

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](http://www.derbyshiremedicinesmanagement.nhs.uk/medicines-management/joint_area_prescribing_committee)

## Key Messages from Septembers JAPC meeting

**Compression hosiery guideline** has been reviewed and updated with input from Derbyshire Community Health Services specialists. Update includes the assessment criteria now in line with National Wound Care Strategy Programme that includes updated RED flags when compression is inappropriate; and clarification on advice for GP when ABPI>1.3 – compression may still be appropriate for some individuals, but to seek further advice from community or secondary care specialist team.

**Oxygen guideline** update includes minor changes to O2 supplier and days of delivery.

## NICE NG203 – CKD and SGLT2 inhibitors – GREEN specialist initiation

NICE NG203 – guidance for CKD recommends the addition of an SGLT2i to ACEi/ARB for type 2 diabetics with CKD and an ACR of 30mg/mmol or more. There was evidence of a clinically meaningful reduction in progression to end stage kidney disease, all-cause mortality, and hospitalisation for heart failure with SGLT2 inhibitors compared with placebo. The evidence was presented for canagliflozin and dapagliflozin, with results from an empagliflozin due later. However, based on the strong evidence presented by the NICE guidance for this class of drugs, JAPC has classified the 3 main SGLT2i (canagliflozin, dapagliflozin & empagliflozin) as GREEN specialist initiation for type 2 diabetics with CKD, in addition to ACEi/ARB and with an ACR of 30mg/mmol or more. This classification is in addition to the current classification for SGLT2i for type 2 diabetics **without** CKD - empagliflozin GREEN 1<sup>st</sup> line, dapagliflozin and canagliflozin as GREY alternative options.

## High Risk Drugs FP10 prescribing

An updated drug list compiled by PrescQIPP has shown prescribing in primary care of drugs either excluded from tariff or cytotoxics drugs or NHSE commissioned drugs, which may have local commissioning arrangements. These drugs are deemed 'high risk drugs' and therefore generally not suitable for prescribing in primary care. JAPC has assigned a RED traffic light for those drugs which currently have no traffic light status, however the medicines management team will support practices to review and investigate any inappropriate prescribing of RED drugs.

## Patient Group Directions

The following PHE PGDs have been updated:

**DTaP/IPV/Hib/HepB** – existing PGD updated with minor amendments.

**Zostavax vaccine** – reflects changes to the national shingles programme and Green Book Chapter 28a.

**Shingrix herpes zoster vaccine** – new PGD. GPs should offer the non-live shingles vaccine Shingrix® to all those who are eligible for shingles vaccination but are clinically contraindicated to receive the live vaccine Zostavax®.

## MHRA NOTICES

Reports involving **menstrual disorders and unexpected vaginal bleeding** – the MHRA is reviewing, reports of suspected side effects of menstrual disorders and unexpected vaginal bleeding following vaccination against COVID-19 in the UK.

Safety of **COVID-19 vaccines in pregnancy** – MHRA continues to closely monitor the safety of COVID-19 vaccine exposures in pregnancy, including Yellow Card reports for COVID-19 vaccines used in pregnancy. The numbers of reports of miscarriage and stillbirth are low in relation to the number of pregnant women who have received COVID-19 vaccines to date and how commonly these events occur in the UK outside of the pandemic.

National patient safety alert – **Potent synthetic opioids implicated in increase in drug overdoses**. This alert contains urgent actions for providers where staff may encounter people who use drugs and those providers that provide emergency care for opioid overdose.

## Guideline Group key messages – traffic light amendments

**Triple combination inhalers:** Indacaterol/glycopyrronium/mometasone (Enerzair breezhaler) and Beclometasone/formoterol/glycopyrronium (Trimbow) – both classified as **Grey after consultant/specialist initiation**. Both inhalers to be used in severe asthma with a demonstrated airflow obstruction.

**C.Diff guideline** – this guidance is currently under review. Follow NICE NG199 antimicrobial recommendation on using vancomycin 1st line. Other information in local guideline e.g., diagnosis remains unchanged in the interim

**Advice on long term topical steroid withdrawal added to Skin chapter.** "Once a clinical response has been seen, consider withdrawing long term topical corticosteroid treatment gradually in a stepwise manner. Abrupt withdrawal of topical steroids after long term use can cause a relapse or rebound of the condition being treated e.g., psoriasis or eczema, especially with potent steroids."

**ENT formulary chapter/Allergic Rhinitis guideline/mometasone TLC** – Rhinocort Aqua discontinued July 2021 – brand removed.

**Vitamin K PGD** – Konaktion brand discontinued. Brand removed from guidance.

**MM resource** 'When should I issue a steroid emergency alert card' – updated with following clarification on combination steroid inhalers.

## Traffic light changes

Drug	Date considered	Decision	Details
Paricalcitol	Sep 21	RED	NHSE commissioned
Betaine anhydrous	Sep 21	RED	NHSE commissioned
Empagliflozin	Sep 21	GREEN specialist initiation	NICE NG203: for adults with CKD and type 2 diabetes, in addition to an ARB or an ACEI at an optimised dose, if the ACR is >30 mg/mmol.
Dapagliflozin	Sep 21		
Canagliflozin	Sep 21		
Indacaterol/ glycopyrronium/ mometasone (Energair breezhaler)	Aug 21	Grey after consultant/ specialist initiation	To be used <u>in severe asthma</u> with a demonstrated airflow obstruction.
Beclometasone/ formoterol/ glycopyrronium (Trimbow)	Aug 21		
Abatacept	Sep 21	RED	For severe treatment-resistant morphea (localised scleroderma) (adults and children 2 years and over). NHSE commissioned
Belantamab mafodotin	Sep 21	RED	Monotherapy for the treatment of multiple myeloma in adults, who have received ≥4 prior therapies and whose disease is refractory to at least one proteasome inhibitor, one immunomodulatory agent, and an anti-CD38 monoclonal antibody, and who have demonstrated disease progression on the last therapy. NHSE commissioned.
Cefazolin	Sep 21	DNP	Treatment of infections caused by cefazolin-susceptible micro-organisms (skin and soft tissue infections, and bone and joint infections) and perioperative prophylaxis.
Dostarlimab (Jemperli)	Sep 21	RED	Monotherapy for the treatment of adults with recurrent or advanced mismatch repair deficient/microsatellite instability-high endometrial cancer that has progressed on or following prior treatment with a platinum-containing regimen. NHSE commissioned
Remimazolam	Sep 21	DNP	Use in adults for procedural sedation
Delafloxacin	Sep 21	GREY specialist initiation	NICE ES37 – delafloxacin for community-acquired pneumonia
Melatonin	Sep 21	DNP	NICE ES38 – melatonin for treating sleep disorders in adults who are blind
Chlormethine gel	Sep 21	RED	NICE TA720 - Chlormethine gel for treating mycosis fungoides-type cutaneous T-cell lymphoma (NHSE commissioned)
Abiraterone	Sep 21	DNP	NICE TA721 - Abiraterone for treating newly diagnosed high-risk hormone-sensitive metastatic prostate cancer
Pemigatinib	Sep 21	RED	NICE TA722 -Pemigatinib for treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement

### 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

### 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.