

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 May's Virtual JAPC meeting

### **Atrial Fibrillation NICE NG196**

NICE have updated their atrial fibrillation guidance which covers the diagnose and management of atrial fibrillation in adults. Key variations for the updated NICE guidance include the use of ORBIT as a bleeding risk tool instead of the HAS-BLED tool and use of NOACs over warfarin. JAPC recognises these variations in the national guidance and will discuss ORBIT once this is available through GP clinical systems and the use of NOACs as first line at a future meeting.

### **Chronic Pain NICE NG193**

This guideline provides significant change to current practice for the management of chronic primary pain in people aged 16 years and over. The guideline includes definition for chronic primary pain, management for primary chronic pain utilising non-pharmacological interventions (such as acupuncture and exercise programmes) and use of off-label antidepressants and some **DO NOT** initiate following drugs - antiepileptics including gabapentinoids (unless part of clinical trial), antipsychotics, benzodiazepines, corticosteroids injections, ketamine, local anaesthetics, NSAID, opioids, paracetamol. [Faculty of Pain Medicine](#) and [British Pain Society](#) have both expressed concerns over NICE recommendations around the new concept of chronic primary pain in terms of both diagnosis and management. A local chronic pain guidance will be produced, which will acknowledge there are gaps in capacity and service provision for non-pharmacological therapies as well as specialist pain management and other associated services (e.g., CBT) and the concerns raised by FPS/BPS.

### **Bempedoic acid/ezetimibe - NICE TA694 - RED**

Bempedoic acid with ezetimibe is recommended as an option for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if:

- statins are contraindicated or not tolerated,
- ezetimibe alone does not control low-density lipoprotein cholesterol well enough, and
- the company provides bempedoic acid and bempedoic acid with ezetimibe according to the commercial arrangement

Work is underway currently to include bempedoic acid into primary care lipid modification pathways, allowing continuation of treatment for these patients through their GPs.

### **High-Cost Drugs – secondary care CCG commissioned drugs:**

**Upadacitinib (NICE TA665)** oral treatment option for severe rheumatoid arthritis. See local [commissioning algorithm](#) for place in therapy.

**Filgotinib (NICE TA676)** oral treatment option for moderate to severe rheumatoid arthritis. See local [commissioning algorithm](#) for place in therapy.

### **Patient Group Directions (PGD)**

Hepatitis B vaccine and Hepatitis B vaccine Renal – update to existing PGD which expired on 31<sup>st</sup> April 2021. Updated PGD effective from 1<sup>st</sup> May 2021.

## **MHRA – DRUG SAFETY UPDATES**

**Polyethylene glycol (PEG) laxatives and starch-based thickeners:** potential interactive effect when mixed, leading to an increased risk of aspiration. Addition of a polyethylene glycol (PEG)-based laxative to a liquid that has been thickened with a starch-based thickener may counteract the thickening action, placing patients with dysphagia at a greater risk of aspiration. Nutilis Clear is the preferred thickening agent for patients with dysphagia in Derbyshire.

**Covid-19 vaccine updates for April 2021:** new advice concluding there is a possible link between COVID-19 Vaccine AstraZeneca and extremely rare and unlikely to occur blood clots (7/4/21). Revised COVID-19 Vaccine AstraZeneca product information for healthcare professionals, including further clarification on specific pre-existing medical conditions where the vaccine should not be given, and those pre-existing conditions where particular caution is needed; the information for UK vaccine recipients has also been updated (15/4/21).

## **Guideline Group key messages**

Formulary eye chapter has been updated to include information from SPS and Royal College of Ophthalmologists regarding use of chloramphenicol. Previous advice on using alternatives removed whilst awaiting further guidance.

Hypromellose 0.5% discontinued – replaced in Eye chapter and Dry Eyes prescribing guidance with Hypromellose 0.3%

Budesonide 2mg foam enema included in formulary in addition to 2mg/100ml enema

Heart Failure guideline- add in key message relating to dapagliflozin on front page following UHDB feedback. Not to be used in patients with type 1 diabetes; counsel patients on sick day rule; add hyperlink to Patient information leaflet.

Managing Vitamin B12 injections in primary care during Covid- updated to reflect licensed status of cyanocobalamin 1mg tablets. Existing advice to only use high dose oral cyanocobalamin after consideration to continue or delay vit B12 injection remains.

COVID-19 Vaccination Allergy Management Guideline- new FAQ Q9 relating to patients who has received 1st dose vaccine without allergic reaction.

## Traffic light changes

Drug	Date considered	Decision	Details
Dolutegravir (Tivicay)	May 2021	RED	Use in combination with other anti-retroviral medicinal products for the treatment of human immunodeficiency virus infected adults, adolescents and children.
Bempedoic acid with ezetimibe	May 2021	RED	NICE TA694 - Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia. CCG commissioned.
Acalabrutinib	May 2021	RED	NICE TA689 - for treating chronic lymphocytic leukaemia. NHSE commissioned.
Teduglutide	May 2021	DNP	NICE TA690 - Teduglutide for treating short bowel syndrome (terminated appraisal). NHSE commissioned.
Avelumab	May 2021	RED	NICE TA691 - Avelumab for untreated metastatic Merkel cell carcinoma. NHSE commissioned.
Pembrolizumab	May 2021	DNP	NICE TA692 - Pembrolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum containing chemotherapy. NHSE commissioned.
Olaparib	May 2021	RED	NICE TA693 - Olaparib plus bevacizumab for maintenance treatment of advanced ovarian, fallopian tube or primary peritoneal cancer. NHSE commissioned.
Carfilzomib	May 2021	RED	NICE TA695 - Carfilzomib with dexamethasone and lenalidomide for previously treated multiple myeloma. NHSE commissioned.
Ravulizumab (Ultomiris)	May 2021	RED	Treatment of adults with paroxysmal nocturnal haemoglobinuria with haemolysis. NHSE commissioned.
Misoprostol (Angusta)	May 2021	RED	Induction of labour [new oral formulation]. NHSE commissioned.
Trastuzumab deruxtecan	May 2021	RED	Trastuzumab deruxtecan for treating HER2- positive unresectable or metastatic breast cancer after 2 or more anti-HER2 therapies. NHSE commissioned.
Atezolizumab	May 2021	RED	Atezolizumab monotherapy for untreated advanced non-small-cell lung cancer. 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)

**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.