Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

November 2024

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 November's JAPC meeting

Lebrikizumab is a new drug for moderate to severe atopic dermatitis that is suitable for systemic treatment in adults and young people 12 years and over with a body weight of 40kg or more only if the disease has not responded to at least 1 systemic immunosuppressant, or these are not suitable, and dupilumab or tralokinumab would otherwise be offered, and the company provides it according to the commercial arrangement. This is in line with the NICE TA986. It has been added to the established high cost drug treatment algorithm used by specialist teams in secondary care only, it is already classified as a RED drug.

Key new drug traffic light additions/changes

In line with NHSE recommendations for procurement of DOACs now that rivaroxaban is off patent & the generic cost has dropped in the Drug tariff the Xarelto brand has been classified as **Do Not Prescribe**.

Following NICE TA999 Vibegron has been classified as **GREY** and included in the Overactive bladder Guideline as another third line choice after a trial of solifenacin and oxybutynin. Vibegron is recommended as an option for treating the symptoms of overactive bladder syndrome in adults. It works in a similar way to mirabegron and is only recommended if antimuscarinic medicines are not suitable, do not work well enough or have unacceptable side effects. Vibegron is more cost effective than mirabegron and does not have a precaution or need for blood pressure to be measured at baseline and periodically during treatment with especially in hypertensive patients.

Guideline Group key messages - traffic light amendments

Chapter 12 ENT was updated, information on OTC products added to help promote self-care. Ephedrine drops removed as discontinued. A warning for peanut allergy was added to Naseptin cream. Alternative cost effective brands included for saliva replacements due to Xerostom discontinuation were added - Salivix pastilles, BioXtra Dry Mouth Ultra Mild Mouthrinse, Saliveze spray and Oralieve Moisturising Mouth Gel.

The Daridorexant prescribing guideline was updated to remove reference to the Sleepio App as this is now unavailable in Derbyshire. Local respiratory action plans have been decommissioned due to most practices now using nationally available ones. To replace these, links to the Asthma + Lung UK respiratory action plans have been added to the website.

The Type 2 Diabetes in adults guideline has a further addition of prescribing information for tirzepatide added to Appendix 6 (including additional information regarding retinopathy risk).

MHRA – Drug safety update

GLP-1 receptor agonists: a reminder of the potential side effects and to be aware of the potential for misuse, Healthcare professionals are reminded to inform patients about the common and serious side effects associated with glucagon-like peptide-1 receptor agonists (GLP-1RAs). GLP-1RAs are a class of medications used to treat type II diabetes mellitus and obesity. Five GLP-1RAs are available in the UK: dulaglutide, exenatide, liraglutide, lixisenatide, semaglutide. Mounjaro (tirzepatide) is a GLP-1RA combined with glucose-dependent insulinotropic polypeptide receptor agonist (GIP RA).

Advice for healthcare professionals:

- inform patients upon initial prescription and when increasing the dose about the common risk of gastrointestinal side effects which may affect more than 1 in 10 patients. These are usually non-serious, however can sometimes lead to more serious complications such as severe dehydration, resulting in hospitalisation
- be aware that hypoglycaemia can occur in non-diabetic patients using some GLP-1RAs for weight management; ensure patients are aware of the symptoms and signs of hypoglycaemia and know to urgently seek medical advice should they occur
- patients should also be warned of the risk of falsified GLP-1 RA medicines for weight loss if not prescribed by a registered healthcare professional, and be aware that some falsified medicines have been found to contain insulin
- be aware there have been reports of potential misuse of GLP-1RAs for unauthorised indications such as aesthetic weight loss

Insulin pumps and continuous glucose monitoring (CGM) equipment: guidance for users on reporting suspected adverse incidents and safety concerns to the MHRA's Yellow Card scheme

Advice for healthcare professionals:

- insulin pumps and continuous glucose monitoring (CGM) devices are complex devices with the potential to result in serious harm in the event of error. To aid the MHRA in early identification of safety concerns associated with these devices, users of the equipment need to know how to report safety issues to the MHRA
- we have published guidance to explain to users of all medical devices manufactured for diabetes management how to report safety concerns to the MHRA using the Yellow Card scheme
- this guidance is expected to improve the quality of information the MHRA receives and should the need arise, support a thorough investigation of the relevant equipment
- highlight the guidance to patients using insulin pumps, insulin pens and CGM devices
- remind patients that if they suspect a problem with their device, they should be advised to use an alternative method to manage their diabetes

• we are also providing a poster with a direct link to the guidance (QR code) which can be printed to display in your clinic waiting room
• healthcare professionals should also speak to their local Medical Device Safety Officer (MDSO) on how you can support the reporting of adverse incidents with these medical devices
• report problems and adverse incidents associated with medical devices used in the management of diabetes on a Yellow Card

Bromocriptine: monitor blood pressure when prescribing bromocriptine for prevention or inhibition of post-partum physiological lactation
A safety review has been conducted by the MHRA following a Yellow Card report concerning a patient who was taking bromocriptine. The review concluded that blood pressure monitoring of patients prescribed with this drug is essential especially during the first days of treatment.

Traffic light changes

Drug	Decision	Details
Xarelto brand	**DNP**	Xarelto brand. Generic preparation available.
vibegron	**GREY**	Another third line choice after a trial of solifenacin and oxybutynin.
Capivasertib (Truqap)	**RED**	As per NHSE commissioning intentions
Ciclosporin (Cequa)	**DNP**	Until clinician request received
Elacestrant (Korserdu)	**RED**	As per NHSE commissioning intentions
Rozanolixizumab (Rystiggo	**RED**	As per NHSE commissioning intentions
Zolbetuximab (Vyloy)	**RED**	As per NHSE commissioning intentions
Avapritinib (Ayvakyt)	**RED**	As per NHSE commissioning intentions for treating advanced systemic mastocytosis in adults.as per NICE TA1012
Latanoprost–netarsudil	**RED**	As per NICE TA1009 for previously treated primary open-angle glaucoma or ocular hypertension
Danicopan with ravulizumab or eculizumab	**RED**	As per NICE TA1010 for treating paroxysmal nocturnal haemoglobinuria
Belzutifan	**RED**	As per NICE TA1011 for treating tumours associated with von Hippel-Lindau disease
Quizartinib	**RED**	As per NICE TA1013 for induction, consolidation and maintenance treatment of newly diagnosed FLT3-ITD-positive acute myeloid leukaemia

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