

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 January's JAPC

Pharmacy First PGDs - The NHS Pharmacy First Service incorporates the previous Community Pharmacist Consultation Service to enable community pharmacy to complete episodes of care for seven common conditions following specific clinical pathways (self-care, safety-netting advice, and supplying certain over the counter and prescription only medicines via clinical protocol and patient group directions). A link to the national PGDs has been added to the Medicines management website.

Immunisation PGDs - The following NHS England Midlands PGDs have had their expiry dates extended: Hepatitis A and typhoid vaccine PGD - Expiry date: 29 February 2024 (Extended to 31 May 2024); Zostavax® PGD - Expiry date: 30 June 2024 (Extended to 31 October 2024).

Ophthalmology high-cost drug algorithms - The following ophthalmology high-cost drug commissioning algorithms have been reviewed and the ranibizumab biosimilar has been placed as 1st line treatment: Age-Related Macular Degeneration (ARMD), Diabetic Macular Oedema (DMO) and Macular oedema due to Branch Retinal Vein Occlusion/Central Retinal Occlusion (BRVO/CRVO).

Influenza season 2023/24: Use of antiviral medicines - Prescribers working in primary care may now prescribe, and community pharmacists may now supply antiviral medicines (oseltamivir and zanamivir) for the prophylaxis and treatment of influenza at NHS expense.

Shortage of GLP-1 receptor agonists (GLP-1 RA) update via National Patient Safety Alert

- Prescribe Rybelsus® (semaglutide) tablets for new initiations of a GLP-1 RA (in line with NICE NG28)
- Identify patients prescribed Byetta® and Victoza® injections and (in line with NICE NG28) switch to Rybelsus® tablets.
- Counsel patients on any changes in drug, formulation, and dose regimen where appropriate
- Do not switch between strengths of a GLP-1 RA solely based on availability.

Use of nebulised Colistimethate injection (Colomycin®) in Pseudomonas aeruginosa lung Infections in Adults with Bronchiectasis (non-Cystic Fibrosis)

Colomycin® injection by inhalation is licensed for the management of adult and paediatric chronic pulmonary infections due to Pseudomonas aeruginosa in patients with cystic fibrosis (CF). Its use in bronchiectasis is unlicensed but is established and common practice. The routine review of the guidance showed no significant changes. Minor updates include saline for nebuliser; guideline updated to recommend prescribing 2.5ml sodium chloride 0.9% nebuliser liquid unit dose as cost effective option. Contacts and consultees were also updated.

Guideline Group key messages – traffic light amendments

Vacuum pumps - For patients seen by specialists in other areas, GP can accept initial prescribing after assessment or ongoing prescribing for replacement pumps if the device is routinely prescribed in primary care in the specialist's host area and the patient meets the SLS criteria and appropriate training has been provided. (clarification).

Minor guideline/website update:

- Formulary endocrine chapter - new oral solution formulation of desmopressin has been included into the notes with information on dose conversions.
- NHSDDICB PGD Review Process updated to include: 'Where a PGD is authorised regionally/NHSE for use within Derbyshire e.g., for immunisation, these are tabled at JAPC for information/acknowledgement'.
- Request for authorisation to continue managed repeats has been uploaded to the MM website - Other useful guidelines.
- Generic wording and JUCD COVID vaccine incident form has been removed from the COVID Treatment MM webpage.

MHRA – Drug safety update

Aripiprazole (Abilify and generic brands): risk of pathological gambling - be alert to the risk of addictive gambling and other impulse control disorders. Advise patients and their caregivers to be alert to the development of new or increased urges to gamble and other impulse control symptoms, such as excessive eating or spending, or an abnormally high sex drive. Consider dose reduction or stopping the medication if a patient develops these symptoms.

Vitamin B12 (hydroxocobalamin, cyanocobalamin): advise patients with known cobalt allergy to be vigilant for sensitivity reactions - advise patients with known cobalt allergy to be vigilant for sensitivity reactions. Cobalt sensitivity reactions typically present with cutaneous symptoms of chronic or subacute allergic contact dermatitis. Infrequently, cobalt allergy may trigger an erythema multiforme-like reaction. Symptom onset may be immediate or delayed up to 72 hours post-administration. Cobalt allergy is estimated to affect 1 to 3% of the general population.

Traffic light changes

Drug	Decision	Details
Secukinumab	RED	NICE TA935: for treating moderate to severe hidradenitis suppurativa. NHSE commissioned.
Targeted-release budesonide	RED	NICE TA937: for treating primary IgA nephropathy (Kinpeygo)
Dupilumab	DNP	NICE TA938: for treating eosinophilic oesophagitis in people 12 years and over (terminated appraisal)
Pembrolizumab	RED	NICE TA939: Pembrolizumab plus chemotherapy with or without bevacizumab for persistent, recurrent or metastatic cervical cancer (replaces NICE TA885) NHSE commissioned.
Ravulizumab	DNP	NICE TA940: for treating generalised myasthenia gravis (terminated appraisal) NICE TA941: for treating AQP4 antibody-positive neuromyelitis optica spectrum disorder (terminated appraisal)
Empagliflozin	GREEN	NICE TA942: for treating chronic kidney disease (CKD). Empagliflozin is recommended as an option only if: <ul style="list-style-type: none"> it is an add-on to optimised standard care including the highest tolerated licensed dose of ACEi or ARBs, unless contraindicated, and people have an eGFR of: <ul style="list-style-type: none"> 20 to less than 45 ml/min/1.73 m² or 45 to 90 ml/min/1.73 m² and either: a urine albumin-to-creatinine ratio of 22.6 mg/mmol or more, or type 2 diabetes.
Hybrid closed loop system	RED	NICE TA943: for managing blood glucose levels in type 1 diabetes
Talquetamab	RED	As per NHSE commissioning intentions. For the treatment of adults with relapsed and refractory multiple myeloma, who have received at least three prior therapies, including an immunomodulatory agent, a proteasome inhibitor, and an anti-CD38 antibody and have demonstrated disease progression on the last therapy.
Sebelipase alfa	RED	SSC2584: for treating Wolman disease as per NHSE commissioning intentions.
Elexacaftor/tezacaftor/ivacaftor	RED	SSC2587: for patients aged 2- 5 years with cystic fibrosis and homozygous for F508del mutation, or F508del heterozygous combined with any other mutation as per NHSE commissioning intentions.
Sorafenib	RED	SSC2588: maintenance for adults with FLT3-internal tandem duplication (FLT3-ITD) acute myeloid leukaemia (AML) undergoing allogeneic haematopoietic stem cell transplantation (allo-HSCT) as per NHSE commissioning intentions.
Siltuximab	RED	SSC2598: for idiopathic Multicentric Castleman Disease (iMCD) as per NHSE commissioning intentions.

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:

- The patient requires specialist assessment before starting treatment and/ or
- 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:

- There is no immediate need for the treatment and is line with discharge policies and
- The patient response to the treatment is predictable and safe