Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

July 2023

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 July's JAPC meeting

Eflornithine cream - traffic light classification for eflornithine cream (Vaniqa) for use in patients under gender identity services has been amended from GREEN to **GREY specialist recommendation**, as per NHS England Service specification: Gender Identity Services for Adults (Non-Surgical Interventions). This should be done in close collaboration with the specialists at the Gender Identity Clinics. No change to eflornithine classification for use in facial hirsutism in women - existing GREY criteria remains.

Insulin biosimilar- NHSE recommends use of biosimilar medicines as they offer the same clinical effectiveness and safety as the reference product, but usually at a substantially lower cost. Insulin biosimilars are becoming increasingly available with significant potential current and future cost saving opportunities. JAPC has agreed the inclusion of insulin biosimilar (where available) as a first line cost-effective option. Existing patients on the reference product should continue on treatment until the next clinical review takes place, to assess if suitable for switching. Further discussion on implementation of biosimilars to take place at acute trusts and relevant operational group meetings.

Do Not Prescribe guideline – Routine review of existing DNP policy. Document renamed from policy to guideline to offer more pragmatic advice for existing patients on DNP drugs, with a stricter stance taken for new requests for DNP drugs.

Crohn's disease High-Cost Drug algorithm (for secondary care, ICB commissioned) – updated to incorporate:

- NICE TA888: Risankizumab for previously treated moderately to severely active Crohn's disease and
- NICE TA905: Upadacitinib for previously treated moderately to severely active Crohn's disease.

Meningococcal groups A, C, W and Y (MenACWY) Conjugate Vaccine (PGD) – updates include particulars pertaining to an additional licensed MenACWY conjugate vaccine (MenQuadfi®), considerations for individuals previously immunised with MenACWY conjugate vaccine, amend NHSEI to NHSE following completion of merger, replace PHE with UKHSA, and minor rewording of standard text, layout and formatting changes for clarity and consistency with organisation change and other UKHSA PGDs.

Lipid modification guideline update

JAPC lipid modification therapy in non-familial hyperlipidaemia has been updated following a recent update to NICE CG181. The updated recommendations include the use of QRISK3 tool to calculate the estimated 10-year CVD risk for primary prevention; and criteria for statin treatment- do not rule out treatment with atorvastatin 20 mg for primary prevention just because the person's 10-year QRISK3 score is <10% if they have an informed preference for taking a statin or there is concern that risk may be underestimated. Other updated advice include dietary fat intake, a new patient decision aid, advising patients that the risk of muscle pain, tenderness or weakness associated with statin use is small and the rate of rhabdomyolysis due to statins is extremely low; and to discuss with people who are stable on a low- or medium-intensity statin the likely benefits and potential risks of changing to a high-intensity statin when they have a medication review.

GLP-1 receptor agonists shortage

DHSC/NHSE has issued medicine supply notification on GLP-1 RA. There are very limited, intermittent supplies of all GLP-1 RAs licensed for the management of T2DM. Supply is not expected to return to normal until at least mid-2024. Refer to the SPS Tool for Medicines Shortages for an up-to-date supply stock situation and clinical guidance on alternative treatment options. Clinicians are advised not to prescribe GLP-1 RAs outside of their approved use; avoid initiating people with T2DM on GLP-1 RAs for the duration of the GLP1-RA national shortage; review the need for prescribing a GLP-1 RA and stop treatment if no longer required due to not achieving desired clinical effect as per NICE CG28; avoid switching between brands of GLP-1 RAs, including between injectable and oral forms; and order stocks sensibly, limiting prescribing to minimise risk to the supply chain. Supporting information including criteria for targeting clinical review, guidance flowchart, and quick reference guide for selecting oral antidiabetic therapy are provided within the DHSC/NHSE notification.

Guideline Group key messages including traffic light amendments

Tamsulosin+ dutasteride: GREEN - cost-effective to prescribe generically. The brand Combodart is DNP as it costs significantly more. **Trospium:** GREY - alternative treatment choice for overactive bladder. **Insulin lispro & biosimilar:** Admelog: GREEN - preferred cost-effective brand; Humalog: GREY - New patients should consider Admelog. Existing patients on Humalog should continue on treatment until the next clinical review takes place, to assess if suitable for switching. **Melatonin MR 2mg tablets:** prescribe generically. Circadin brand is a choice for those who require half a 2mg MR tablet whilst still retaining its modified release properties, or for those who may have medical reasons that make it difficult to switch. **Fosfomycin:** GREEN - 2nd line for lower UTI in non-pregnant women; **Efmody (MR hydrocortisone): RED.** Obs gynae and UT disorders formulary chapter:- removed Imvaggis/Vagirux as preferred brands – generic preferred; Yiznell brand removed as discontinued; Alfuzosin MR removed from the formulary. Solifenacin & oxybutynin both 1st line antimuscarinics for OAB. Children's asthma guideline: MART dosage regimen added. GI formulary chapter: Micolette (sodium citrate) micro-enema discontinued- replaced with Relaxit. Formulary infections chapter: NICE/PHE 'managing common infections' guidance link currently replaced with TARGET antibiotic toolkit for the interim period whilst awaiting further national guidance. Summary guideline still available by clicking on "condensed summary" link.

MHRA – Drug safety update

Non-steroidal anti-inflammatory drugs (NSAIDs): potential risks following prolonged use after 20 weeks of pregnancy. Reminder to healthcare professionals that use of systemic (oral and injectable) NSAIDs such as ibuprofen, naproxen, and diclofenac is contraindicated in the last trimester of pregnancy (after 28 weeks of pregnancy). A review of data from a 2022 study has identified that prolonged use of NSAIDs from week 20 of pregnancy onwards may be associated with an increased risk of oligohydramnios and fetal renal dysfunction. Adrenaline auto-injectors (AAIs): new guidance and resources for safe use. MHRA, with the support of allergy awareness advocates, has launched a safety campaign to raise awareness of anaphylaxis and provide advice on the use of adrenaline auto-injectors (AAIs). The launch coincides with the World Allergy Week, an annual initiative led by the World Allergy Organization. A toolkit of resources is now available for health and social care professionals to support the safe and effective use of AAIs and includes Infographic about the correct use of your AAI & Video about the correct use of your AAI

Traffic light changes

Drug	Date considered	Decision	Details
Eflornithine cream	**July 2023**	**GREY** specialist recommendation	Specialist recommendation as per NHSE Service specification: Gender Identity Services for Adults (Non-Surgical Interventions)
Trurapi (insulin aspart biosimilar)	**July 2023**	**GREEN**	Preferred cost-effective brand
Novo Rapid (Insulin aspart)	**July 2023**	**GREY**	New patient should consider Trurapi as the cost-effective brand. Existing patients on NovoRapid should continue on treatment until the next clinical review takes place, to assess if suitable for switching.
Admelog (insulin lispro biosimilar)	**July 2023**	**GREEN**	Preferred cost-effective brand
Humalog (Insulin lispro)	**July 2023**	**GREY**	New patient should consider Admelog as the cost-effective brand. Existing patients on Humalog should continue on treatment until the next clinical review takes place, to assess if suitable for switching.
Semglee (insulin glargine biosimilar)	**July 2023**	**GREEN**	Preferred cost-effective brand
Lantus (Insulin glargine)	**July 2023**	**GREEN**	2nd line for patients needing cartridge/ vial. New patient should consider Semglee as the cost-effective brand. Existing patients on Lantus should continue on treatment until the next clinical review takes place, to assess if suitable for switching.
Abasaglar (Insulin glargine biosimilar)	**July 2023**	**GREY**	New patient should consider Semglee as the cost-effective brand. Existing patients on Abasaglar should continue on treatment until the next clinical review takes place, to assess if suitable for switching.
Olaparib	**July 2023**	**RED**	Olaparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube or peritoneal cancer after 2 or more courses of platinum-based chemotherapy (managed access review of TA620)
Elasomeran (Spikevax)	**July 2023**	**Unclassified**	Active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals aged ≥6 months
COVID-19 vaccine (SKYCovion)	**July 2023**	**Unclassified**	Active immunisation to prevent COVID-19 caused by SARS-CoV-2 in individuals aged ≥18 years
Brexucabtagene autoleucel	**July 2023**	**RED**	NICE TA893 - Brexucabtagene autoleucel for treating relapsed or refractory B-cell acute lymphoblastic leukaemia in people 26 years and over. NHSE commissioned
Axicabtagene ciloleucel	**July 2023**	**DNP**	NICE TA894 - Axicabtagene ciloleucel for treating relapsed or refractory follicular lymphoma. NHSE commissioned
Axicabtagene ciloleucel	**July 2023**	**RED**	NICE TA895 - Axicabtagene ciloleucel for treating relapsed or refractory diffuse large B-cell lymphoma after first-line chemoimmunotherapy. NHSE commissioned
Bulevirtide	**July 2023**	**RED**	NICE TA896 - Bulevirtide for treating chronic hepatitis D. NHSE commissioned
Daratumumab	**July 2023**	**RED**	NICE TA897 - Daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma. NHSE commissioned
Dabrafenib plus trametinib	**July 2023**	**RED**	NICE TA898 - Dabrafenib plus trametinib for treating BRAF V600 mutation-positive advanced non-small-cell lung cancer
Esketamine	**July 2023**	**DNP**	NICE TA899 - Esketamine for treating major depressive disorder in adults at imminent risk of suicide (Terminated appraisal)
Tixagevimab plus cilgavimab	**July 2023**	**DNP**	NICE TA900 - Tixagevimab plus cilgavimab for preventing COVID-19
Cemiplimab	**July 2023**	**DNP**	NICE TA901 - Cemiplimab for treating recurrent or metastatic cervical cancer (Terminated appraisal). NHSE commissioned
Dapagliflozin	**July 2023**	**GREEN** consultant/ specialist initiation	NICE TA902 - Dapagliflozin for treating chronic heart failure with preserved or mildly reduced ejection fraction
Darolutamide	**July 2023**	**RED**	NICE TA903 - Darolutamide with androgen deprivation therapy and docetaxel for treating hormone-sensitive metastatic prostate cancer. NHSE commissioned
Pembrolizumab with lenvatinib	**July 2023**	**RED**	NICE TA904 - Pembrolizumab with lenvatinib for previously treated advanced or recurrent endometrial cancer. NHSE commissioned
Upadacitinib	**July 2023**	**RED**	NICE TA905 - Upadacitinib for previously treated moderately to severely active Crohn's disease. ICB commissioned
Deucravacitinib	**July 2023**	**RED**	NICE TA907 - Deucravacitinib for treating moderate to severe plaque psoriasis. ICB 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