

South East London Area Prescribing Committee Formulary recommendation

Reference	098
Intervention:	Aprepitant for the treatment of severe nausea and vomiting in adults
	with gastroparesis (Aprepitant is an antiemetic agent)
Date of Decision	January 2019
Date of Issue:	February 2019
	RED – suitable for prescribing and supply by hospital only
Further Information	 Aprepitant is accepted for use in South East London as a last line treatment option for patients with severe, refractory nausea and vomiting associated with gastroparesis (including diabetic gastroparesis). The following management strategies/treatment options will have been tried or considered not suitable (due to a contraindication or intolerance) before aprepitant is considered. Review of any medicines that can cause delayed gastric emptying Diet and nutritional support Optimising glycaemic control in people with diabetes Prokinetic agents to improve gastric emptying and symptoms of gastroparesis: metoclopramide (1st line prokinetic agent), domperidone (2nd line) and erythromycin (3st line) Anti-emetic agents for nausea and vomiting symptom improvement and prevention Bottlinum toxin intrapyloric injection Prescribing and supply of aprepitant will be through the hospital. If patients demonstrate a positive response (determined on a case by case basis by the clinician) to treatment during the first month, treatment with aprepitant may be continued. Treatment should be discontinued if there is no response in the first 2 weeks. In patients who respond, there will be ongoing review to ensure a continuing response to aprepitant. The first month in order for the cost of the medicine to be reimbursed to the Trust. This billing arrangement will be reviewed once generic versions of aprepitant are available later in 2019. Note: at the time of writing, aprepitant is not licensed* for the committee outlining: (i) Total number of patients treated with aprepitant over this time (ii) Whether use is in line with this recommendation and the rationale for any deviation. (iii) Patient outcomes, including: Response to reathment reduring clinical outcomes (and diabetic control for people wit

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Shared Care/	
Transfer of care	N/A
required:	
Cost Impact for	The local acute Trusts estimate that 30 people in SEL might be suitable for treatment
agreed patient	with aprepitant in this setting
group	• If using higher 120mg daily dose for 15 days initially (i.e. 2 weeks), before switching to a
	maintenance dose of 80mg daily, the estimated annual cost per patient is approx.
	£6,000. If it is assumed that continued use would be required in 25% of patients, and
	75% would resolve after an average of 3 months of treatment this would equate to an
	annual cost of approximately £78,000.
	 There may be savings from reduced admissions and reduced inpatient stay. These are
	difficult to quantify but will be included as part of the data reported back to the
	Committee.
Lloogo Monitoring	Availability of generic versions of aprepitant will reduce the cost impact.
Usage Monitoring	Acute Trusts:
& Impact	Monitor and audit usage of aprepitant as agreed and report back to the Committee in 10 meanths (data to be called and any sented as later than April 2000)
Impact	in 12 months (data to be collated and presented no later than April 2020).
Assessment	CCGs:
	Monitor ePACT2 data and monthly high cost drugs invoicing submitted to the CSU.
	Monitor exception reports from GPs if inappropriate transfer of prescribing to primary
	care is requested.
Evidence	References (from evidence evaluation)
reviewed	1. Camilleri, M. (2007). Clinical Practice. Diabetic Gastroparesis The New England Journal of
	Medicine. 356, 829-829.
	2. Camilleri, M; Parkman, H et al. (2013). Clinical Guideline: Management of Gastroparesis. The
	American Journal of Gastroenterology. 108, 18-37.
	3. National Institute for Health and Care Excellence. (2016). Type 1 diabetes in adults: diagnosis
	and management. Available: https://www.nice.org.uk/guidance/ng17/chapter/1-
	Recommendations#managing-complications. Last accessed 04/06/2018
	4. Merck Sharp & Dohme Limited. (2016). EMEND 80 mg Hard Capsules. Available:
	https://www.medicines.org.uk/emc/product/8228#PHARMACOLOGICAL_PROPS Last
	accessed 04/06/2018.
	 Jacob, D; Busciglio, I; Burton, D et al. (2017). Effects of NK1 receptors on gastro motor functions and satiation in healthy humans: results from a controlled trial with the NK1 antagonist
	aprepitant. American Journal of Physiology - Gastrointestinal and Liver Physiology. 313, G505-
	G510.
	6. Fountoulakis, N; Dunn, J; Thomas, S; Karalliedde, J. (2017). Successful management of
	refractory diabetic gastroparesis with long-term aprepitant treatment. Diabetic Medicine. 34,
	1483-1486.
	7. Chong, K; Dhatariya, K. (2009). A case of severe, refractory diabetic gastroparesis managed by
	prolonged use of aprepitant. Nature Reviews: Endocrinology. 5, 285-288.
	8. Fahler, J; Wall, G; Leman, B. (2012). Gastroparesis-associated refractory nausea treated with
	aprepitant. The Annals of Pharmacotherapy. 46, e38. [ABSTRACT ONLY].
	9. Pasricha, P; Yates, K; Sarosiek, I et al. (2018). Aprepitant has mixed effects of nausea and
	reduces other symptoms in patients with gastroparesis and related disorders. Gastroenterology
	2018 154 (1), 65-76. 10. Madsen, J; Fuglsang, S. (2008). A randomised, placebo-controlled, crossover, double-blind trial
	of the NK1 receptor antagonist aprepitant on gastrointestinal motor function in healthy humans.
	Alimentary Pharmacology and therapeutics. 27, 609-615.
NOTES:	

NOTES:

- a) Area Prescribing Committee recommendations, position statements and minutes are available publicly via the <u>APC website</u>.
- b) This Area Prescribing Committee recommendation has been made on the cost effectiveness, patient outcome and safety data available at the time. The recommendation will be subject to review if new data becomes available, costs are higher than expected or new NICE guidelines or technology appraisals are issued.

c) Not to be used for commercial or marketing purposes. Strictly for use within the NHS.

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