# 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 Augusts JAPC meeting

Rimegepant for preventing migraine: High-Cost Drug for secondary care; ICB commissioned. Incorporation of rimegepant (oral tablet) to the commissioning algorithm for migraines as per NICE TA906.

Deucravacitinib for treating moderate to severe plaque psoriasis: High-Cost Drug for secondary care; ICB commissioned. Incorporation of deucravacitinib (oral tablet) to the commissioning algorithm for psoriasis as per NICE TA907.

Generic prescribing statement: a generic prescribing statement has been developed and approved by JAPC, due to significant cost to prescribing of branded products in primary care. The new resource advocates generic prescribing in primary care, unless there are specific reasons for prescribing a brand. Examples include when bioavailability differs between brands particularly for medicines with narrow therapeutic index (e.g., ciclosporin, lithium); when modified release preparations are not interchangeable (e.g., methylphenidate); specific devices (e.g., dry powder inhalers); biologics/biosimilars; Category 1 & 2 antiepileptics (when used in epilepsy); multiple ingredient products; licence variations, where branded and generic preparations have different licensed indications; patient factors and when Derbyshire Guideline Group has identified brands that are cheaper than the generic version.

**Rivaroxaban 2.5mg tablets** has changed from RED to GREEN specialist initiation with a specified 12 month stop date. Use is in line with NICE TA335 for preventing adverse outcomes after acute management of acute coronary syndrome. Rivaroxaban is recommended as an option in combination with aspirin plus clopidogrel or aspirin alone, for preventing atherothrombotic events in people who have had an acute coronary syndrome with elevated cardiac biomarkers. Low dose rivaroxaban 2.5mg is associated with a lower risk of bleeds and requires no additional monitoring for primary care unless the patient has a declining renal function.

**Vaginal moisturisers** – JAPC has classified all vaginal moisturisers as **GREY** with a message of promoting self-care through purchasing these products over the counter.

Midazolam – management of convulsive seizures in the community – minor update to an existing guidance which includes the recommendation to prescribe by brand to avoid wrong strength being prescribed; Buccolam dosage (age range) written as per BNFc; contact details updated and link to CEWT Buccolam proforma added. Buccolam remains the cost-effective preferred product for Derbyshire.

Dry eyes prescribing - position statement. Routine update of the position statement which includes atopic keratoconjunctivitis and severe Meibomian gland dysfunction included as an additional criteria for when prescribing dry eye lubricant is essential; link to the Primary Eyecare 'find a practice' search facility added as a live search tool; table 1 reformatted, with a reinforced message of purchasing these dry eye lubricant options over the counter for self-care; and table 2 lists the preferred options when prescribing for severe dry eyes. Sodium Hyaluronate (Blink Intensive Tears) has been added as new class in table 2, when prescribing for severe dry eyes.

## Shared Care Agreements (SCA)

Update of existing Derbyshire SCA, to bring in line with the national RMOC SCA for:

- Amiodarone SCA - updates for primary care includes GP monitoring of U&E including magnesium and LFTs at 6 months after discontinuation. The SCA now includes a link to the Shared Care Pathology guideline for the treatment of hypomagnesaemia. Under action for GP in the event of abnormal liver function test, the shared care has been aligned to the national protocol to stop amiodarone and urgently refer to initiation specialist when ALT increases exceeds five times (previously three times) the normal range or if patient is jaundiced. Clarification that locally only TSH is routinely reported. Annual history, examination and heart rate have been removed from the monitoring requirements.
- Dronedarone SCA - prescribing responsibility is retained by the specialist for the first 12 months of the SCA. Updates for primary care includes change to 6 monthly monitoring of U&Es (including magnesium) and LFTs, instead of annual monitoring; included is a link to the Shared Care Pathology guideline for treatment of hypomagnesaemia; and ongoing monitoring for HF symptoms (e.g., weight gain, dependent oedema or dyspnoea). Under action for GP in the event of abnormal liver function test, the shared care has been aligned to the national protocol to stop dronedarone and urgently refer to initiation specialist when ALT increases exceeds five times (previously three times) the normal range or if patient is jaundiced; and to seek specialist advice urgently if CrCl<30ml/min.
- Ciclosporin SCA – updates for primary care includes 6 monthly monitoring of serum lipids, uric acid and serum magnesium. The SCA includes a link to the Shared Care Pathology guideline for the treatment of hypomagnesaemia. Also included are the actions for primary care for patients with hyperkalaemia - review other medicines affecting potassium levels, e.g. ACEI, diuretics and discuss with specialist team; elevated uric acid - If intending to treat as gout, discuss with specialist team due to the potential for interaction of urate-lowering medicines with ciclosporin; and hyperlipidaemia – discuss with specialist team, reduction of ciclosporin dose may be considered. Prescribers are reminded that ciclosporin should be prescribed by brand and formulation, regardless of the indication and patients kept on the same brand unless the consultant decides to change. Switching between formulations without close monitoring may lead to clinically important changes in blood-ciclosporin concentration. The switch from one oral ciclosporin formulation to another should be made under specialist supervision.

| Patient Group Directions (PGDs) |
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| Human papillomavirus (HPV) vaccine PDG: includes update of dose and frequency section; general formatting; update of organisations PHE to UKHSA; and link to Green book for consent.<br>Shingrix® Herpes Zoster Vaccine PGD: includes addition of new eligibility cohorts to reflect policy change.<br>Zostavax® vaccine PGD: includes addition of new eligibility cohorts to reflect policy change; general formatting; and update of organisations PHE to UKHSA.<br>BCG Vaccine AJV PGD: includes facilities for management of anaphylaxis in cautions; deleted risk of apnoea in premature infants in cautions; addition of the management of individuals with severe local reactions in identification and management of adverse reactions; Green Book Chapter 32 advise in reporting procedures for adverse reactions; signposting to accessible information in written information provided; update key references; add use of vaccine during breastfeeding in off-label; general formatting and update of organisations PHE to UKHSA.<br>Live attenuated influenza vaccine nasal spray suspension (LAIV) PGD: includes secondary school Years 7-11 to criteria for inclusion section.<br>Inactivated influenza vaccine PGD: includes eligible cohorts for the 2023 to 2024 season; the recommended influenza vaccines for the 2023 to 2024 season; and updated advice on co-administration of aQIV with Shingrix®(shingles) vaccine.<br>National protocol for inactivated influenza vaccine: includes eligible cohorts for the 2023 to 2024 season; the recommended influenza vaccines for the 2023 to 2024 season; and updated advice on co-administration of aQIV with Shingrix® (shingles) vaccine. |
| **Guideline Group key messages – traffic light amendments** |
| Sitagliptin changed from Grey to GREEN 1st line DPP4i. Alogliptin & linagliptin have changed from Green to GREY – alternative DPP4i. Nutrition & blood chapter: Vitamin D- additional information on suitability in certain patient groups e.g., vegetarian diet, soya/nut allergy reviewed and updated in line with reference.<br>Management of undernutrition in adults - Nutricomp drink plus discontinued –removed. Endocrine formulary chapter- Neon Verifine Safety lancets Unistik Touch included as the cost-effective choice of safety lancets. Reminder safety lancets are for healthcare workers to avoid needle stick injury, not to be used by patients self-monitoring blood glucose. CVS formulary chapter- note added stating dapagliflozin is an option for treating chronic heart failure with preserved or mildly reduced ejection fraction as per NICE TA 902. Link to NICE NG106 Chronic heart failure: management visual summary added. CNS formulary chapter and pain guidelines updated to recommend Sevodyne transdermal patch as additional cost-effective brand for buprenorphine patch. Guidance on Prescribing in Primary Care reviewed - section on travelling with controlled drugs updated in line with current DH advice; section on prescribing for patients from overseas updated in line with current DH and BMA guidance; guidance on Private prescribing reviewed- information added regarding NHS Choice Framework and section added on requests to enter into shared care with a private provider.<br>Out of area Traffic Light Classification prescribing requests guidance- routine review with no change. |
| **MHRA – Drug safety update** |
| Hyoscine hydrobromide patches (Scopoderm 1.5mg Patch or Scopoderm TTS Patch): risk of anticholinergic side effects, including hyperthermia. There have been a small number of reports of serious and life-threatening anticholinergic side effects associated with hyoscine hydrobromide patches, particularly when used outside the licence. Healthcare professional to be alert to the potential for anticholinergic side effects in patients who are prescribed hyoscine hydrobromide patches, particularly if used outside the licence.<br>Codeine linctus: public consultation on the proposal to reclassify to a prescription-only medicine. The MHRA have launched a public consultation on the proposal to reclassify codeine linctus to a prescription-only medicine. The consultation has been launched in response to multiple Yellow Card reports that codeine linctus is being used recreationally for its opioid effects, rather than for its intended use as a cough suppressant. |

**Traffic light changes**

| Drug | Date considered | Decision | Details |
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| **Vaginal moisturisers** | Aug 23 | **GREY** | Vaginal moisturisers, (includes Hyalofemme®, Sylk® vaginal moisturiser, Yes® water-based intimate lubricant and Replens MD). Patients should be encouraged to self-care and purchase over the counter when possible. |
| **Rivaroxaban 2.5mg** | Aug 23 | **GREEN specialist initiation** | NICE TA335: GREEN specialist initiation for patients commenced on rivaroxaban 2.5mg tablet, with a **specified 12 month stop date**. Indicated as per NICE TA355: preventing adverse outcomes after acute management of acute coronary syndrome. |
| **Hypromellose** | Aug 23 | **GREEN** | For treatment of severe dry eyes after use of self-care. See Dry eyes position statement for further details |
| **Polyvinyl alcohol** | Aug 23 | | |
| **Carbomer** | Aug 23 | | |
| **Carmellose** | Aug 23 | | |
| **Sodium hyaluronate** | Aug 23 | | |
| **Naloxone** | Aug 23 | **DNP** | Nasal spray - Immediate administration as emergency therapy for known or suspected opioid overdose. Await national guidance. |
| **Netarsudil + latanoprost (*Roclanda*)** | Aug 23 | **DNP** | Reduction of elevated intraocular pressure (IOP) in adults with primary open-angle glaucoma or ocular hypertension for whom monotherapy with a prostaglandin or netarsudil provides insufficient IOP reduction. Await national guidance. |
| **Afamelanotide** | Aug 23 | **DNP** | NICE HST27 - Afamelanotide for treating erythropoietic protoporphyria (not recommended by NICE). NHSE commissioned |
| **Rimegepant** | Aug 23 | **RED** | NICE TA906 - Rimegepant for preventing migraine. ICB commissioned |
| **Olaparib** | Aug 23 | **RED** | NICE TA908 - Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy (partial review of TA620). NHSE commissioned. |
| **Lorlatinib** | Aug 23 | **DNP** | NICE TA909 - Lorlatinib for untreated ALK-positive advanced non-small-cell lung cancer (not recommended by NICE). NHSE commissioned. |
| **Semaglutide** | Aug 23 | **DNP** | NICE TA910 - Semaglutide for managing overweight and obesity in young people aged 12 to 17 years (terminated appraisal). ICB commissioned. |
| **Selpercatinib** | Aug 23 | **RED** | NICE TA911 - Selpercatinib for untreated RET fusion-positive advanced non-small-cell lung cancer. 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