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 September's JAPC

Azathioprine/ mercaptopurine shared care - Review of local shared care guideline to align to national protocol as per previously JAPC agreed principles. No significant change. Remove advice on using VZIG as outdated and outside scope of this document.

Leflunomide shared care- Review of local shared care guideline to align to national protocol as per previously agreed principles. No significant change.

Asthma step-down resource- Routine review of the locally developed resource on Medicines Management website under respiratory chapter. Key updates include: Two options for stepping down have been included, reduce ICS by 25-50% or half dose of combination inhaler; step down algorithm simplified and clearly differentiate dry powder inhalers (DPIs) and pressured metered-dose inhalers (pMDIs) to promote greener inhaler prescribing.

Human papillomavirus (HPV) vaccine PGD – updates include the change to one-dose schedule for the routine HPV immunisation programme and eligible cohorts. For more detail see full PGD.

Do Not Prescribe (DNP) traffic light update

Following consultation with Quality and Equality Impact Assessment (QEIA) panel members, the DNP traffic light classification has been updated to provide clarification on statutory duty to complete QEIA and patient engagement.
For drugs deemed to be classified as DNP, and where there is no suitable alternative for the patient, a QEIA needs to be part of the decision-making process. See JAPC Traffic Light Classification for further detail.

Guideline Group key messages – traffic light amendments

Magnesium - Grey specialist initiation. Treatment and prevention of magnesium deficiency for patients with high output stoma. 1st line Magnesium aspartate, 2nd line Magnesium citrate- for patients who have not responded to treatment with magnesium aspartate, or if this is contraindicated.

Tadalafil - GREY: 5mg once daily preparation for erectile dysfunction (for patients meeting SLS criteria and therefore eligible for NHS prescription) is an option and cost effective when PDE5 inhibitor requirement for a patient is greater than 8 doses per month. DO NOT PRESCRIBE (DNP): tadalafil (2.5mg) once daily preparations for erectile dysfunction (for patients meeting SLS criteria and therefore eligible for NHS prescription)-significantly more expensive compared to other available treatment.

Felodipine – Grey 2nd line calcium channel blocker. Delofine is the preferred cost-effective brand.

Toujeo (insulin glargine 300units/ml) - Grey specialist recommendation. See SPS advice to support GLP-1 receptor agonist shortage. Switching from GLP-1 receptor agonists to insulin may be necessary. Prescribe by brand. Specialist should provide clear dosing instructions. Available in two devices: Solostar® disposable pen (1-unit increments) & Doublestar® disposable pen (2-unit increments).

Quinine sulfate – Grey. Quinine is generally not recommended for treating idiopathic leg cramps due to poor benefit-to-risk ratio. Consider a trial of quinine if treatable causes excluded and self-care measures fail, and leg cramps are very painful and frequent, and affect the person's quality of life, and the person has no medical conditions or drug interactions that increase the risk of quinine use, and adverse effects are discussed before prescribing and are carefully monitored.

MHRA – Drug safety update

Fluoroquinolone antibiotics: reminder of the risk of disabling and potentially long-lasting or irreversible side effects. Healthcare professionals prescribing fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) are reminded to be alert to the risk of disabling and potentially long-lasting or irreversible side effects. Do not prescribe fluoroquinolones for non-severe or self-limiting infections, or for 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. Fluoroquinolone treatment should be discontinued at the first signs of a serious adverse reaction, including tendon pain or inflammation.

Methotrexate: advise patients to take precautions in the sun to avoid photosensitivity reactions. Photosensitivity reactions are known side effects of methotrexate treatment and can be severe. Patients should be advised to take precautions to protect their skin in the sun. Photosensitivity reactions (which include phototoxicity, where a drug is activated by exposure to UV light and causes damage to the skin that can look and feel like a sunburn or a rash) are known side effects of methotrexate treatment and can occur with both low-dose and high-dose treatment.

Valproate: re-analysis of study on risks in children of men taking valproate. MHRA are providing an update on a retrospective observational study on the risk to children born to men who took valproate in the 3 months before conception and on the need for the re-analysis of the data from this study before conclusions can be drawn. No action is needed from patients. It is vitally important that patients do not stop taking valproate unless they are advised by their specialist to do so.

Traffic light changes

Drug	Date considered	Decision	Details
Efgartigimod (Vyvgart)	Sep 23	**RED**	Use as an add-on to standard therapy for the treatment of adults with generalised myasthenia gravis who are anti-acetylcholine receptor antibody positive. NHSE commissioned.
Fenfluramine (Fintepla)	Sep 23	**RED**	Treatment of seizures associated with Dravet syndrome and Lennox-Gastaut syndrome as an add-on therapy to other anti-epileptic medicines for patients aged ≥2 years. NHSE commissioned.
Ivosidenib (Tibsovo)	Sep 23	**RED**	Monotherapy for the treatment of adults with locally advanced or metastatic cholangiocarcinoma with an isocitrate dehydrogenase-1 R132 mutation who were previously treated by at least one prior line of systemic therapy. NHSE commissioned.
			Use in combination with azacitidine for the treatment of adults with newly diagnosed acute myeloid leukaemia with an isocitrate dehydrogenase-1 R132 mutation who are not eligible to receive standard induction chemotherapy. NHSE commissioned.
Cipaglucosidase alfa	Sep 23	**RED**	NICE TA912 - Cipaglucosidase alfa with miglustat for treating late-onset Pompe 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. 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