

## 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](http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management/joint_area_prescribing_committee)

## Key Messages From The JAPC September Meeting – [Clinical Guidelines](#)

A commissioning algorithm for [migraine](#) using Fremanezumab (excluded from tariff drug) as a treatment option after beta blockers, antidepressants, anticonvulsant drugs and/or Botulinum toxin type A has been approved by JAPC for use across Derbyshire. This algorithm is for secondary care use only.

[Crohns Disease](#) commissioning algorithm has been updated to include subcutaneous Vedolizumab (excluded from tariff drug) as a cost effective options. This algorithm is for secondary care use only.

## Patient Group Directions (PGDs) & Shared Care Agreements (SCA)

[Local PGDs](#) for **Hepatitis A** for children and adults and **Hepatitis A/Typhoid** have been replaced with national PGDs from Public Health England (PHE). Users are reminded to check inclusion/exclusion criteria and contra-indications in the national PHE PGDs.

### Updated PHE PGD's:

**Inactivated Influenza** main changes include, extended characteristics of staff to include all registered practitioners legally able to work under PGD, including household contacts of those on the NHS Shielded Patient List, health and social care workers employed through Direct Payments or Personal Health Budgets and, subject to vaccine supply, extension of the programme to individuals from 50 years of age and children in routine age cohorts unable to receive LAIV and table of recommended inactivated influenza vaccines for the 2020/21 season has been updated.

**Live attenuated influenza vaccine nasal spray suspension** main changes include extended characteristics to include all registered practitioners legally able to work under PGD and the 2020/21 influenza programme eligible DOB cohorts and household contacts of those on the Covid-19 Shielded Patient List.

**Pneumococcal polysaccharide vaccine and BCG Vaccine AJV** include minor amendments.

### PGD's for use by DCHS contracted community pharmacies:

**Progesterone Only Pill POP; Combined Oral Contraceptive COC; Levonorgestrel 1500mcg Tablets; Ulipristal**

## Naloxegol – BROWN Con/Spec initiation and stabilisation for 3 months

Naloxegol (NICE TA345) is recommended, as an option for treating opioid induced constipation in adults whose constipation has not adequately responded to laxatives. JAPC has now reclassified naloxegol as BROWN specialist or consultant initiation and stabilisation for 3 months. The consultant/Specialist will commence therapy in the appropriate patient and allow for stabilisation of treatment, usually 3 months, before discharging the patient for the primary care clinician to take over responsibility of prescribing. There are no specific monitoring requirements for naloxegol and low usage across Derbyshire is anticipated.

## Priadel discontinuation – presently paused

Following notification from the Competition and Markets Authority, all current plans to switch patients from Priadel® to an alternative brand of lithium carbonate tablets are to be PAUSED, until further notice.

## [New measures to support development of safe COVID-19 vaccine for UK](#)

A raft of new measures to allow the safe future rollout of a COVID-19 vaccine has been announced. Measures include: reinforced safeguards to support the MHRA to grant temporary authorisation for the use of a new COVID-19 vaccine – provided it meets the highest safety and quality standards; expanding the trained workforce who can administer COVID-19 and flu vaccines to improve access and protect the public and clarifying the scope of the protection from civil liability for the additional workforce that could be allowed to administer vaccinations.

## Guideline Group key messages

Depo-Medrone with Lidocaine - GREEN. Semaglutide oral (Rybelsus) once daily oral preparation - BLACK. Balsalazide - GREEN specialist initiation. Ibuprofen 10% gel (Fenbid) - BROWN. Ibuprofen 10% gel (Fenbid) does not give any more benefit than the 5% gel. Chapter 14 - immunological products and vaccines – section updated to include useful resources on antivirals and national flu programme. Canagliflozin renal dosage requirements -updated as per updated SPC. Out of Area Prescribing Requests –updated no significant change. Prescribing in Primary Care – updated to include information on prescribing considerations for vegan patients; when managed repeat prescriptions should be considered; additional information on EHC and Brexit; and prescribing position for unlicensed imports. Recording medicines prescribed by other Healthcare Professionals – updated no significant change.

## MHRA NOTICES

**Stimulant laxatives (bisacodyl, senna and sennosides, sodium picosulfate) available over-the-counter:** new measures to support safe use. New pack size restrictions, revised recommended ages for use, and new safety warnings for over-the-counter stimulant laxatives (orally and rectally administered) following a national safety review have been introduced. Advise patients that dietary and lifestyle measures should be used first-line for relieving short-term occasional constipation and that stimulant laxatives should only be used if these measures and other laxatives are ineffective.

**Clozapine and other antipsychotics:** monitoring blood concentrations for toxicity is now advised in certain clinical situations, such as when: a patient stops smoking or switches to an e-cigarette; concomitant medicines may interact to increase blood clozapine levels, a patient has pneumonia or other serious infection; poor (reduced) clozapine metabolism is suspected, or toxicity is suspected. Blood level monitoring of other antipsychotics for toxicity may also be helpful in certain circumstances, where testing and reference values are available

**Denosumab 60mg (Prolia):** increased risk of multiple vertebral fractures after stopping or delaying ongoing treatment

**Baricitinib (Olumiant ▼):** increased risk of diverticulitis, particularly in patients with risk factors

**Isotretinoin (Roaccutane ▼):** reminder of important risks and precautions. Isotretinoin should only be used for severe forms of acne resistant to adequate courses of standard therapy with systemic antibacterials and topical therapy. Prescription of isotretinoin should be supervised by specialist dermatologists with a full understanding of the potential risks and monitoring requirements.

**Emollients and risk of severe and fatal burns:** new resources available to support safe use. The resources are freely available for download from <https://www.gov.uk/guidance/safe-use-of-emollient-skin-creams-to-treat-dry-skin-conditions>

Drug	Date considered	Decision	Details
Naloxegol	Sep 2020	BROWN con/spec initiation & stabilisation 3m	BROWN consultant/specialist initiation and stabilisation for 3 months: NICE TA345 for treating opioid induced constipation.
Delafloxacin	Sep 2020	BLACK	Treatment of acute bacterial skin and skin structure infections in adults when it is considered inappropriate to use other antibacterial agents that are commonly recommended for the initial treatment of these infections. Awaiting national guidance or clinician request.
Fostamatinib	Sep 2020	RED	Treatment of chronic immune thrombocytopenia in adults' refractory to other treatments. NHSE commissioned.
Insulin lispro (Lyumjev)	Sep 2020	BLACK	Ultra-rapid formulation. Awaiting national guidance or clinician request.
Rurioctocog alfa	Sep 2020	RED	Treatment and prophylaxis of bleeding in patients aged ≥12 years with haemophilia A
Turoctocog alfa	Sep 2020	RED	Treatment and prophylaxis of bleeding in patients aged ≥12 years with haemophilia A
Treosulfan	Sep 2020	RED	NICE TA640 - Treosulfan with fludarabine for malignant disease before allogeneic stem cell transplant
Brentuximab vedotin	Sep 2020	RED	NICE TA641 - Brentuximab vedotin in combination for untreated systemic anaplastic large cell lymphoma
Gilteritinib	Sep 2020	RED	NICE TA642 - Gilteritinib for treating relapsed or refractory acute myeloid leukaemia
Entrectinib	Sep 2020	RED	NICE TA643 - Entrectinib for treating ROS1-positive advanced non-small-cell lung cancer
Entrectinib	Sep 2020	RED	NICE TA644 - Entrectinib for treating NTRK fusion-positive solid tumours

#### 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.

**BROWN:** 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.

**BLACK:** 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

#### 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.