Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

November 2021

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 Novembers JAPC meeting

Psoriasis commissioning algorithm (secondary care excluded from tariff) – updated to include recently NICE approved biologic – bimekizumab (NICE TA723) for treating moderate to severe plaque psoriasis.

Varenicline (Champix) supply disruption – DNP

A recent supply disruption alert for varenicline advises the 0.5mg and 1mg tablets are unavailable due to an impurity in the drug product and may not be available long term whilst the issue is being resolved. There are currently no alternative suppliers of varenicline tablets. JAPC has taken the decision to change the traffic light classification for varenicline from GREEN to Do Not Prescribe (DNP) in light of this supply disruption. The following recommendations have been included in the local CNS chapter:

Actions

- Existing patient will require review and switching to NRT unless contraindicated.
- No new patients should be initiated on Champix® (varenicline) products. Prescribers initiating smoking cessation treatment for new patients should consider prescribing NRT or bupropion 150mg prolonged release tablets unless contraindicated.

Counselling Points

- Advise on the possible re-emergence of symptoms of tobacco withdrawal (including an increase in irritability, urge to smoke, depression and/or insomnia) on discontinuation of Champix®.
- Advise that the right dose and/or combination of nicotine replacement therapy should prevent symptoms of tobacco withdrawal following discontinuation of Champix®. Patients should return to their prescriber/advisor if these symptoms continue.
- As varenicline is a non-nicotine treatment, after discontinuation of varenicline it may take a few days for the patient to readjust to the new levels of nicotine from NRT and clinicians should work with patients to titrate accordingly.
- Explain the difference in the mechanism of action of varenicline, NRT and bupropion.
- Patients currently on Champix® (varenicline) tablets are advised not to switch to bupropion 150mg prolonged release tablets, as switching to a starter dose of bupropion for up to 2 weeks would be suboptimal and risk a relapse (further information can be found here.)

PGDs

PHE Hepatitis A vaccine PGD updated to include the phenylalanine content in Avaxim® vaccine and action to be taken and booster dosing delays which still provide protection. Low Dose - Diptheria - Tetanus - Inactivated Polio Vaccine (TdIPV) REVAXIS – includes rebrand from PHE to UK Health Security Agency (UKHSA) and minor rewording, layout and formatting changes for clarity and consistency with other UKHSA PGD templates. Diphtheria, Tetanus, Acellular Pertussis and Inactivated Poliomyelitis Vaccine – includes update for the off-label section and rebrand from PHE to UKHSA. Inactivated Influenza Vaccine – update includes primary care contractors and their frontline staff, including locums; consent or 'best-interests' decision in accordance with the Mental Capacity Act 2005; additional information and drug interactions sections and rebrand from PHE to UKHSA. National protocol for inactivated influenza vaccine- version 3.

Greener inhaler prescribing

JAPC has ratified a greener inhaler prescribing position statement. The position statement will guide prescribers to choose those inhalers (dry powder inhalers (DPI) and soft mist) which will have a lower carbon impact than metered dose inhalers (MDIs). The position statement encourages prescribing of DPIs and soft mist inhalers for patients when it is clinically appropriate and also includes advice on switching patients where possible. To facilitate the use of the position statement, the local respiratory formulary, asthma and COPD guidance have amended the order of inhalers to make DPIs and soft mist inhalers first line choice devices where appropriate.

It is important to be aware that just one dose of an average MDI has a carbon footprint 18 times greater than that of an equivalent dose given via an average DPI. Inhalers alone are responsible for 3% of the NHS carbon footprint, with most of the emissions coming from the propellant used in MDIs to deliver the medicine, rather than the actual medicine itself. Optimising the choice of inhaler, as part of a shared decision-making conversation between the patient and the clinician, can play a significant role in achieving the NHS net zero target.

MHRA Notices

Tofacitinib (Xeljanz▼): new measures to minimise risk of major adverse cardiovascular events and malignancies. Tofacitinib should not be used in patients older than 65 years of age, people who are current or past smokers, or individuals with other cardiovascular (such as diabetes or coronary artery disease) or malignancy risk factors unless there are no suitable treatment alternatives. Chloral hydrate, cloral betaine (Welldorm): restriction of paediatric indication. The paediatric indication for chloral hydrate (for children aged 2 years and older) and cloral (previously chloral) betaine (children aged 12 years and older) has been restricted to short-term treatment (maximum 2 weeks) of severe insomnia only when the child or adolescent has a suspected or definite neurodevelopmental disorder and when the insomnia is interfering with normal daily life. Chloral hydrate and cloral betaine should only be used when other therapies (behavioural and pharmacological) have failed.

Guideline Group key messages – traffic light amendments

Tiotropium (Braltus and Respimat) - Green 1st line LAMA for COPD

LABA/LAMA combination DPI/ soft-mist inhalers - Green 1st line LABA/LAMA. These include

Indacaterol + glycopyrronium (Ultibro Breezhaler), Aclidinium + formoterol (Duaklir Genuair), Umeclidinium + vilanterol (Anoro Ellipta), &Tiotropium + olodaterol (Spiolto Respimat)

Glycopyrronium + formoterol (Bevespi Aerosphere) - Green 2nd line LABA/LAMA For patients requiring an MDI.

Budesonide + formoterol (Fobumix easyhaler) - Green 1st line LABA/ICS combination inhaler.

Beclometasone + formoterol (Luforbec MDI 100/6) - Green 1st line for patients requiring an MDI (equivalent to Fostair MDI 100/6)

LABA/LAMA/ICS triple combination inhalers - Grey 1st line triple combination. These include Beclometasone+ formoterol+ glycopyrronium (Trimbow NEXThaler) & Fluticasone+ vilanterol + umeclidinium (Trelegy)

Accu-check Aviva expert meter discontinuation - Blood Glucose monitoring meter formulary and endocrine formulary chapter have been updated to remove Aviva expert meter for patients in Category C and replaced with the following advice:

- Type 1DM carb counting and require bolus calculator- use any type 1 DM formulary choice meter and My Life app
- Type 2 DM carb counting - use any type 2 DM formulary choice meter + My Life app
- Children/young people need to contact their DSN for advice

DCHS PGD removal – the following PGDs have been removed from website as requested by DCHS. Community pharmacies will continue to provide emergency contraception on behalf of DCHS.

- Medroxyprogesterone
- Combined hormonal oral contraception
- Progesterone only pill
- Combined hormonal transdermal patch PGDs

Traffic light changes

Drug	Date considered	Decision	Details
Anakinra	Nov 2021	**RED**	For treatment of Haemophagocytic Lymphohistiocytosis for adults and children in all ages. NHSE commissioned
Varenicline (Champix)	Nov 2021	**DNP**	Supply disruption with no date for when varenicline will be available again.
Fostemsavir	Nov 2021	**RED**	Use in combination with other antiretrovirals for the treatment of adults with multidrug resistant HIV-1 infection for whom it is otherwise not possible to construct a suppressive anti-viral regimen. NHSE commissioned.
Osilodrostat	Nov 2021	**RED**	Treatment of endogenous Cushing´s syndrome in adults. NHSE commissioned.
Rotavirus Vaccine (Rotarix)	Nov 2021	**RED**	Active immunisation of infants aged 6 to 24 weeks for prevention of gastro-enteritis due to rotavirus infection. NHSE commissioned
Velmanase alfa (Lamzede)	Nov 2021	**RED**	Enzyme replacement therapy for the treatment of non-neurological manifestations in patients with mild to moderate alpha-mannosidosis. NHSE commissioned.
Odevixibat (Bylvay)	Nov 2021	**RED**	Treatment of progressive familial intrahepatic cholestasis in patients aged ≥6 months. NHSE commissioned.
Sacituzumab govitecan (Trodelvy)	Nov 2021	**RED**	Treatment of adults with unresectable locally advanced or metastatic triple-negative breast cancer who have received ≥2 prior lines of systemic therapies, at least one of them given for unresectable locally advanced or metastatic disease. NHSE commissioned.
Selumetinib (Koselugo)	Nov 2021	**RED**	Use as monotherapy for the treatment of symptomatic, inoperable plexiform neurofibromas in paediatric patients with neurofibromatosis type 1 aged ≥3 years. NHSE commissioned.
Diroximel fumarate	Nov 2021	**RED**	Treatment of adults with relapsing remitting multiple sclerosis. NHSE commissioned.
Atazanavir + cobicistat (Evotaz)	Nov 2021	**RED**	Use in combination with other antiretroviral medicinal products for the treatment of HIV-1 infected adults and adolescents (aged ≥12 years weighing ≥35 kg) without known mutations associated with resistance to atazanavir. NHSE commissioned.
Baloxavir marboxil	Nov 2021	**DNP**	**NICETA732** - Baloxavir marboxil for treating acute uncomplicated influenza (terminated appraisal)
Secukinumab	Nov 2021	**RED**	**NICE TA734** - Secukinumab for treating moderate to severe plaque psoriasis in **children and young people**
Tofacitinib	Nov 2021	**RED**	**NICE TA735** - Tofacitinib for treating juvenile idiopathic arthritis
Nivolumab	Nov 2021	**RED**	**NICE TA736** - Nivolumab for treating recurrent or metastatic squamous cell carcinoma of the head and neck after platinum-based chemotherapy
Pembrolizumab	Nov 2021	**RED**	**NICE TA737** - Pembrolizumab with platinum- and fluoropyrimidine-based chemotherapy for untreated advanced oesophageal and gastro-oesophageal junction cancer
Berotralstat	Nov 2021	**RED**	**NICE TA738** - Berotralstat for preventing recurrent attacks of hereditary angioedema
Atezolizumab	Nov 2021	**RED**	**NICE TA739** - Atezolizumab for untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable

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:

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:

a. There is no immediate need for the treatment and is line with discharge policies and
b. 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.