

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS Derby & Derbyshire Clinical Commissioning Groups, Derbyshire Community Health Service Foundation Trust, Derbyshire Healthcare Foundation Trust, University Hospital of Derby and Burton and Chesterfield Royal Hospital foundation trusts. It provides recommendations on the prescribing and commissioning of drugs. See <http://www.derbyshiremedicinesmanagement.nhs.uk/home>

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 The JAPC January Meeting

Clinical Guidelines

The [management of chronic rhinosinusitis](#) guideline has been updated for 3 years. A pictorial appendix on nasal drops administration has been added to the guidance. No significant changes to the guideline.

Patient Group Directions (PGDs)

New PGD from PHE for [COVID-19 mRNA vaccine BNT162b2 \(Pfizer/BioNTech\)](#) for the administration of COVID-19 mRNA vaccine BNT162b2 30micrograms in 0.3ml to individuals in accordance with the national COVID-19 vaccination programme.

New PHE PGD for [COVID-19 AstraZeneca vaccine](#) (ChAdOx1-S [recombinant]) for the administration of COVID-19 Vaccine AstraZeneca (ChAdOx1-S [recombinant]) to individuals in accordance with the national COVID-19 vaccination programme.

Shared Care Agreements (SCA)

[Somatostatin Analogues \(Lanreotide and Octreotide\)](#) has been updated with minor changes, update to hospital contacts and consultants to discuss potential side effect of gallstones disease with the patient.

[Vigabatrin for children with epilepsy](#) (for University Hospitals of Derby and Burton NHS Foundation Trust only) has been updated for a further 3 years. Main changes include: infantile spasms are now known as epileptic spasms, patients with known tuberous sclerosis complex (TSC) are offered vigabatrin monotherapy as first line and all patients without known TSC are offered combination therapy of vigabatrin and steroids (prednisolone for 14 days). Additional dose administration details have been added for West syndrome and appendix 2 includes a management algorithm for West syndrome.

JAPC –TOR

Due to the increased demand on the CPD team to facilitate the rollout of the Covid-19 vaccination programme, JAPC will operate under a revised terms of reference. This includes virtual meetings approximately once a month, with only essential traffic light changes/ additions such as NICE TAs (which are statutory), MHRA drug safety warnings, and clinical guidelines that significantly change practice. Similarly Guideline Group will also operate under revised terms of reference, only reviewing essential traffic lights, MHRA drug safety warnings and clinical guidelines which require significant changes to practice. These TOR will be reviewed again in April 2021.

COVID-19 therapeutic alert

Antimicrobials (azithromycin and doxycycline) Not Beneficial in the Management of COVID-19 (SARS-CoV-2) Positive Patients. It is recommended that:

- Azithromycin should **NOT** be used in the management of confirmed or suspected COVID-19 infection either within primary care or in hospitalised patients, unless there are additional indications for which its use remains appropriate (see Product Details).
- Doxycycline should **NOT** be used in the management of confirmed or suspected COVID-19 infection within primary care, unless there are additional indications for which its use remains appropriate (see Product Details).

COVID-19 vaccine

For the latest information on the Covid-19 vaccination programme, users are directed to the vaccine programme section of the medicines management website. Dedicated webpages for the 3 vaccines - Pfizer, AstraZeneca and Moderna, provide vaccine specific information. Also included is information for the local vaccination service (PCN) and vaccination centres (Derby arena).

Vitamin D – COVID -19

The Department of Health and Social Care (DHSC) has issued advice for vitamin D supplements for people who have been shielding this year due to COVID19, or people who live in care homes, because they are most likely to have been indoors over the spring and summer and so may not have been able to obtain enough vitamin D from sunlight. The Government is offering a free 4-month supply of daily supplements of vitamin D for all adults who are clinically extremely vulnerable to support general health and in particular for bone and muscle health. Patients will receive a letter from DHSC, stating they are at high risk from coronavirus (clinically extremely vulnerable), aged >18 years and reside in England. These patients can opt-in to receive this free supply of vitamin D delivered directly to their homes. These patients will need to register their details between 30 November 2020 and 21 February 2021 at the following link: <https://www.nhs.uk/conditions/coronavirus-covid-19/people-at-higher-risk/get-vitamin-d-supplements/>. Patients already taking Vitamin D supplements do not need to use this service. GPs are not recommended to continue future prescriptions after this one off supply.

Guideline Group key messages

Bisacodyl – Green for treatment of constipation.

Phosphate enema – Grey: should be administered with caution to patients with renal impairment. Cleen ready-to-use enema is the preferred cost effective choice.

Cyclizine – Grey off-license use for treatment of nausea and vomiting during pregnancy.

Promethazine – Grey off-license use for treatment of nausea and vomiting during pregnancy.

GI Chapter – Bisacodyl added to formulary. Relaxit removed as preferred brand for sodium citrate micro enemas. Micolette continue to be preferred brand.

Oxygen guidance – BOC Healthcare took over from Air Liquide as provider of the Home Oxygen Service. Web Portal address updated. Note only registered healthcare professionals can submit a Home Oxygen Order Form on the portal.

Psoriasis (formulary skin chapter appendix 2) updated – **Enstilar cutaneous foam** is now licensed for long-term maintenance treatment which may be recommended by dermatologist in selected patients. Maintenance dose is twice weekly on consecutive days.

MHRA NOTICES

Systemic and inhaled fluoroquinolones: small risk of heart valve regurgitation; consider other therapeutic options first in patients at risk. Fluoroquinolones should only be used after careful benefit-risk assessment and after consideration of other therapeutic options in patients at risk for heart valve regurgitation (incompetence).

Erythromycin: Erythromycin has been associated with events secondary to QT interval prolongation such as cardiac arrest and ventricular fibrillation. Erythromycin should not be given to patients with a history of QT interval prolongation or ventricular cardiac arrhythmia, including torsades de pointes, or patients with electrolyte disturbances. A **potential drug interaction between rivaroxaban and erythromycin** resulting in increased risk of bleeding has also been identified. Rivaroxaban is not the only direct-acting oral anticoagulant (DOAC) to interact with macrolides such as erythromycin. For edoxaban, the product information recommends a reduced dose of 30mg a day for patients on concomitant erythromycin.

For dabigatran and apixaban the product information states that concomitant administration of P-gp inhibitors (and for apixaban, also CYP3A4 inhibitors) is expected to result in increased plasma concentrations and that blood concentrations were raised when used concomitantly with another macrolide, clarithromycin. All patients prescribed DOACs, including those also on macrolides, should be informed of the signs and symptoms of bleeding and be advised to seek medical advice should they occur.

(see [Drug Safety Update from June 2020](#)). Follow [guidance on dosing of DOACs in patients with renal impairment](#) and monitor renal function during treatment to ensure dose remains appropriate.

Erythromycin: Updates have been made to the magnitude of the known risk of infantile hypertrophic pyloric stenosis following exposure to erythromycin in infancy as a result of new epidemiological data. The risk is particularly increased in the first 14 days after birth. Weigh the benefit of erythromycin therapy in infants against the potential risk of infantile hypertrophic pyloric stenosis.

Drug	Date considered	Decision	Details
Filgotinib (Jyseleca)	Jan 2021	DNP	Treatment of moderate to severe active rheumatoid arthritis in adults who have responded inadequately to, or who are intolerant to one or more disease modifying anti-rheumatic drugs, as monotherapy or in combination with methotrexate. CCG commissioned drug
Ozanimod (Zeposia)	Jan 2021	RED	Treatment of adults with relapsing remitting multiple sclerosis with active disease as defined by clinical or imaging features. NHSE commissioned drug
Upadacitinib	Jan 2021	RED	NICE TA665 - Upadacitinib for treating severe rheumatoid arthritis. CCG commissioned drug
Liraglutide (Saxenda)	Jan 2021	RED	NICE TA664 - Liraglutide for managing overweight and obesity. Restricted to prescribing in secondary care by a specialist multidisciplinary tier 3 weight management service with a commercial agreement in place. CCG commissioned drug.
Venetoclax	Jan 2021	RED	NICE TA 663 - Venetoclax with obinutuzumab for untreated chronic lymphocytic leukaemia. NHSE commissioned drug
Atezolizumab	Jan 2021	RED	NICE TA 666 - Atezolizumab with bevacizumab for treating advanced or unresectable hepatocellular carcinoma. NHSE commissioned drug
Caplacizumab	Jan 2021	RED	NICE TA 667 - Caplacizumab with plasma exchange and immunosuppression for treating acute acquired thrombotic thrombocytopenic purpura. NHSE commissioned drug

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)

*Old nomenclature:

- All **BLACK** drugs are now → **Do Not Prescribe (DNP)**
- All **BROWN** drugs are now → **GREY**

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:

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.