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

Traffic light changes from JAPC

Daridorexant has been classified a GREY for insomnia in adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, and only if cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked or CBTi is not available or is unsuitable. CBTi is currently available in Derbyshire via the Sleepio Ap. Daridorexant is a new drug with little output data from trials and evidence for long term use is lacking. Treatment with daridorexant should be assessed within 3 months of starting and should be stopped in people whose long-term insomnia has not responded adequately, if it is continued it should be assessed at regular intervals as per NICE TA 922. See new local Guideline here

Tirzepatide (Mounjaro) has been classified as GREY for treating type 2 diabetes only as an alternative to GLP-1 agonist for patients with type 2 diabetes who require triple therapy if alternative GLP-1s are not tolerated by patient, not efficacious or not available due to stock issues. Not all GLP-1s are equally tolerated, if a patient is unable to tolerate the first choice GLP-1, try alternative GLP-1 agonist (if available) before considering tirzepatide. A tirzepatide treatment algorithm has been added to the type 2 diabetes guidelines as Appendix 6. Tirzepatide is a dual Glucagon-like peptide-1 and Gastric Inhibitory Polypeptide receptor agonist (GLP-1/ GIP RA). It lowers glucose levels by reducing appetite (cerebral effect and by delaying gastric emptying) and stimulate the release of insulin while also reducing glucagon levels. There is currently no direct evidence of improvement in micro or macrovascular complications of diabetes for patients on tirzepatide. If the targets are not reached on treatment with a weekly tirzepatide 5mg dose in the initial 6 months then advice should be sought from a diabetes specialist before increasing the dose any further.

Tirzepatide has also been added to the 'Patient agreement form for GLP-1 agonists' Appendix 4 of the Type 2 diabetes guideline. Please continue to use this form prior to GLP-1 initiation.

Guideline Group key messages

Endocrine chapter update: Insulin needles Insupen original 12mm length removed as not routinely used due to risk of injecting into muscle rather than subcutaneous tissue. Discontinued products removed- Isophane insulin & insulin Detemir InnoLet pre-filled pens; Novopen Echo; Novopen 5; exenatide brand Byetta. New formulation of Dulaglitide 4.5mg added to guideline. Addition to the table in Endocrine chapter Sodium glucose co-transporter 2 (SGLT2) inhibitors, a new section to include the indication chronic heart failure with preserved or mildly reduced ejection fraction.

Website changes- Patient Group Directions (PGDs)- Individual listings of the regionally authorised vaccination PGDs have been removed and replaced with link to the NHSE East Midlands Screening & Immunisation Team (SIT) webpage for the most up to date information. https://www.england.nhs.uk/midlands/information-for-professionals/leicestershire-lincolnshire-northamptonshire-screening-and-immunisation-team-sit/patient-group-directions-pgds/

Change in Contraindications – Inadine non-adherent Povidone Iodine based products have all had previous cautions updated to contraindications: including known iodine hypersensitivity, in pregnancy & during breast feeding & in patients with any thyroid disease.

MHRA – Drug safety update

Topiramate (Topamax): introduction of new safety measures, including a Pregnancy Prevention Programme - GOV.UK (www.gov.uk)

Topiramate should not be used:

- in pregnancy for prophylaxis of migraine
- in pregnancy for epilepsy unless there is no other suitable treatment

Topiramate should not be used in women of childbearing potential unless the conditions of the Pregnancy Prevention Programme are fulfilled. This aims to ensure that all women of childbearing potential:

- are using highly effective contraception
- have a pregnancy test to exclude pregnancy before starting topiramate
- are aware of the risks from use of topiramate

Please see specific advice for prescribers and advice for dispensers

Please ensure all women of childbearing potential sign the Risk Awareness Form, you will receive materials including the Risk Awareness Form by post in the coming weeks to use in the implementation of the Pregnancy Prevention Programme

For existing patients prescribers must:

- identify all women and girls of childbearing potential on topiramate and invite them in for review,.(Migraine says Healthcare Professional review; Epilepsy says Specialist Prescriber review)
- complete the Risk Awareness Form with the patient (or responsible person) and at each annual review
- provide a copy of the Patient Guide to the patient (or responsible person)

Warfarin: be alert to the risk of drug interactions with tramadol - GOV.UK (www.gov.uk)

- Be aware of the risk of increased INR when warfarin and tramadol are used together, with a risk of major bruising and bleeding which could be life-threatening

- Consider whether additional monitoring of INR is required when starting tramadol or another concomitant medicine
- Take caution if tramadol is co-prescribed with other coumarin-derived anticoagulants e.g. acenocoumarol

Drug	Decision	Details
doxycycline	GREEN	As per NICE antimicrobial guideline
tamsulosin 400mcg/dutasteride 500mcg capsules	GREY	Cheaper than Brand prescribing but still more expensive than the two generic components separately. To be used if the combination is required and compliance is an issue for the patient
Hydrocortisone tablets	GREEN	Hydrocortisone 10mg & 20mg tablets
Dexamethasone tablets	GREEN	Dexamethasone 500microgram & 2mg tablets
FreeStyle Libre 2 plus sensor	GREY	after diabetic consultant/specialist initiation within a Derbyshire Diabetes service (updated version of FreeStyle Libre2 sensor)
Dexcom One+ sensor	GREY	after diabetic consultant/specialist initiation within a Derbyshire Diabetes service (updated version of Dexcom One sensor)
Ivosidenib with azacitidine	RED	as per NICE TA979 for untreated acute myeloid leukaemia with an IDH1 R132 mutation. NHSE commissioned
nivolumab	DNP	as per NICE TA980 for adjuvant treatment of completely resected melanoma at high risk of recurrence in people 12 years and over (terminated appraisal).
voxelotor (Oxbryta)	RED	as per NICE TA981 for haemolytic anaemia caused by sickle cell disease in people 12 years and over. NHSE commissioned
baricitinib (Olumiant)	DNP	as per NICE TA982 for treating juvenile idiopathic arthritis in people 2 years and over (terminated appraisal)
pembrolizumab (Keytruda)	DNP	as per NICE TA983 for untreated locally advanced unresectable or metastatic HER2-positive gastric or gastro-oesophageal junction adenocarcinoma - Not recommended
tafamidis (Vyndaqel)	RED	as per NICE TA984. for treating transthyretin amyloidosis with cardiomyopathy. NHSE commissioned.
daridorexant	GREY	for insomnia in adults with symptoms lasting for 3 nights or more per week for at least 3 months, and whose daytime functioning is considerably affected, and only if cognitive behavioural therapy for insomnia (CBTi) has been tried but not worked or CBTi is not available or is unsuitable. NICE TA922
Tirzepatide (Mounjaro)	GREY	for treating type 2 diabetes only as an alternative to GLP-1 agonist for patients with type 2 diabetes who require triple therapy if alternative GLP-1s are not tolerated by patient, not efficacious or not available due to stock issues

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