strengths are available for the orodispersible tablets including 1mg, 2.5mg, 5mg, 10mg, 20mg and 30mg. The tablets disperse rapidly in the mouth and are then swallowed. JAPC considered the orodispersible tablets appropriate for use in vulnerable patient groups, to reduce the risk of accidental or intentional overdose, wastage and potential medication errors.

#### PGD

<u>Hib/MenC PGD</u> – minor rewording, align criteria for exclusion to Green Book with reference to minor illness or systemic upset; full list of active excipients in the drug section included; premature cohort in special considerations to align with Guidance for Public Health Management of Meningococcal Disease in the UK and references updated.

### Azithromycin – AMBER SCA

JAPC has approved a new shared care agreement (SCA) for azithromycin for use in COPD, asthma and bronchiectasis. The new SCA has been developed in collaboration with specialists and antimicrobial leads at UHDB and CRHFT, based on the latest British Thoracic Society guidelines on the long-term use of macrolides for adults. The GP monitoring requirements include 6 monthly LFTs, medication reviews for potential drug interactions/QTc prolongation, ECG yearly if on another QTc prolonging drug and an ECG if commencing new drugs that could prolong QTc. GPs can contact cardiologist for advice on interpretation of ECGs.

# **Cutting Fentanyl patches**

JAPC traffic lights and formulary for fentanyl patches have been brought in line with a MHRA warning not to cut the patches and avoiding exposure of patches to heat including via hot water (bath, shower). Through consultation with local specialists, it has emerged that palliative care specialists do occasionally advise diagonal cutting of patches for some patients, for example patients on low doses. Therefore, JAPC has allowed cutting of the patches under exceptional circumstances on the advice of a palliative care specialist, following individualised treatment plan. For accuracy the matrix patch should be cut diagonally; the other half should be disposed of, in the correct manner as for a controlled drug. N.B. cutting a fentanyl matrix patch renders the use of the drug as "off licence."

### MHRA NOTICES

<u>Topiramate (Topamax)</u>: start of safety review triggered by a study reporting an increased risk of neurodevelopmental disabilities in children with prenatal exposure. Current advice for topiramate:

- do not prescribe topiramate during pregnancy for migraine prophylaxis.
- ensure any patients of childbearing potential know to use highly effective contraception throughout treatment with topiramate. Counsel patients on the importance of avoiding pregnancy during topiramate use due to these emerging data and also the established increased risks of major congenital malformations and fetal growth restriction in babies exposed to topiramate inutero.
- topiramate may reduce the effectiveness of steroidal contraceptives, including oral contraceptives, therefore consider alternative or concomitant methods.
- for migraine prophylaxis, topiramate can be withdrawn in pregnancy by an appropriate prescriber but alternative treatments should be considered
- for epilepsy, urgently refer anyone on topiramate who is planning a pregnancy or who is pregnant for specialist advice on their antiepileptic treatment

### Guideline Group key messages – traffic light amendments

**Silver dressing- GREY**. Addition of Aquacel Ag+ ribbon to the silver dressing TL and woundcare formulary. **Olanzapine** - GREY & DNP, updated to clarify GREY: Orodispersible sugar-free tablets & DNP: Orodispersible tablets (unless sugar-free – GREY). **Iqoro** DNP, device (Neuromuscular training device – used to relieve symptoms from stroke-related dysphagia or hiatus hernia) – DNP and await clinician request. Based on lack of high-quality evidence for both conditions. **Macrogol** – GREEN, reference to Laxido removed from TL.

**Melatonin**, GREY con/spec initiation. TL changed to state –" Melatonin MR 2mg tablets (Circadin) and melatonin 3mg tablets are the preferred licensed melatonin preparations." changed due to price reduction for Circadin. **Oxycodone** - GREEN **Discontinuation of Shortec 1mg/ml oral solution & shortec concentrate 10mg/ml oral solution** – reference from TL removed.

Formulary update for **Nutrition and blood chapter**- Sodium bicarbonate caps - GREEN cons/spec recommendation & Sodium bicarbonate gastro-resistant capsules (Nephrotrans) is RED. Powered products list updated to Energie shake, Foodlink Complete, Complan shake and Ensure shake. Ready-made products list updated to include Altraplen Energy, Energy Shake Complete 1.5kcal, Aymes Complete, Fortisip bottle. Management of undernutrition in adults – updated with cost effective formulary choices for powered and ready-made products. NICE NG219 Gout: diagnosis and management - link to NG and visual summaries added to Chapter 10 and relevant resources on website.

# **Traffic light changes**

Drug	Date considered	Decision	Details
Fentanyl Patches	Aug 22	GREEN GREEN GREEN GREEN GREEN GREY after palliative care specialist initiation	Cutting of a patch is only allowed under exceptional circumstances, on advice of palliative care consultant following individualised treatment plan.
Ranibizumab biosimilar (Ongavia)	Aug 22	RED	For all licensed ophthalmology indications.
Morphine Sulphate orodispersible tabs	Aug 22	GREY	For exceptional use, following a risk assessment e.g. in vulnerable patient groups, to reduce the risk of accidental or intentional overdose.
Azithromycin	Aug 22	AMBER	For use in adult respiratory infections. See Shared care for details.
Risankizumab	Aug 22	RED	NICE TA803 - Risankizumab for treating active psoriatic arthritis after inadequate response to DMARDs
Icosapent ethyl	Aug 22	RED	NICE TA805 - Icosapent ethyl with statin therapy for reducing the risk of cardiovascular events in people with raised triglycerides
Roxadustat	Aug 22	RED	NICE TA807 - Roxadustat for treating symptomatic anaemia in chronic kidney disease
Setmelanotide	Aug 22	RED	HST21 - Setmelanotide for treating obesity caused by LEPR or POMC deficiency. NHSE commissioned
Belimumab	Aug 22	DNP	NICE TA806 - Belimumab for treating lupus nephritis (terminated appraisal)
Fenfluramine	Aug 22	RED	NICE TA808 - Fenfluramine for treating seizures associated with Dravet syndrome. NHSE commissioned
Imlifidase	Aug 22	RED	NICE TA809 - Imlifidase for desensitisation treatment before kidney transplant in people with chronic kidney disease. NHSE commissioned
Abemaciclib	Aug 22	RED	NICE TA810 - Abemaciclib with endocrine therapy for adjuvant treatment of hormone receptor-positive, HER2-negative, node- positive early breast cancer at high risk of recurrence. NHSE commissioned
Duvelisib	Aug 22	DNP	NICE TA811 - Duvelisib for treating relapsed or refractory chronic lymphocytic leukaemia after 2 or more treatments (terminated appraisal)
Pralsetinib (Gavreto)	Aug 22	RED	Monotherapy for the treatment of adults with rearranged during transfection (RET) fusion-positive advanced non-small cell lung cancer not previously treated with a RET inhibitor. NHSE commissioned
Dexamethasone + levofloxacin (Ducressa) eye drops	Aug 22	DNP	Prevention and treatment of inflammation, and prevention of infection associated with cataract surgery in adults. NHSE commissioned
Belzutifan (Welireg)	Aug 22	RED	Treatment of adults with von Hippel-Lindau (VHL) disease. NHSE commissioned
Landiolol (Rapibloc)	Aug 22	DNP	Supraventricular tachycardia and for the rapid control of ventricular rate in patients with atrial fibrillation or atrial flutter in perioperative, postoperative, or other circumstances where short-term control of the ventricular rate with a short acting agent is desirable. 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 <u>not</u> 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** <u>RECOMMENDATION</u>: 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