

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 June's JAPC meeting

Prescribing guideline for [Clostridioides difficile in primary care](#) has been updated to be in line with NICE NG199. This guidance deals with the management of C diff. Drug changes reflect NICE advice - Vancomycin 1<sup>st</sup> line choice and fidaxomicin is 2<sup>nd</sup> line. Metronidazole is no longer recommended as first line treatment as it has been shown to be neither clinically nor cost effective. Where it is appropriate, arrangements for obtaining vancomycin or fidaxomicin for urgent cases from local acute trusts have been included.

[Denosumab Shared Care Agreement](#) has been updated primarily around the need for DEXA scanning at 5 years. There is evidence for up to 10 years for the clinical effectiveness and safety for denosumab from the FREEDOM extension trials; as a result, specialists will specify patients who should receive treatment for 10 years at initiation without need for a review at 5 years. However, some patients may still need the 5-year review, advice and guidance can be sought from the specialist for these patients. Also included is a reminder to refer all patient who have received 18 doses (9<sup>th</sup> year of treatment) back to the specialist.

## Derbyshire Community dressing formulary & Wound care guidelines

The Derbyshire community dressing formulary and wound care guidelines has been updated in collaboration with the East Midlands Tissue Viability Network (EMTVN), which represents 18 trusts across the region. The network has worked with NHS Supply chain guidance to provide clinically effective and cost-effective choices for the management of wounds. Products have been compared against national prices and those which provide a cost saving have been included into the formulary. The range of documents which include prescribing dressing formulary/wound care guideline, wound care quick reference guide, wound care quick view guide and urgent treatment centre formulary can be found on the medicines management website. Prescribers are reminded that adherence to the wound care formulary/guideline will generate cost savings for the system.

## Osteoporosis guidance

Update of an existing guideline through extensive consultation of specialists working across Derbyshire. Updated advice includes NICE recommendation on the use of adjuvant bisphosphonates for patient with breast or prostate cancer; change from 3 to using 2 risk factors when assessing fracture risk; the alcohol intake for men and women has been amended to >14 units per week – in line with NICE guidance; and bisphosphonate starting threshold has been amended from 1% risk to assessed as being at higher risk of osteoporotic fragility fracture – again in line with NICE guidance. Romosozumab (classified as RED) has been included in the guidance but is reserved for use by the specialist for post-menopausal patients at a high risk of fracture. Use of strontium is currently under review internally with the acute providers, but is not currently recommended for primary care prescribing - classified as RED.

## Cinacalcet primary hyperparathyroidism – Green consultant/specialist initiation

Cinacalcet shared care agreement for primary hyperparathyroidism has been replaced by a [Cinacalcet prescribing and monitoring guidance](#) and is now assigned a traffic light status of GREEN after consultant/specialist initiation and stabilisation. Patients treated for primary hyperparathyroidism, will be titrated, and stabilised by the specialist before handover to primary care. The prescribing and monitoring guidance recommends the following disease monitoring parameters for primary hyperparathyroidism: calcium level every 12 months, BMD every 3-5 years for relevant patients, renal function monitoring every 12 months and BP measurement every 12 months. The specialist may advise more frequent monitoring, but this will be done on a case-by-case basis.

## Softacort preservative free eye drops - GREY consultant/specialist initiation

Softacort (Hydrocortisone sodium phosphate) 0.3% preservative free (PF) single use eye drops have been classified as GREY following specialist/consultant initiation. Hydrocortisone has a lower potency compared to other steroids such as dexamethasone. Softacort is indicated for the treatment of mild non-infectious allergic or inflammatory conjunctival disease, with a duration of treatment varying from a few days to a maximum of 14 days. A small minority of patients may require a PF preparation, longer than 14 days of treatment. For these patients the specialist will initiate treatment and communicate specific dosage instructions and length of treatment to primary care. Prescribers are reminded courses which last longer than 14 days will be off-label and the drug should not be added to repeat prescriptions to prevent unnecessary long-term treatment beyond the intended length.

## MHRA NOTICES

[Denosumab 60mg \(Prolia\)](#): should not be used in patients under 18 years due to the risk of serious hypercalcaemia. There have been serious cases of hypercalcaemia in children and teenagers receiving denosumab treatment outside of the currently approved indications

## Guideline Group key messages – traffic light amendments

**Insulin glulisine (Apidra)** – Green. **Biphasic isophane insulin (Insuman Comb 25 or 50)** – Green.

**Lixisenatide** - dual classification DNP and Green (included in Mays Bulletin).

**Otosporin ear drops and Sofradex ear drops** have been declassified.

**Topical clindamycin (Dalacin T)** - dual classification DNP- Do not use topical clindamycin to treat acne as monotherapy for new patients (existing advice). Grey- may be used in localised Hidradenitis suppurativa (HS) on dermatologist advice as per PCDS (off-licence), but not with oral antibiotics. **Metformin SR**- removed Sukkarto SR as preferred brand, recommended to prescribe generically on cost basis.

**SGLT2 inhibitor** NICE prescribing recommendations included in type 2 diabetes guidance.

CNS/endocrine/ obs gynae chapters updated with relevant **messages from NICE NG217**: - Antiepileptics referred to as antiseizure medication. Be aware of increased risk of serious skin reactions with phenytoin/ carbamazepine in people with certain ethnic background; be aware that long-term treatment with some antiseizure medications is associated with decreased bone mineral density and increased risk of osteomalacia; be aware that some antiseizure medications can impair the effectiveness of hormonal contraceptives; be aware that oestrogen-containing hormonal contraceptives and hormone replacement therapy can impair the effectiveness of lamotrigine. Respiratory formulary chapter and relevant respiratory guidelines- reminder that most dry powder inhalers contain lactose and are contraindicated in patients with hypersensitivity to lactose or milk proteins.

**Chloral hydrate position statement**- delete reference to 500mg/5ml concentration being included in Drug Tariff Part VIII B as it is no longer listed there. Menopause guideline- advice regarding ongoing national HRT shortage included. Whilst JAPC recommend a list of cost-effective treatments, alternative available products may be prescribed during ongoing national supply shortage of HRT.

## Traffic light changes

Drug	Date considered	Decision	Details
Hydrocortisone sodium phosphate 0.3% PF eye drops (Softacort)	June 2022	GREY cons/spec initiation	For non-infectious allergic or inflammatory conjunctival disease, where a preservative-free eye drop is required beyond initial acute treatment. Specialist to communicate instructions for tapering and treatment length. Treatment over 14 days is off-licence.
Strontium	June 2022	RED	Treatment of severe osteoporosis in men and postmenopausal women at high risk of fracture where other treatments cannot be used.
Cinacalcet	June 2022	GREEN cons/spec initiation	For primary hyperparathyroidism. See guideline on prescribing and monitoring of Cinacalcet for Primary Hyperparathyroidism. (Hyperlink)
Vancomycin	June 2022	GREEN	First line treatment for C Diff
Fidaxomicin	June 2022	GREY	Second line treatment for C Diff
Romosozumab	June 2022	RED	NICE TA791 - Romosozumab for treating severe osteoporosis. CCG commissioned
Oritavancin	June 2022	RED	NICE ES39 – Antimicrobial prescribing: oritavancin for acute bacterial skin and skin structure infections
Eravacycline	June 2022	RED	NICE ES40 - Antimicrobial prescribing: eravacycline for complicated intra-abdominal infections in adults
Selumetinib	June 2022	RED	NICE HST20 - Selumetinib for treating symptomatic and inoperable plexiform neurofibromas associated with type 1 neurofibromatosis in children aged 3 and over
Avelumab	June 2022	RED	NICE TA788 - Avelumab for maintenance treatment of locally advanced or metastatic urothelial cancer after platinum-based chemotherapy
Tepotinib	June 2022	RED	NICE TA789 - Tepotinib for treating advanced non-small-cell lung cancer with MET gene alterations
TYRX absorbable antibacterial envelope	June 2022	DNP	NICE TA790 - TYRX Absorbable Antibacterial Envelope for preventing infection from cardiac implantable electronic devices (terminated appraisal)

### 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