

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 April JAPC meeting

Phosphate binders for the long-term treatment of hyperphosphataemia in patients on dialysis guideline has been updated with minor wording changes. A reminder that these are initially started by specialists and also includes Sucroferric oxyhydroxide (Velphro), which JAPC had classified as RED, therefore not for primary care prescribing.

Sacubitril-Valsartan shared care agreement – has been removed and is now classified as **GREEN specialist initiation, titration & stabilisation**. This is aligned to the wider [heart failure](#) guidance.

[Clozapine information sheet for GPs](#)

This is an update of an existing resource. Main change to the document is the preferred brand of clozapine is now Zaponex from Clozaril. Over the past 6 months, patients at Derbyshire Healthcare Trust have been switching over to Zaponex. Main changes to the resource include discontinuing Zaponex if the white blood cell count $<3.0 \times 10^9/L$ and the absolute neutrophil count $<1.5 \times 10^9/L$. Nausea and vomiting have been removed from the adverse effects following feedback that this is rarely due to the Zaponex after initiation. GPs are reminded patients treated with Zaponex may present in primary care with constipation, and it is vital to treat these patients promptly and effectively as Zaponex (clozapine) is associated with gastrointestinal hypomotility and other complications, which may become life-threatening.

[Allergic rhinitis](#)

Update of the allergic rhinitis guidance. Ryaltris (mometasone 25mcg/olopatadine 600mcg) has been added to the guidance alongside Dymista (fluticasone propionate /azelastine) as a more cost-effective option. Ryaltris is indicated for adults and adolescents (≥ 12 years) for the treatment of moderate to severe nasal symptoms associated with allergic rhinitis. In terms of clinical effectiveness of Ryaltris, it demonstrated statistically significant improvement from baseline in average morning and evening patient-reported reflective Total Nasal Symptom Score (rTNSS), compared to placebo, olopatadine, and mometasone, but in another trial it only significantly improved rTNSS vs placebo and vs olopatadine, but statistical significance was not demonstrated vs mometasone. No head-to-head trials comparing Dymista to Ryaltris. Further updates to the guidance include Otrivine-Antistin (antazoline/xylometazoline) as an OTC eye drop option and self-care advice.

[Heart Failure](#)

The management of heart failure with reduced ejection fraction guidance for primary care has been updated following extensive consultation. The guidance has been amended for ease of accessing the essential information. The treatment algorithms in the previous version have been streamlined to now include one overview for the management strategy. For primary care, ACEI/ARBs and beta-blockers remain initial options, with one drug started at a time, and then moving on to MRA antagonist (spironolactone) if they are still symptomatic. Traffic light changes to reflect experience and appropriate setting for initiating treatment include specialist initiation and stabilisation options for dapagliflozin (NICE TA679), empagliflozin (NICE TA773), ivabradine (NICE TA267) and sacubitril valsartan (NICE TA388) (which has changed from AMBER to GREEN specialist initiation, titration and stabilisation). Other amendments include links to the shared care pathology page for diagnosis, detailed advice regarding drug treatments and additional resources.

[Glucose monitoring interim position statement](#)

JAPC has approved an interim position statement for glucose monitoring. On the 31st March NICE published 3 national guideline (NG17, NG18 & NG28) which recommend the use of either intermittently scanned continuous glucose monitoring (isCGM) known as "Flash", or real time continuous glucose monitoring (rtCGM) for adults, and children with type 1 or type 2 diabetes. (Links and details of NICE recommendations can be seen in the position statement). While NICE guidelines are not mandatory (unlike Technology Appraisals) it is important that the Derbyshire health system considers the guidelines, their application, and affordability, to support equitable and cost-effective use alongside competing priorities and opportunities. Work is being undertaken to produce a Derbyshire-wide guidance, which is expected to be published in the summer.

[PGDs](#)

Update pertaining to the following two PHE PGDs include:

[HPV MSM PGD](#) & [HPV PGD](#).

update dose and frequency section to reflect updated recommendations that, from 1 April 2022, those commencing vaccination from 15 years of age should commence a 2-dose schedule with a minimum 6-month interval; update off-label section to reflect the revised schedule; reflect updated storage details for Gardasil 9; update organisation from PHE to the UKHSA; include minor rewording, layout and formatting changes for clarity and consistency with other UKHSA PGDs.

[MHRA NOTICES](#)

[Cladribine \(RED TL\)](#): new advice - liver monitoring requirements for cladribine in the treatment of multiple sclerosis have been introduced following uncommon cases of serious liver injury. Primary care clinicians should be alert to signs of liver disease related to this drug should patients present

[Amiodarone \(AMBER TL\)](#): reminder of risks of treatment and need for patient monitoring and supervision. Amiodarone can cause serious adverse reactions affecting the eyes, heart, lung, liver, thyroid gland, skin, and peripheral nervous system. Review regularly patients on long-term amiodarone treatment – some of these reactions may be life-threatening but onset can be delayed. Check liver and thyroid function **before treatment, and at 6-monthly intervals**; thyroid function should also be monitored for several months after discontinuation. Although routine lung imaging is not necessary in patients taking amiodarone long-term, make patients aware of the need to seek advice if they have new or worsening respiratory symptoms and consider using computerised tomography (CT) scans if pulmonary toxicity is suspected.

[Metformin \(GREEN TL\) in pregnancy](#): A large study has shown no safety issues of concern relating to the use of metformin during pregnancy. The licence for metformin now reflects that it can be considered for use during pregnancy and the periconceptional phase as an addition or an alternative to insulin, if clinically needed. This is consistent with current clinical guidance.

[Guideline Group key messages – traffic light amendments](#)

Cyanocobalamin - Change from Grey to DNP (Revert back to original classification). Oral cyanocobalamin is poorly absorbed and should not be prescribed as a supplement. Cyanocobalamin 1mg daily was recommended during COVID-19 by exception for when giving or delaying IM hydroxocobalamin are not viable options- there will be a transitional period for existing patients

Probenecid – RED. Probenecid is only available for the treatment of gout in the UK on a named patient basis, and patients requiring these unlicensed drugs should be under the care of a rheumatologist. (The British Society for Rheumatology Guideline for the management of Gout)

Nitrofurantoin- GREEN if used long term for prophylaxis. Long-term use of nitrofurantoin can cause liver and lung toxicity and treatment monitoring is advised. Local advice includes monitor FBC, renal function and LFT every 6 months, advise patients of the risk of pulmonary and hepatic fibrosis, peripheral and optic neuropathy, and to report symptoms if they develop during treatment.

The following inhalers have been added to the respiratory formulary as cost effective options

Tiogiva replaces Braltus. **WockAIR** added as another budesonide + formoterol DPI choice for asthma (≥12years of age) and COPD; **Fixkoh Airmaster** (licensed for asthma (≥12years of age) and COPD) added as alternative to Seretide Accuhaler. **Combisal MDI** (licensed for asthma (>4 years of age)) replaces AirFluSal as alternative to Seretide Evohaler. **EasyChamber Spacer** replaces A2A spacer as the cost-effective choice.

Traffic light changes

Drug	Date considered	Decision	Details
Olopatadine/mometasone (Ryaltris)	April 2022	GREY	Grey for adults and adolescents 12 years of age and older for the treatment for moderate to severe seasonal and perennial allergic rhinitis.
Sacubitril/Valsartan	April 2022	GREEN specialist initiation, titration & stabilisation	Change from AMBER to GREEN specialist initiation, titration and stabilisation
Empagliflozin	April 2022	GREEN con/spec initiation & stabilisation for HFrEF	NICE TA773 - Empagliflozin for treating chronic heart failure with reduced ejection fraction.
Dapagliflozin	April 2022	GREEN con/spec initiation for CKD	NICE TA775 - Dapagliflozin for treating chronic kidney disease
Sucroferric oxyhydroxide (Velphro)	April 2022	RED	See Phosphate Binder guidance
Atidarsagene autotemcel	April 2022	RED	HST18 - Atidarsagene autotemcel for treating metachromatic leukodystrophy
Lenalidomide	April 2022	DNP	TA774 - Lenalidomide for relapsed or refractory mantle cell lymphoma (terminated appraisal)
Pitolisant hydrochloride	April 2022	DNP	TA776 - Pitolisant hydrochloride for treating excessive daytime sleepiness caused by obstructive sleep apnoea
Solriamfetol	April 2022	DNP	TA777- Solriamfetol for treating excessive daytime sleepiness caused by obstructive sleep apnoea
Pegcetacoplan	April 2022	RED	TA778 - Pegcetacoplan for treating paroxysmal nocturnal haemoglobinuria
Dostarlimab	April 2022	RED	TA779 - Dostarlimab for previously treated advanced or recurrent endometrial cancer with high microsatellite instability or mismatch repair deficiency
Nivolumab	April 2022	RED	TA780 - Nivolumab with ipilimumab for untreated advanced renal cell carcinoma
Sotorasib	April 2022	RED	TA781 - Sotorasib for previously treated KRAS G12C mutation-positive advanced non-small-cell lung cancer
Tagraxofusp	April 2022	DNP	TA782 - Tagraxofusp for treating blastic plasmacytoid dendritic cell neoplasm (terminated appraisal)

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.

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