

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 - JAPC February virtual Meeting

MHRA NOTICES

Antiepileptic drugs in pregnancy

A review of the risks of major congenital malformations and of adverse neurodevelopmental outcomes for antiepileptic drugs by the Commission on Human Medicines has confirmed that lamotrigine (Lamictal) and levetiracetam (Keppra) are the safer of the medicines reviewed during pregnancy.

Primary care – add in key messages to CNS formulary chapter for information.

- Women using antiepileptic drugs who are planning to become pregnant should be offered folic acid 5mg daily before any possibility of pregnancy.
- Urgently refer women who are planning to become pregnant for specialist advice on their antiepileptic treatment.
- These are usually initiated by specialist. GPs using antiepileptic drugs for other indications must carefully consider the risk and benefit

Secondary care – provider trusts to note key review findings

- Detailed review of adverse effects, advice on dosing, monitoring, and monotherapy, with risk being categorised depending on drug.
- Antiepileptic drugs may be used for other indications e.g. pain/anxiety. The advice in the product information should be considered relevant to any indication where necessary.

COVID-19 vaccines - current advice - Information available through a separate part of medicines management website which covers COVID-19 vaccines.

Dimethyl fumarate (Tecfidera) - Risk of PML associated with mild lymphopenia. For provider trusts to note. Monitoring requirements and discontinuation criteria strengthened. Advice for patients to seek medical attention for signs and symptoms of adverse effects.

Fingolimod (Gilenya) - Risks of serious liver injury and herpes meningoencephalitis. For provider trusts to note. Liver monitoring requirements and criteria for discontinuation updated. Advice for patients to seek medical attention for signs and symptoms of adverse effects.

SSRI/SNRI antidepressants - Small increased risk of postpartum haemorrhage when used in the month before delivery. SSRIs and SNRIs are known to increase the bleeding risk; observational data suggest that the use of some antidepressants in the last month before delivery may increase the risk of postpartum haemorrhage. Continue to consider the benefits and risks for use of antidepressants during pregnancy, and the risks of untreated depression in pregnancy.

- Primary care - add in key messages to CNS formulary chapter for information.
- Secondary care - provider trusts to note key review findings

Aminoglycosides - Increased risk of deafness in patients with mitochondrial mutations. The product information (gentamicin, amikacin, tobramycin, and neomycin) will be updated to include warnings of a potentially increased risk of ototoxicity in patients with known mitochondrial mutations. The patient information leaflet will ask patients to talk to their doctor or pharmacist before taking this medicine if they know (or think they have) a mitochondrial disease.

Traffic light changes

Drug	Date considered	Decision	Details
Encorafenib plus cetuximab	Feb 2021	RED	NICE TA668 Encorafenib plus cetuximab for previously treated BRAF V600E mutation-positive metastatic colorectal cancer. NHS England 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:

- 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:

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.