

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 March Meeting - [Clinical Guidelines](#)

Buccal midazolam for prolonged or repeated seizures in the community- This guideline was updated with minor change only. Key contacts have been updated and Appendix 1- Joint Epilepsy Council emergency epilepsy management plan replaced with one produced by Epilepsy Nurses Association (ESNA).

Patient Group Directions & Shared Care Agreements (SCA)

None this month

Omeprazole suspension - BROWN

Omeprazole licensed 10mg/5ml and 20mg/5ml preparations have been classified as BROWN- to be used only when dispersible tablets and MUPs have been tried and are not tolerated or in cases where doses cannot be safely rounded to the nearest quarter tablet. The preparations are licensed for children over 1 year of age, but are significantly more expensive compared to dispersible tablets. Patient should be reviewed regularly to check if there is an ongoing need for treatment and if an alternative preparation may be suitable. Local GORD in children guideline will be partially updated to reflect this.

Cannabis based medicinal product Sativex® - RED

Sativex® comprises of combination of delta-9-tetrahydrocannabinol with cannabidiol (THC:CBD), and has been classified as RED specialist prescribing only. NICE NG144 recommends Sativex® as an option for treating moderate to severe spasticity in adults with multiple sclerosis when other pharmacological treatments for spasticity (in line with NICE CG 186 Multiple sclerosis in adults) are not effective. Treatment with Sativex® should be initiated and supervised by a physician with specialist expertise in treating spasticity due to MS, and should only be continued beyond the initial 4-week trial if the patient has had at least 20% reduction in spasticity-related symptoms. Specialists will continue long term prescribing while gaining experience in its use.

Clinical Cell

The NHS Derby and Derbyshire CCG Clinical Cell (CC) has been established to provide a rapid review and decision making process in relation to clinical guidelines, policy and procedures during the exceptional circumstances of COVID19. Clinical guidance agreed at CC is available on COVID-19 section of the Derbyshire Medicines Management website. Examples include alternative inhalers due to shortages, management of drugs requiring monitoring, and Vitamin B12 injections in primary care. Due to reduced capacity to carry out usual review process and clinical engagement with acute providers during the pandemic, six months extension on review dates have been agreed with agreement with providers for JAPC clinical guidelines due to expire between April and October 2020. Traffic light changes agreed at CC include:

- Colestipol- BROWN after gastroenterology consultant initiation and assessment for chronic diarrhoea secondary to bile salt malabsorption.
- Chenodeoxycolic acid- RED NHSE commissioned
- Ranitidine- BROWN (CHMP recommends suspension of ranitidine in the EU due to the presence of low levels of an impurity NDMA)
- Cyanocobalamin- BROWN during the COVID-19 period to allow prescribing in accordance to the vitamin B12 guidance.
- Recombinant human parathyroid hormone- BLACK as per NICE TA625
- Lenalidomide- RED as per NICE TA627

Supply of non-VKA oral anticoagulants (NOAC) - [position statement](#)

During COVID-19 NHSE advises that patients requiring initiation with an anticoagulant should be prescribed a NOAC, rather than warfarin wherever clinically appropriate, in order to reduce the requirement for INR testing and face to face contacts. Locally the first line NOAC for stroke prevention in non-valvular atrial fibrillation (NVAF) is edoxaban. Recently NHSE has issued advice to CCGs that they have procured additional supplies of apixaban and rivaroxaban, and that they encourage prescribing of apixaban and rivaroxaban for patients being switched from warfarin to a NOAC. Derby and Derbyshire CCG had undertaken extensive work across the STP with edoxaban managing the clinical risk, thus **JAPC recommends that edoxaban remains a first line choice for ALL NVAF patients considered suitable for anticoagulation with a NOAC.** Apixaban and rivaroxaban are alternative first line choices solely for patients being switched from warfarin to a NOAC before 31st December 2020. See [position statement](#).

Medicines for Treatment Resistant Depression

DHcFT is currently supplying some patients with phenelzine directly where stock cannot be obtained from community pharmacies due to long-term supply issues. When stock is depleted these patients will require a DHcFT review and a switch to another suitable treatment. Thus an alternative monoamine oxidase inhibitor (MAOI) isocarboxazid has been reclassified BROWN after specialist initiation for treatment resistant depression during the phenelzine shortage.

Guideline Group key messages

- Adult asthma guideline and children asthma guideline updated with no major change.
- Domperidone off-licence use position statement updated to include latest MHRA advice. Metoclopramide use in gastro-paresis updated with no change.
- Ulipristal Acetate (Esmya) traffic light change to BLACK due to licence suspension.
- Beclometasone inhaler Soprobec MDI classified Green.
- Desogestrel- GREEN cost effective to prescribe generically; BLACK for brands above £5 e.g. Cerazette.
- Co-careldopa (Sinemet)- GREEN cost effective to prescribe generically; BLACK not to be prescribed by brand e.g. Sinemet [for new patients](#).
- GlucoRx Carepoint and GlucoRx Carepoint Ultra are the formulary choice of insulin pen needles. If this is unsuitable consider other brands costing less than £5 per 100 needles as per NHSE guidance.
- Minor amendment to Emollient guideline (Isomol gel renamed Epimax isomol gel) and Dry eye prescribing guideline (VitA-POS renamed Hylo Night).
- Respiratory resources- Asthma step down guide and Common respiratory inhalers document updated.

MHRA NOTICES

- Esmya (ulipristal acetate): suspension of the licence due to risk of serious liver injury. Stop existing treatment and do not start any new patients on Esmya.
- Tofacitinib (Xeljanz ▼): new measures to minimise risk of venous thromboembolism and of serious and fatal infections.
- Baricitinib (Olumiant ▼): risk of venous thromboembolism.
- SGLT2 inhibitors: monitor ketones in blood during treatment interruption for surgical procedures or acute serious medical illness.
- Benzodiazepines and opioids: reminder of risk of potentially fatal respiratory depression.
- Coronavirus (COVID-19): latest guidance for medicines safety- advice on medicines safety concerns including ibuprofen and NSAIDs, antihypertensive, chloroquine and hydroxychloroquine.
- COVID-19: new dedicated Yellow Card reporting site for medicines and medical devices.
- Valproate Pregnancy Prevention Programme: temporary advice for management during COVID-19.
- Immunomodulatory drugs (thalidomide, lenalidomide, and pomalidomide) and pregnancy prevention: temporary advice for management during COVID-19.

Drug	Date considered	Decision	Details
Omeprazole oral suspension	June 2020	BROWN	2mg/ml & 4mg/ml. To be used only when dispersible tablets and MUPs have been tried and not tolerated or in cases where doses cannot be safely rounded to the nearest quarter tablet. Review ongoing need regularly.
Delta-9-tetrahydrocannabinol with cannabidiol (THC:CBD), Sativex®	June 2020	RED	NICE NG144- Spasticity in adults with multiple sclerosis (CCG commissioned).
Isocarboxazid	June 2020	BROWN after specialist initiation	For treatment resistant depression during phenelzine shortage.
Benzathine benzylpenicillin	June 2020	BLACK	Await TA or clinician request.
Cerliponase alfa (Brineura)	June 2020	RED	As per NHSE commissioning intentions.
Dienogest (Zalkya)	June 2020	BLACK	Await TA or clinician request.
Polatuzumab vedotin (Polivy)	June 2020	RED	As per NHSE commissioning intentions.
Romozozumab (Evenity)	June 2020	BLACK	Await TA or clinician request.
Brolucizumab (Beovu)	June 2020	BLACK	Await TA or clinician request.
Siponimod (Mayzent)	June 2020	RED	As per NHSE commissioning intentions.
Lenalidomide with rituximab	June 2020	RED	NICE TA 627 (NHSE)
Lorlatinib	June 2020	RED	NICE TA 628 (NHSE)
Obinutuzumab with bendamustine	June 2020	RED	NICE TA 629 (NHSE)
Larotrectinib	June 2020	RED	NICE TA 630 (NHSE)
Fremanezumab	June 2020	RED	NICE TA 631
Recombinant human parathyroid hormone	June 2020	BLACK	NICE TA627 (NHSE)

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.