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 Septembers JAPC meeting

Primary care management of overactive bladder – update of an existing guideline. Main change for the guideline is choice of 1st and 2nd line oral antimuscarinic drugs. GREEN 1st choice is now solifenacin and 2nd choice is oxybutynin.

Specials and expensive liquids guideline has been updated. This guideline contains a list of commonly prescribed medicines and alternative methods of administration for patients with swallowing difficulties, feeding tubes or for patients prescribed unlicensed 'specials' medication. The following drugs have been added to the guideline – atorvastatin, itraconazole, cimetidine, lacosamide, clomipramine, metronidazole, dantrolene, orphenadrine, domperidone, riluzole, ethosuximide, rufinamide, fluconazole, sulfasalazine, hydroxyzine, tamoxifen, indomethacin, temazepam. The following drugs have been removed - chloral hydrate, diazoxide, co-dydramol, cyanocobalamin, ranitidine.

Melatonin (Adaflex) tablets – GREY Spec/Con initiation. Cost effective immediate release brand of melatonin, licensed for use in children and adolescents aged 6-17 years with neurodevelopment disorders and CAMHS patients. SPC states Adaflex tablets can be crushed and mixed with water directly before administration. N.B. melatonin 2mg MR tablets (Circadin) remain an option and can be halved using a tablet cutter, retaining the slow-release characteristics

Sativex – GREEN specialist/consultant initiation, primary care prescribing guidance

JAPC has classified Sativex (cannabidiol 2.5mg + dronabinol 2.7mg) as **GREEN after consultant/specialist initiation** and suitable for prescribing in primary care, as per NICE NG144. Sativex is indicated for the treatment of moderate to severe spasticity in multiple sclerosis. Patients must have had an adequate trial of four alternative oral anti-spasticity treatments before considering treatment with Sativex (see prescribing guideline for details). There are no biochemical monitoring requirements for primary care, however clinicians should adjust doses as advised by the specialist and seek specialist advice regarding concerns such as side effects, comorbidities, pregnancy and lack of efficacy. Clinicians should also report any concurrent use of illicit cannabis or other drugs to the specialists, monitor quantities of Sativex ordered in primary care and refer back to specialist if the patient's condition deteriorates or if non-compliance or overuse is suspected.

PGD

The following PGDs have been updated:

- Inactive influenza vaccine PGD – inclusion criteria is individuals aged from 6 months to <65 years in a clinical risk group
- Live attenuated influenza vaccine nasal spray suspension (LAIV) PGD - include the 2022 to 2023 influenza vaccination programme eligible cohorts
- Pneumococcal polysaccharide vaccine PGD – minor rewording; remove the generic pneumococcal polysaccharide vial from name, dose and strength section as it has been discontinued by manufacturer.
- Low-dose diphtheria, tetanus, and inactive poliomyelitis vaccine PGD – minor rewording; management of cases and contacts in an outbreak of polio in accordance with the national guidelines and recommendations from the local health protection teams.

Derby Urgent Treatment Centre PGDs ratified including Amoxicillin, Codeine Phosphate, Flucloxacillin, Nitrofurantoin, Phenoxymethylpencillin, Trimethoprim, Clarithromycin and Co-Amoxiclav.

Metolazone –(Xaqua) – GREEN specialist/consultant initiation

Following release of a licenced brand of metolazone – Xaqua, JAPC has classified this as **GREEN specialist/consultant initiation.** Previously there was no licenced metolazone in the UK. Xaqua presents as a 5mg tablet, with bioavailability studies demonstrating an approximate **2-fold difference** to other unlicensed generic metolazone products currently prescribed. JAPC recommends prescribing by brand - Xaqua for new patients. As the generic unlicenced metolazone preparations are not interchangeable with licensed Xaqua, existing primary care patients on the unlicensed preparations should remain on their current preparation and be referred to heart failure specialists for advice on safely moving to the brand.

MHRA Notices

Nebulised asthma rescue therapy in children. Only specialists in asthma should initiate and clinically manage use of nebulisers and associated nebulised medicines at home for acute treatment of asthma in children and adolescents. Independent purchase of nebuliser devices outside of specialist medical advice for use at home to deliver rescue therapy for the acute treatment of asthma in children and adolescents is not recommended. Pharmacists are asked to advise people seeking to purchase a nebuliser for this purpose that such home use of nebulisers is not recommended without specialist clinical management. Local guidelines have been updated to reflect this advice.

Guideline Group key messages – traffic light amendments

Clobazam - Green after specialist initiation. Adjunct therapy for epilepsy.

Fluocinolone acetonide + Clioquinol (Synalar C) – removed due to discontinuation.

Indomethacin removed from the formulary, as other NSAIDs available - choice based on patient factors. Link to NICE NG219 Gout added to relevant section. Lesinurad (DNP) removed from chapter as no longer available. Message added that quinine bisulfate is significantly more expensive than quinine sulfate. Link to MHRA/CHM advice on benzodiazepine added under diazepam (reminder of potentially fatal respiratory depression.

Traffic light changes

Drug	Date considered	Decision	Details
Sativex (cannabidiol 2.5mg + dronabinol 2.7mg)	Sep 22	**GREEN after Con/Spec initiation**	For the treatment of moderate to severe spasticity in multiple sclerosis, as per NICE NG144. See prescribing guideline in primary care for further details
Melatonin (Adaflex)	Sep 22	**GREY Con/Spec initiation**	Adaflex present as Immediate release tablets. For use in children with neurodevelopment disorders and CAMHS patients.
Solifenacin	Sep 22	**GREEN**	1st line for urinary incontinence in the management of OAB
Oxybutynin	Sep 22	**GREEN**	2nd line for urinary incontinence in the management of OAB
Metolazone (Xaqua)	Sep 22	**GREEN Con/Spec initiation**	Recommend prescribing by brand. Recommended brand for new patients is Xaqua. Xaqua is not interchangeable with the generic unlicensed metolazone. Primary care patients on unlicensed preparations- to refer to heart failure specialist for advice (in absence of prescribing guidance)
Angiotensin II (Giapreza)	Sep 22	**DNP**	Treatment of refractory hypotension in adults with septic or other distributive shock who remain hypotensive despite adequate volume restitution and application of catecholamines and other available vasopressor therapies
Bulevirtide (Hepcludex)	Sep 22	**RED**	Treatment of chronic hepatitis delta virus (HDV) infection in plasma (or serum) HDV-RNA positive adults with compensated liver disease. NHSE commissioned
Catridecacog (NovoThirteen)	Sep 22	**RED**	Long term prophylaxis of bleeding in patients of all ages with congenital factor XIII A-subunit deficiency and treatment of breakthrough bleeding episodes during regular prophylaxis. NHSE commissioned
Trifarotene (Aklief)	Sep 22	**DNP**	Cutaneous treatment of acne vulgaris of the face and/or the trunk in patients aged ≥12 years, when many comedones, papules and pustules are present. Await clinician request
Avalglucosidase alfa (Nexviadyme)	Sep 22	**DNP**	Use as long-term enzyme replacement therapy for the treatment of patients with Pompe disease (acid α-glucosidase deficiency). Await clinician request
Belumosudil (Rezurock)	Sep 22	**DNP**	Treatment of patients aged ≥12 years with chronic graft-versus-host disease who have received ≥2 prior lines of systemic therapy. Await clinician request
Idecabtagene vicleucel (Abecma)	Sep 22	**DNP**	Treatment of adults with relapsed and refractory multiple myeloma who have received ≥3 prior therapies, including an immunomodulatory agent, a proteasome inhibitor and an anti-CD38 antibody and have demonstrated disease progression on the last therapy. Await clinician request
Rimegepant (Vydura)	Sep 22	**DNP**	Acute treatment of migraine with or without aura in adults, and preventive treatment of episodic migraine in adults who have ≥4 migraine attacks per month. Await clinician request
Standardised allergen extract - house dust mites D. pteronyssinus and D. farina (Actair)	Sep 22	**DNP**	Moderate to severe house dust mite-induced allergic rhinitis or rhinoconjunctivitis in patients aged ≥12 years diagnosed by clinical history and a positive test of house dust mite sensitisation (skin prick test and/or specific IgE). Await clinician request
Abrocitinib, tralokinumab upadacitinib	Sep 22	**RED**	NICE TA814 Abrocitinib, tralokinumab or upadacitinib for treating moderate to severe atopic dermatitis
Guselkumab	Sep 22	**RED**	NICE TA815 Guselkumab for treating active psoriatic arthritis after inadequate response to DMARDs
Brolucizumab	Sep 22	**RED**	NICE TA820 Brolucizumab for treating diabetic macular oedema
Pralsetinib	Sep 22	**DNP**	NICE TA812- Pralsetinib for treating RET fusion-positive advanced non-small-cell lung cancer. NHSE commissioned
Asciminib	Sep 22	**RED**	NICE TA813 Asciminib for treating chronic myeloid leukaemia after 2 or more tyrosine kinase inhibitors. NHSE commissioned
Alpelisib with fulvestrant	Sep 22	**RED**	NICE TA816- Alpelisib with fulvestrant for treating hormone receptor-positive, HER2-negative, PIK3CA-mutated advanced breast cancer. NHSE commissioned
Nivolumab	Sep 22	**RED**	NICE TA817- Nivolumab for adjuvant treatment of invasive urothelial cancer at high risk of recurrence. NHSE commissioned
Nivolumab	Sep 22	**RED**	NICE TA818- Nivolumab with ipilimumab for untreated unresectable malignant pleural mesothelioma. NHSE commissioned
Sacituzumab govitecan	Sep 22	**RED**	NICE TA819- Sacituzumab govitecan for treating unresectable triple-negative advanced breast cancer after 2 or more therapies. NHSE commissioned
Avalglucosidase alfa	Sep 22	**RED**	NICE TA821- Avalglucosidase alfa for treating Pompe disease. 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