

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 July Meeting - [Clinical Guidelines](#)

Theoloz Duo eye drops have been removed from the formulary at CRHFT and is not recommended for use in Derbyshire. Prescribers are reminded of cost effective choices to treat [dry eyes](#).

Benzathine benzylpenicillin IM injection – classified as RED specialist use only, a new licensed preparation for short treatment courses of erysipelas, early and latent syphilis, yaws and pinta.

Cosopt (Dorzolamide/timolol) preservative free eye drops (only) have been reclassified as BROWN 2nd line, after consultant/specialist initiation if a patient is hypersensitive to silver, or can't use the alternative eye drop bottle (Eylamdo) with dropper aids/support. The Eylamdo bottle nozzle contains silver to prevent bacterial growth and some patient may be hypersensitive to the silver content. Prescribers are reminded of the [glaucoma guidance](#) and [Derbyshire formulary choices](#).

Ulcerative colitis (UC) commissioning algorithm for High Cost Drugs (secondary care) now includes the recently NICE approved biologic – ustekinumab subcut (TA633) as an additional second line agent. Vedolizumab subcut has also been added to the UC algorithm as a cost effective alternative to IV vedolizumab.

Patient Group Directions & Shared Care Agreements (SCA)

None this month

Syringe driver

On the 24th May 2020 UHDBFT ceased manufacturing aseptic palliative care syringes for patients in the community. Nursing homes have moved to bedside syringe driver medication mixing. Support nurses are now available Monday to Friday to provide refresher training sessions and individual support to homes. The support service is being hosted by Treetops Hospice for 12 months. The nurse visits to the Nursing Home should be seen as essential where there is a patient in immediate need of a syringe driver and any general training requirements and ongoing support from this service will be done virtually where possible. Support nurse contact details – Katie Gibbins: kgibbins@treetopshospice.org.uk, and Faye Thrasivoulou: ftthrasivoulou@treetopshospice.org.uk.

Vitamin D for COVID-19. [NICE rapid evidence summary](#)

NICE have published a summary based on the best available evidence for vitamin D for [preventing or treating](#) COVID-19, or for the susceptibility to COVID-19 based on vitamin D status. Evidence was from 5 published studies in peer-reviewed journals. One observational cohort study, 3 observational prognostic studies and 1 case-control survey looked retrospectively at the association between vitamin D status and development of COVID-19. All 5 studies were assessed as being at high risk of bias (very low quality of evidence).

Four of the studies found an association or correlation between a lower vitamin D status and subsequent development of COVID-19. However, confounders such as body mass index (BMI) or underlying health conditions, which may have independent correlations with vitamin D status or COVID-19, were not adjusted for. The largest UK study found an association between vitamin D status and COVID-19 only in a univariable analysis (with this single potential causative factor). **Importantly, no causal relationship between vitamin D status and COVID-19 was found after adjustment for confounders such as comorbidity, socio-demographics, ethnicity, BMI and other baseline factors.**

There is no evidence to support taking vitamin D supplements to specifically prevent or treat COVID-19. However, all people should continue to follow UK Government advice on daily vitamin D supplementation to maintain bone and muscle health during the COVID-19 pandemic.

JAPC continues to support the prescribing of high-dose vitamin D, for the correction of diagnosed deficiency for adults and children. Following vitamin D deficiency, [long term self-care maintenance supplementation is advised](#).

Phenelzine sulphate 15mg - [supply disruption](#)

Phenelzine 15mg tablets (Nardil®) have been unavailable since August 2019 and this is now expected to be a long-term supply issue. There is currently no confirmed resupply date. Phenelzine is an irreversible MAOI licensed for the treatment of depression, and it is clinically unsafe to stop or switch this drug abruptly, therefore, any switching or withdrawal will need to be undertaken by a specialist. Unlicensed imports of phenelzine 15mg tablets were being used to manage, however, due to global supply issues these imports have become unreliable. Supplies of unlicensed phenelzine 15mg **capsule** specials have become available.

Guideline Group key messages

Tamsulosin MR caps - GREEN 2nd line alpha-blocker for treatment of urinary retention.

Tamsulosin MR tabs - BLACK. Cost difference between tab and cap £80 per annum- potential £4k saving across CCG if all tabs switched.

Timolol - BROWN specialist initiation, for small number of post infarct patients at the discretion of a cardiologist.

Nebivolol- BROWN specialist recommendation. Generic 5mg tablets are cheaper than 2.5mg or 10mg tablets and can be divided into equal halves or quarters.

Aciclovir eye ointment - BROWN specialist recommendation. Only when ganciclovir eye ointment is not suitable. More expensive than ganciclovir.

Olanzapine orodispersible SF tablet - BROWN specialist recommendation. Only if an orally dispersible preparation is required.

Olanzapine orodisp. tab/ lyophilisate – BLACK. Cost difference between orodisp tab/ lyophilisate and orodisp.

Imvagiss pessary (estriol) added to formulary. Choice of local oestrogen preparation is based on patient preference to maintain compliance.

Emerres added as alternate cost effective brand for levonorgestrel 1.5mg.

Ventolin nebules added to formulary as a cost-effective brand of salbutamol nebules

Kelhale 50 and 100 MDI added to formulary as cost effective beclometasone (extra-fine particle) inhaler

GORD in children- partial update as per JAPC. Ranitidine removed; additional PPI prescribing information added; new appendix for alternative H2RA in children.

Non-malignant chronic pain- advice on opioid tapering/ stopping added. Specialist consulted and agreed slower tapering of 10-25% reduction monthly as preferred option.

Osteoporosis – treatment threshold updated as per NICE TA464, agreed with specialists, to remove reference to 1% 10-year fracture risk and replaced with 'assessed as being at higher risk of osteoporotic fragility fracture'. PDA updated as per NICE.

AF- dronedarone rivaroxaban interaction updated as per SPC to state concomitant use not recommended due to increased risk of bleeding. Previous advice was caution.

MHRA NOTICES

- Cyproterone acetate: new advice to minimise risk of meningioma. Risk of meningioma with cyproterone acetate increases with increasing cumulative dose. Use of cyproterone is contraindicated in patients with previous or current meningioma (for all indications) and should only be considered for control of libido in severe hypersexuality or paraphilias in adult men when other interventions are inappropriate.
- Direct-acting oral anticoagulants (DOACs): reminder of bleeding risk, including availability of reversal agents. Remain vigilant for signs and symptoms of bleeding complications during treatment with DOACs (apixaban, dabigatran, edoxaban, rivaroxaban), especially in patients with increased bleeding risks. Specific reversal agents are available for dabigatran (Praxbind ▼, idarucizumab), and apixaban and rivaroxaban (Ondexxya ▼, andexanet alfa).

Drug	Date considered	Decision	Details
Benzylpenicillin Benzathine	Jul 2020	RED	Specialist use only for short treatment courses
Dorzolamide /timolol (Cosopt)	Jul 2020	BROWN 2nd con/spec initiation	BROWN 2 nd line, after consultant/specialist initiation if hypersensitive to silver, or can't use the alternative eye drop bottle (Eylamdo) with dropper aids/support.
Darolutamide (Nubeqa)	Jul 2020	BLACK	Treatment of adult men with non-metastatic castration resistant prostate cancer who are at high risk of developing metastatic disease. Await clinician request.
Ropeginterferon alfa-2b (Besremi)	Jul 2020	RED	Monotherapy of polycythaemia vera without symptomatic splenomegaly in adults. NHSE commissioned
Avatrombopag	Jul 2020	RED	NICE TA 626: treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure. CCG commissioned
Trastuzumab emtansine	Jul 2020	RED	NICE TA632:adjuvant treatment of HER2-positive early breast cancer
Ustekinumab	Jul 2020	RED	NICE TA633: ulcerative colitis CCG commissioned
Daratumumab with lenalidomide and dexamethasone	Jul 2020	BLACK	NICE TA634: multiple myeloma (terminated appraisal)
Ramucirumab with erlotinib	Jul 2020	BLACK	NICE TA635: metastatic NSCL (terminated appraisal)
Eculizumab	Jul 2020	BLACK	NICE TA636: refractory myasthenia gravis (terminated appraisal)
Ranbizumab	Jul 2020	BLACK	NICE TA637: diabetic retinopathy (terminated appraisal)

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.

BROWN: 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.

BLACK: 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.