

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

Update of [lipid modification](#), in non-familial hyperlipidaemia including clarification of the place in the treatment pathway for bempedoic acid, and inclisiran, and change in TL classification for pravastatin from Green to Grey, as at similar cost to rosuvastatin but not high intensity statin.

Minor update of [Degarelix SCA](#) to include information on use of degarelix in pregnancy and breastfeeding sections.

Prescribing Specification 2022/23 has been updated with a clarification regarding homecare provision for High Cost Drugs within the provider setting.

HRT shortage

There has been a significant ongoing national supply shortage of Hormone Replacement Therapy (HRT) products. The [British Menopause Society \(BMS\)](#) has recently issued an update on HRT supply to provide guidance to clinicians on the current availability of HRT products. Other resources which can be found on the BMS website include [HRT preparations and equivalent](#). The Department of Health and Social Care (DHSC) have issued three new [Serious Shortage Protocols \(SSPs\)](#) - Oestrogel Pump Pack 0.06%, Ovestin 1mg cream, and Premique Low Dose 0.3mg/1.5mg MR tablets, with advice to pharmacists to issue no more than 3months supply of these medicines. Prescription lengths should not be altered but be aware that patients may request their next prescription earlier than expected.

Phenazone/lidocaine ear drops (Otigo) – GREY

JAPC has assigned a GREY traffic light status for phenazone/lidocaine ear drops, following an update to [NICE NG91](#) – otitis media (acute), March 2022, which recommends considering ear drops containing an anaesthetic and an analgesic as part of non-antimicrobial treatment strategy. Low quality evidence showed reduction in pain and antibiotic use with no adverse effects when children treated with ear drops containing an anaesthetic and an analgesic. Evidence supports use only if an immediate oral antibiotic prescription is not given, and there is no eardrum perforation or otorrhoea. Advise on usual course length of acute otitis media and self-care with regular OTC paracetamol/ ibuprofen for pain remains first line.

Lixisenatide 10mcg – discontinuation, liraglutide now first line GLP-1

Sanofi have discontinued lixisenatide (Lyxumia) 10mcg strength due to low demand in the UK. Stock of the 10mcg strength is due to end in June 2022, with immediate discontinuation of the treatment initiation pack containing 10mcg & 20mcg. Lixisenatide 20mcg pens are still available. Lixisenatide was the first line GLP1 for Derbyshire. JAPC now recommends reviewing existing patients on lixisenatide 10mcg at the next opportunity with a view to titrating to 20mcg (if this is the intention) or to consider switching to another once daily GLP1 - liraglutide (Victoza) 1.2mg daily, which has now become **first line GLP1 for Derbyshire**. Do not prescribe 10mcg lixisenatide in new patients. (Lixisenatide 20mcg is GREEN for existing patients). A full review of the daily and weekly GLP1 will be undertaken with the diabetes guidance update, and we will update you on this soon.

Potassium permanganate – RED

Following a national patient safety alert regarding incidences of inadvertent oral administration of potassium permanganate, JAPC has taken the position to classify potassium permanganate as RED. This classification facilitates use by specialists when deemed essential for the patients wound care management. The Derbyshire Medicines Safety Organisation is looking to produce a safe systemwide approach for providers who may use potassium permanganate. Primary care is advised to ensure patients are not on repeat prescriptions for potassium permanganate.

MHRA NOTICES

[Pregabalin \(Lyrica\)](#): A new study has suggested that pregabalin may slightly increase the risk of major congenital malformations if used in pregnancy. Patients should continue to use effective contraception during treatment and avoid use in pregnancy unless clearly necessary. [Updates to the pregnancy and breastfeeding information for Spikevax COVID-19 vaccine and Comirnaty COVID-19 Vaccine](#). A large amount of information from pregnant women vaccinated with Spikevax and Comirnaty during the second and third trimester has not shown negative effects on the pregnancy or the newborn baby.

Guideline Group key messages – traffic light amendments

Updates to CNS chapter - Message added - Cost effective to prescribe melatonin MR 2mg tablets generically.

NICE (NG193) no longer recommends initiation of opioids for the management of chronic primary pain.

Cenobamate (JAPC classified RED) added to chapter under control of epilepsy. JAPC advises that request for these drugs from tertiary centres should be in line with the host Area Prescribing Committee's decision or considered in line with [JAPC's out of area](#) guidance.

AF guideline- when using embedded SystemOne creatinine calculator for NOAC dosing, remove height to prevent automatic adjustment from actual body weight to ideal body weight within the calculator.

Hypertension guideline/ CV formulary- minor update as per NICE NG136.

Melatonin guideline - remove advice to mixing crushed 3mg tablets with soft food as DHcFT personal communication with manufacturers only refer to mixing with water.

Skin formulary chapter- dithranol cream 0.25, 0.5%, 1%, 2% strength have been removed as discontinued.

Respiratory formulary chapter- advice added that Tiogiva (tiotropium) inhaler device should be replaced every 6 months

GI formulary chapter- macrogol compound oral powder sachets SF- prescribe generically. No cost benefit with Laxido brand and some supply issue.

Traffic light changes

Drug	Date considered	Decision	Details
Phenazone/ lidocaine (Otigo)	May 2022	GREY	For the treatment of otitis media. To be considered as part of non-antimicrobial treatment. Consider after self-care (simple analgesics) as per NICE NG91
Pravastatin	May 2022	GREY	Alternative treatment option after atorvastatin.
Lixisenatide	May 2022	DNP	DNP (10mcg) for new patients
		GREEN	GREEN (20mcg) for existing patients
Liraglutide	May 2022	GREEN	GREEN 1 st line daily GLP1
Potassium Permanganate	May 2022	RED	To be used in specialist setting only when the benefits outweigh the risks.
Lutetium (177Lu) vipivotide tetraxetan	May 2022	RED	RED as per NHSE commissioning intentions
Atidarsagene autotemcel (Libmeldy)	May 2022	RED	RED as per NHSE commissioning intentions
Pegcetacoplan (Aspaveli)	May 2022	RED	RED as per NHSE commissioning intentions
Anti-lymphocyte immunoglobulin (horse) (Atgam)	May 2022	RED	RED as per NHSE commissioning intentions
Finerenone (Kerendia)	May 2022	DNP	DNP and await national guidance
Mobocertinib (Exkivity)	May 2022	RED	RED as per NHSE commissioning intentions
Tixagevimab + cilgavimab (Evusheld)	May 2022	RED	RED as per NHSE commissioning intentions
Elosulfase alfa	May 2022	RED	HST19 - Elosulfase alfa for treating mucopolysaccharidosis type 4A
Daratumumab	May 2022	RED	NICE TA783 - Daratumumab monotherapy for treating relapsed and refractory multiple myeloma
Niraparib	May 2022	RED	NICE TA784 - Niraparib for maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer
Nivolumab	May 2022	DNP	NICE TA785 - Nivolumab with cabozantinib for untreated advanced renal cell carcinoma (terminated appraisal)
Tucatinib	May 2022	RED	NICE TA786 - Tucatinib with trastuzumab and capecitabine for treating HER2-positive advanced breast cancer after 2 or more anti-HER2 therapies
Venetoclax	May 2022	RED	NICE TA787 - Venetoclax with low dose cytarabine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable

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