Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

June 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 June's Virtual JAPC meeting

Atopic Dermatitis commissioning algorithm for secondary care high-cost drugs has been updated to include baricitinib as an alternate treatment option to duplimumab for patients. Choice of drug is dependent on a patient's clinical condition and switching to an alternate biologic is included in the algorithm.

RMOC Shared Care Agreements (SCA)

Following the publication of the RMOC Shared Care for medicines Guidance - a standard approach, JAPC has taken the decision to adopt the RMOC template. As we start updating our local SCA, users will see some new additions to the standard templates. These include a dedicated pregnancy/breastfeeding sections, local arrangements for referral, further resources and structured tables added to the letter from the specialist and the GP response letter.

Further users may be aware the RMOC Shared Care for Medicines group have embarked upon producing some nationally agreed SCA. The first set of SCA out for national consultation include amiodarone, dronedarone, lithium and sodium valproate (with numbers to follow). Information included in the SCA are a minimum requirement with regards to monitoring from the consultant/specialist and the GP. JAPC has fed comments to the RMOC and will continue to feedback to RMOCs particularly where there is variation in monitoring requirements between our local SCA and the national SCA. Further commenting on the RMOC SCA has been an opportunity to check our local monitoring arrangements. SPS workplan and consultation comments can be found here.

MHRA NOTICES

Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products. If a patient reports persistent symptoms when switching between different levothyroxine tablet formulations, consider consistently prescribing a specific product known to be well tolerated by the patient. If symptoms or poor control of thyroid function persist (despite adhering to a specific product), consider prescribing levothyroxine in an oral solution formulation.

Advice for healthcare professionals:

- generic prescribing of levothyroxine remains appropriate for the majority of patients and the licensing of these generic products is supported by bioequivalence testing
- a small proportion of patients treated with levothyroxine report symptoms, often consistent with thyroid dysfunction, when their levothyroxine tablets are changed to a different product – these cases are noted in UK professional guidelines
- if a patient reports symptom after changing their levothyroxine product, consider testing thyroid function
- if a patient is persistently symptomatic after switching levothyroxine products, whether they are biochemically euthyroid or have evidence of abnormal thyroid function, consider consistently prescribing a specific levothyroxine product known to be well tolerated by the patient
- if symptoms or poor control of thyroid function persist despite adhering to a specific product, consider prescribing levothyroxine in an oral solution formulation.

Guideline Group key messages

Protocol for use of topical tacrolimus- Green after consultant/ specialist initiation (review date May 2021) - This single page summary was produced in 2010 to outline information to be included in the communication to the patient's GP following specialist initiation and describes criteria for re-referral to the dermatology clinic. The information will be included in the formulary skin chapter and the document rescinded.

'When should I issue a steroid emergency alert card?' New locally produced summary document following NatPSA alert on steroid emergency card. This has been added to relevant resources section under endocrine formulary chapter.

Traffic light changes

Drug	Date considered	Decision	Details
Cefiderocol	June 21	**RED**	Reserved for treatment of infections due to aerobic gram-negative organisms in adults with limited treatment options; as per NICE ES31.
Andexanet alfa	June 21	**RED** / **DNP**	**RED: NICE TA697**: Andexanet alfa for reversing anti-coagulation from apixaban or rivaroxaban. **DNP: NICE TA697:** for research for reversing anti-coagulation from apixaban or rivaroxaban in adults with life-threatening or uncontrolled bleeding in the skull (intracranial haemorrhage), in the form of an ongoing randomised trial mandated by the regulator.
Tafamidis	June 21	**RED**	**NICE TA696**: Tafamidis for treating transthyretin amyloidosis with cardiomyopathy.
Ravulizumab	June 21	**RED**	**NICE TA698:** Treatment of adults with paroxysmal nocturnal haemoglobinuria with haemolysis with clinical symptoms indicative of high disease activity and those treated with eculizumab for 6 months who are clinically stable
Ofatumumab	June 21	**RED**	**NICE TA699:** for treating relapsing multiple sclerosis
Selinexor	June 21	**DNP**	**NICE TA700:** Selinexor with low-dose dexamethasone for treating refractory multiple myeloma (terminated appraisal)
Crisaborole	June 21	**DNP**	**NICE TA701:** crisaborole for treating mild to moderate atopic dermatitis in people 2 years and older (terminated appraisal) (Decision date - June 2021)
Amikacin	June 21	**RED**	**ES36:** Nebulised liposomal amikacin for the treatment of non-tuberculous mycobacterial lung infections caused by Mycobacterium aviumcomplex in adults with limited treatment options who do not have cystic fibrosis.

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.