

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS Derby & Derbyshire Clinical Commissioning Groups, 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>

Due to the current COVID-19 pandemic an interim JAPC ToR has been devised to ensure that there is continuity of JAPC meetings during these extraordinary times. The increased pressures experienced by the CCG and providers necessitated the need to temporarily modify existing arrangements for the running of JAPC meetings and the work-up behind the review/production of clinical guidelines.

See http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management/joint_area_prescribing_committee

Key Messages From The JAPC December Meeting - Clinical Guidelines

Freestyle Libre guidance has been updated to include patients with learning difficulties and type 1 or 2 diabetes as a cohort of patients who can be offered the flash system. Freestyle Libre 2 will not be available until February 2021 – the local diabetes team are working on a plan for Derbyshire patients. Freestyle libre is not interchangeable with Freestyle libre 2, the transition over should be carefully managed to reduce waste.

Lipid modification (non-FH) guidance has been amended – main change includes reclassification of rosuvastatin as 2nd line alternative treatment option after atorvastatin. Rosuvastatin can also be used when there is complete intolerance to atorvastatin and if there is a failure to achieve 40% reduction target in non-HDL-C despite maximum tolerated dose on other statins.

Low Molecular Weight Heparin – update includes use of creatinine clearance instead of estimated glomerular filtration rate by Chesterfield anticoagulation clinic and doses for VTE in pregnancy have been updated as per Royal College of Obstetrics and Gynaecology guidance.

Management of undernutrition in adults - guidance has been updated in collaboration with local dietitians. The guidance now offers a stepwise approach for nutritional support. New sections include: Subjective Assessment- as per bapen.org.uk, assessing the underlying causes of malnutrition- as per PrescQIPP and factors to consider for maximising ONS compliance. The appendices have been updated to include vegan dietary requirements.

Derbyshire recovery partnership position statement – extended for 3 years.

Migraine – commissioning algorithm for migraines for high cost drugs (secondary care) has been updated to include the new NICE approved biologic – galcanezumab (NICE TA 659).

JAPC TOR has been updated to include section on rapid, remote decision making during COVID period.

Patient Group Directions (PGDs)

New PGD from PHE for **Flublok Quadrivalent** (recombinant quadrivalent influenza vaccine, QIVr) for individual's in accordance with the national influenza immunisation programme. PHE PGD for **Inactivated Influenza Vaccine** includes an extension of eligible cohorts – from mid-November, children eligible for the Routine Childhood Seasonal Influenza Vaccination Programme who do not accept live attenuated influenza vaccine due to porcine gelatine content and 1 December 2020, people aged 50 to 65 years.

Buccal midazolam – epistatus –GREY for out of areas providers.

Following concerns from neighbouring CCG regarding the Derbyshire classification of midazolam products, JAPC has relaxed the traffic light status for epistatus from DNP to GREY for out of area providers. JAPC recognising that it may not be practical due to formulary differences to refer to a specialist outside of Derbyshire for a patient already initiated on Epistatus. In these circumstances it will be at the discretion of the prescribing clinician to switch to Buccolam with patient and/or carer training and updated care plans, or to continue prescribing Epistatus.

Prescribers are reminded the **preferred brand for Derbyshire remains as Buccolam**, for use in children under 18 years and adults. The use in adults is off-label. Prescribers are reminded of the importance that in order to switch to Buccolam patients and their carers need to be trained and or educated on the new product. Care plans should be updated at next review with specialist. Further prescribers are reminded to be aware of the volume difference for the 2 products when switching – Buccolam is 10mg/2ml prefilled syringe, whereas epistatus is 10mg/1ml prefilled syringe.

Vitamin D – COVID-19

The Department of Health and Social Care (DHSC) has issued advice for vitamin D supplements for people who have been shielding this year due to COVID-19, or people who live in care homes, because they are most likely to have been indoors over the spring and summer and so may not have been able to obtain enough vitamin D from sunlight. The Government is offering a free 4-month supply of daily supplements of vitamin D for all adults who are clinically extremely vulnerable to support general health and in particular for bone and muscle health. Patients will receive a letter from DHSC, stating they are at high risk from coronavirus (clinically extremely vulnerable), aged >18 years and reside in England. These patients can opt-in to receive this free supply of vitamin D delivered directly to their homes. These patients will need to register their details between 30 November 2020 and 4 January 2021 at the following link: www.nhs.uk/get-vitamin-d. Patients already taking Vitamin D supplements do not need to use this service. GPs are not recommended to continue future prescriptions after this one off supply.

COVID-19 vaccine

The medicines management website has been updated to include a **COVID-19 vaccination programme section**. The CPD team are working to provide an up-to-date repository of the latest national information as and when it published. The COVID-19 Vaccine section currently includes national guidance's including the Green book chapter, training resources and programme documents. Users are reminded that the COVID-19 vaccination programme section of the medicines management website is constantly changing as new and updated documents are published and uploaded to the site. DCHS has also produced a suite of documents including an SOP for the vaccine. Again these documents are constantly being updated as new information/evidence comes to light.

Guideline Group key messages

Fosfomycin – Grey 2nd line choice for UTI in non-pregnant women as per NICE/PHE antimicrobial guideline.

Macrogol (Dual classification) - Green: Macrogol compound oral powder. Laxido is the preferred choice. Do Not Prescribe (DNP): Macrogol 3350 (Transisoft). Significantly more expensive. Macrogol compound (Laxido) is a cost-effective alternative.

Skin chapter - Cociois replaces Sebco scalp ointment for treatment of psoriasis. Clairette is the preferred brand for co-cyprindiol 2000/35 microgram tablets. NICE/PHE advice for dermatophyte infection added- topical terbinafine first-line; use topical imidazole e.g. clotrimazole if candida possible.

Lamisil removed as preferred brand for terbinafine 1% cream- prescribe generically. Lyclear is the preferred brand for permethrin 5% dermal cream.

AF guideline- following update from SPS Suggestions For Drug Monitoring in Adults in Primary Care document, **apixaban and rivaroxaban monitoring have been re-aligned to 6 monthly if patient has additional risk factors such as age >75 years or frail.**

MHRA NOTICES

Modafinil (Provigil): increased risk of congenital malformations if used during pregnancy. Modafinil should not be used during pregnancy and women of childbearing potential must use effective contraception during treatment and for 2 months after stopping modafinil. Locally modafinil is classified as GREEN following specialist initiation: to treat narcolepsy and narcolepsy secondary to Parkinson's disease.

Pirfenidone (Esbriet): risk of serious liver injury, and updated advice on liver function testing. **Ferric carboxymaltose (Ferinject▼):** risk of symptomatic hypophosphataemia leading to osteomalacia and fractures. **Bupropion (Zyban):** risk of serotonin syndrome with use with other serotonergic drugs.

Isotretinoin (Roaccutane ▼): contribute to expert review.

Drug	Date considered	Decision	Details
Midazolam - Epistatus	Dec 2020	GREY	GREY, when initiated by out-of-area providers. The relaxation for Epistatus traffic light is due to JAPC recognising that it may not be practical due to formulary differences to refer to a specialist outside of Derbyshire for a patient already initiated on Epistatus. In these circumstances it will be at the discretion of the prescribing clinician to switch to Buccolam with patient and/or carer training and updated care plans, or to continue prescribing Epistatus.
Rosuvastatin	Dec 2020	GREY	GREY 2nd line alternative treatment option after atorvastatin. Can also be used when there is complete intolerance to atorvastatin or partial intolerance to other statins.
FreeStyle Libre 2	Dec 2020	GREY after diabetic Con/Spec initiation	GREY after diabetic consultant/specialist initiation within a Derbyshire Diabetes service. Available through the specialist team after February 2021.
Ferric Carboxymaltose (Ferinject)	Dec 2020	RED	Iron deficiency when oral iron is ineffective or cannot be used, or when there is a clinical need to deliver iron rapidly. MHRA, Nov 2020 - risk of symptomatic hypophosphataemia leading to osteomalacia and fractures.
Bevacizumab biosimilar (Aybintio)	Dec 2020	DNP	Continues as per current NICE TA's commissioned by NHSE.
Siponimod	Dec 2020	RED	NICE TA656 – treating secondary progressive multiple sclerosis. NHSE commissioned
Carfilzomib	Dec 2020	RED	NICE TA657- for previously treated multiple myeloma. NHSE commissioned
Isatuximab with pomalidomide and dexamethasone	Dec 2020	RED	NICE TA658 - for treating relapsed and refractory multiple myeloma. NHSE commissioned
Galcanezumab	Dec 2020	RED	NICE TA659- preventing migraines. CCG commissioned
Darolutamide	Dec 2020	RED	NICE TA660 - Darolutamide with androgen deprivation therapy for treating hormone -relapsed non-metastatic prostate cancer. NHSE commissioned
Pembrolizumab	Dec 2020	RED	NICE TA661 - for untreated metastatic or unresectable recurrent head and neck squamous cell carcinoma. NHSE commissioned
Durvalumab	Dec 2020	DNP	TA662 - Durvalumab in combination for untreated extensive-stage small-cell lung cancer (terminated appraisal) NHSE commissioned

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)

*Old nomenclature:

- All **BLACK** drugs are now → **Do Not Prescribe (DNP)**
- All **BROWN** drugs are now → **GREY**

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:

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.