

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 Decembers JAPC meeting

Substance misuse Shared care agreements:

- Buprenorphine
- Methadone
- Naltrexone for opioid misuse

All three SCA have been updated with minor amendments to include new sections – local arrangements for referral and pregnancy and breastfeeding.

Moderate Rheumatoid Arthritis commissioning algorithm – (secondary care excluded from tariff) – updated to include recently NICE approved biologic – Upadacitinib (NICE TA744) for treating moderate rheumatoid arthritis.

Once daily dose – oral iron supplements

The dose for oral iron has updated to one tablet per day, taken on an empty stomach, as per [British Society of Gastroenterology guidelines for the management of iron deficiency anaemia in adults](#) (Sept 2021).

Traditionally oral iron salts were taken as split dose, 2-3 times a day. Recent data suggest that lower doses and more infrequent administration may be just as effective, while probably associated with lower rates of adverse effects. In addition, it may be inconvenient for some people to find three periods during the day to take iron on an empty stomach. The absorption of oral iron salts is significantly impaired if taken with food. Taking iron with meals can reduce bioavailability by up to 75%.

- Monitor Hb response in the first 4 weeks. Continue oral iron for 3 months after Hb levels have returned to normal to replenish iron stores.
- MR preparation and coadministration of vitamin C with oral iron not recommended. A recent large RCT has confirmed that it neither enhances the haematological response or rate of iron loading, nor diminishes side effects.

Dapagliflozin - withdrawal of NICE guidance for type 1 diabetes

NICE have withdrawn TA597 - dapagliflozin 5mg for treating type 1 diabetes in adults with a BMI $\geq 27\text{kg/m}^2$ when optimal therapy with insulin alone was inadequate, because the company have withdrawn the licence. This does not affect the use of dapagliflozin for other licenced indications. The risk of diabetic ketoacidosis is increased in patients with type 1 diabetes; however, the manufacturer of dapagliflozin state the withdrawal of the SGLT2 inhibitor is not due to any safety concerns in type 1 diabetes or any other indications. For now, the JAPC classification of RED for dapagliflozin in type 1 diabetes remains, with specialists/diabetes teams discussing potential future plans through their respective DTCs.

MHRA NOTICES

Yellow fever vaccine (Stamaril): new pre-vaccination checklist. A standardised pre-vaccination checklist has been introduced to ensure the yellow fever vaccine is indicated for the intended travel destination and to enable vaccinators to identify existing contraindications or precautions in individuals before vaccination.

Adrenaline auto-injectors: reminder for prescribers to support safe and effective use. Emerade 300mcg and 500mcg adrenaline auto-injectors have been re-supplied to the market following the implementation of corrective actions – patients and their caregivers should be provided with training and advice specific to their prescribed adrenaline auto-injector

Approval of Lagevrio (molnupiravir): following a rigorous review of the safety, quality and effectiveness by the MHRA, molnupiravir is the first oral antiviral for the treatment of COVID-19 to be approved.

Guideline Group key messages – traffic light amendments

Prasterone – RED. For vulvar and vaginal atrophy in postmenopausal women with moderate to severe symptoms. 2nd line to vaginal oestrogen in women who have not had symptom improvement with standard vaginal oestrogen. Agreed based on lower-level evidence against placebo. Local data to be reviewed in 12m.

Sotorasib – RED. As per NHSE commissioning intention.

CKD detailing aid (NICE NG203): adjustment for Afro-Caribbean/Asian origin has been removed & lower BP target for T2DM. New practical tips for renal dosing.

Green inhaler choices flowchart: New resource added to respiratory chapter under relevant resources.

Salamol MDI inhaler recommended as the preferred choice of salbutamol MDI inhaler due to lower carbon footprint while still allowing administration via a spacer. (Advice included in respiratory chapter, asthma/COPD guidance)

Paracetamol dose reduction: inclusion of advice on paracetamol dose reduction for patients with risk factor for hepatotoxicity, including for those weight $< 40\text{kg}$ (suggest 15mg/kg per dose).

Private prescribing: 'Prescribing in primary care' document updated to clarify advice on private prescribing. Section 13.2 When a patient self-refers for a private consultation- new flowchart to aid decision making and including example- gender dysphoria.

Shared care templates: Add in a reminder in GP response letter- to record on GP clinical system as hospital prescribing, if GP does not agree to participate in shared care.

ENT formulary chapter advice updated- Prednisolone 5mg tablet (local advice- can be crushed & dispersed (off-label)) may be dissolved in 10-20mls of water and used as mouthwash up to 4 times a day for the off-label treatment of oral lichen planus

Link to SPS 'Using oral anticoagulants in breastfeeding women' tool added to CVS formulary chapter and AF guideline. Drug of choice is warfarin, but dabigatran & rivaroxaban can also be used in breastfeeding

Traffic light changes

Drug	Date considered	Decision	Details
Vismodegib	Dec 2021	RED	For the treatment of adults with either Gorlin syndrome or non-Gorlin syndrome related multiple basal cell carcinomas. NHSE commissioned
Atezolizumab	Dec 2021	RED	For untreated PD-L1-positive advanced urothelial cancer when cisplatin is unsuitable. NHSE commissioned
Osimertinib	Dec 2021	RED	For adjuvant treatment of EGFR mutation-positive non-small-cell lung cancer after complete tumour resection. NHSE commissioned
Ponesimod	Dec 2021	RED	Treatment of adults with relapsing forms of multiple sclerosis with active disease defined by clinical or imaging features. NHSE commissioned
Tepotinib	Dec 2021	RED	Treatment of adults with advanced non-small cell lung cancer harbouring mesenchymal-epithelial transition factor gene exon 14 skipping alterations. NHSE commissioned
Rilpivirine	Dec 2021	RED	Use in combination with cabotegravir injection, for the treatment of human immunodeficiency virus type 1 (HIV 1) infection in adults who are virologically suppressed (HIV-1 RNA < 50 copies/mL) on a stable antiretroviral regimen without present or past evidence of viral resistance to, and no prior virological failure with, agents of the NNRTI and INI class. NHSE commissioned
Setmelanotide	Dec 2021	RED	Treatment of obesity and the control of hunger associated with genetically confirmed loss-of-function biallelic pro-opiomelanocortin, including PCSK1, deficiency or biallelic leptin receptor deficiency in adults and children aged ≥6 years. NHSE commissioned
Tafasitamab	Dec 2021	RED	Use in combination with lenalidomide followed by <i>Minjuvi</i> monotherapy for the treatment of adults with relapsed or refractory diffuse large B cell lymphoma who are not eligible for autologous stem cell transplant. NHSE commissioned
Amivantamab	Dec 2021	RED	Treatment of adults with advanced non-small cell lung cancer with activating epidermal growth factor receptor Exon 20 insertion mutations, after failure of platinum-based therapy. NHSE commissioned
Risankizumab	Dec 2021	DNP	Treatment of active psoriatic arthritis in adults who have had an inadequate response or who have been intolerant to one or more disease-modifying antirheumatic drugs. Await national guidance. CCG commissioned
Tofacitinib	Dec 2021	DNP	Treatment of adults with active ankylosing spondylitis who have responded inadequately to conventional therapy. Await national guidance. CCG commissioned
Upadacitinib	Dec 2021	RED	NICE TA744 - For moderate rheumatoid arthritis. CCG commissioned
Givosiran	Dec 2021	RED	NICE HST16 - Givosiran for treating hepatic porphyria. NHSE commissioned
Apalutamide	Dec 2021	RED	NICE TA740 - Apalutamide with androgen deprivation therapy for treating high-risk hormone-relapsed non-metastatic prostate cancer. NHSE commissioned
Apalutamide	Dec 2021	RED	NICE TA741 - Apalutamide with androgen deprivation therapy for treating hormone-sensitive metastatic prostate cancer. NHSE commissioned
Selpercatinib	Dec 2021	RED	NICE TA742 - Selpercatinib for treating advanced thyroid cancer with RET alterations. NHSE commissioned
Crizanlizumab	Dec 2021	RED	NICE TA743 - Crizanlizumab for preventing sickle cell crises in sickle cell disease. NHSE commissioned
NBTXR-3	Dec 2021	DNP	NICE TA745 - NBTXR-3 for treating advanced soft tissue sarcoma (terminated appraisal)
Nivolumab	Dec 2021	RED	NICE TA746 - Nivolumab for adjuvant treatment of resected oesophageal or gastro-oesophageal junction cancer. NHSE commissioned
Nintedanib	Dec 2021	RED	NICE TA747 - Nintedanib for treating progressive fibrosing interstitial lung diseases. 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:

- 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.