Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

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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

Change to the Derbyshire traffic light classification
BLACK → Do Not Prescribe (DNP)
BROWN → GREY

With the recent world-wide black lives matter movement, JAPC has taken the decision to rename the BLACK and BROWN drug traffic light classifications to avoid any negative connotations which may be associated with these references. Under the new proposal all BLACK drugs will change to "Do Not Prescribe (DNP)" and all BROWN drugs will change to "GREY". The Red, Green and Amber classification will remain the same.
This renaming of the BLACK/BROWN drugs will be a substantial piece of work which will include changeover of the traffic lights database, updating the local formulary, clinical guidelines and non-clinical guidelines, and any other relevant documents which make reference to the black or brown traffic light classification. Furthermore the practice based formularies and trust formularies will need to be updated to align to the amended JAPC traffic lights classifications. Users will see an immediate changeover to the new nomenclature of Grey and DNP in the traffic light section of the Derbyshire Medicines Management website (phase 1). BNF chapters, clinical and non-clinical guidelines will gradually be transitioned over (phase 2). Due to size of this task it is not practical to amend previously published communication; these include previous JAPC minutes, JAPC bulletins, JAPC Annual Reports and Medicines Management Newsletters. However an explanation of the current and previous traffic light classification will be added to the Derbyshire Medicines Management website for ease of use. The Clinical Policies and Decisions team are planning to complete phase 1 by the end of November 2020 and phase 2 by 31st March 2021. We apologise to our users for any confusion caused in the interim period whilst this work is ongoing.

Key Messages From The JAPC September Meeting - Clinical Guidelines

Antiplatelet gastroprotection – updated to include 2 further high risk categories for gastroprotection with a PPI – high dose of aspirin over 300mg and/or daily dose 1200mg and age >70 years receiving antiplatelet treatment e.g. low dose aspirin 75mg or clopidogrel. **Atopic dermatitis High Cost Drug Commissioning algorithm** - updated with no changes. **Prescribing specification** – updated with information regarding the block contract arrangements.

Patient Group Directions (PGDs) & Shared Care Agreements (SCA)

Update of local PGD through adoption of NHSE PGD for **Typhoid Vi Polysaccharide Vaccine.** NHSE PGD, criteria for inclusion includes children aged 12m-2y, pregnant women included under special considerations and people at increased risk of Hep A infection due to their occupation are not covered in PHE PGD. Update of Derbyshire PGD **– Vitamin K** with minor amendments**.**

Luteinizing hormone-releasing hormone (LHRH) agonists - GREEN after consultant/specialist initiation

The enhanced service review group in agreement with UHDBFT and CRHFT have agreed to change the process and patient pathway of LHRH first dose administration. There is no change to GPS process of prescribing. Patients with metastatic prostate cancer will be seen in clinic and will be initiated on bicalutamide. A 3monthly LHRH injection will be issued to the patient to take to the GP for administration between 7-14 days after initiation of bicalutamide. This change in service will come into effect as of 1st January 2021.

DMARD monitoring during Covid-19

As part of the restoration of services, prescribers are asked to revert DMARD monitoring to pre-covid levels to support patient safety. JAPC notes the lab capacity issues for primary care, but the risk of delaying monitoring outweigh the benefits due to the nature of these drugs. Therefore prescribers are reminded to follow the monitoring schedule in the local Shared Care Agreements. This is partly in response to SPS DMARD monitoring guidance during the Covid pandemic, being removed.

Priadel - discontinuation paused

The Competition and Markets Authority has begun an investigation into the withdrawal of Priadel by Essential Pharma. Therefore all plans for switching patients to an alternative brand of Lithium Carbonate are paused. JAPC advice under the current circumstances, no switching should take place in primary care.
Patients, who have been switched over to an alternative Lithium Brand and are stable, should remain on their current treatment. Patients who have been switched over to an alternative Lithium Brand, but are unstable; prescribers should attempt to switch back to Priadel. Further information about the CMA investigation can be found **here**.

Insulin Lispro (Lyumjev) GREEN & GREY

Lyumjev, a new mealtime insulin presents with two strengths – 100units/ml and 200units/ml. Lyumjev has a similar release profile to Humalog (insulin lispro), demonstrates non-inferiority to Humalog in HbA1c reduction, superior to Humalog in reducing 1 and 2 hour post-prandial glycaemia excursions, and can be given up to 20 minutes after the start of a meal. JAPC has classified the 100units/ml as GREEN and the 200units/ml as GREY. Prescribers are reminded to prescribe by brand.

Insulin glargine/lixisenatide (Suliqua) - GREY spec initiation and stabilisation

New fixed ratio combination of insulin glargine, and lixisenatide, a glucagon like peptide-1 receptor agonist for use in type 2 diabetes. Restricted for use only in those patients who are already on lixisenatide & insulin glargine but struggling to manage multiple injections, positioned after the 2nd intensification in the management of diabetes. Patients will be stabilised on a dose of Suliqua by a specialist before prescribing responsibility is transferred to primary care. Ongoing specialist care will be maintained for patients on this treatment. Suliqua is available in 2 strengths - 100iu/33 mcg/ml (30-60 pen) and 100iu/50 mcg/ml (10-40 pen). To avoid medication errors, prescribers must ensure that the correct strength and number of dose steps are stated on the prescription.

Micronised Progesterone (Utrogestan) - GREEN

Utrogestan- micronised progesterone (progesterone only component of HRT) has been classified as GREEN by JAPC. It is indicated as 2nd line treatment option for women requiring combined HRT but unsuitable for or intolerant of standard combination preparations. Patient group includes women at high risk of VTE (eg migraines, BMI >30 kg/m2, PMH of VTE) in whom transdermal oestrogen is recommended, but in whom Evorel Conti is not tolerated or unsuitable because of the need for variable oestrogen dose.

Guideline Group key messages

Dorzolamide - Green specialist initiation. Change from Brown specialist initiation. Replaces brinzolamide as 1st line carbonic anhydrase inhibitor for glaucoma **Brinzolamide - GREY** specialist initiation. Change from Green specialist initiation. Alternative CAI for glaucoma treatment. **Alfentanil - Dual classification**: **5mg/1ml injection- RED** (risk of 10 times overdose), **5mg/10ml injection- GREY** palliative care specialist recommendation only- for use in patients with severe renal impairment. **Venlafaxine – Green**. Generic MR capsules currently cheaper than normal release preparations (with the exception of 225mg MR caps). **Dronedarone SCG**- clarification to wording under consultant responsibility- to provide at least 4 weeks supply upon transferring prescribing responsibility to GP. Consultant to retain overall responsibility for patient and the prescribing for the first 12months. **Gaviscon advance**- use by exception only after formulary choice Acidex advance is thought to be inappropriate due intolerance or inadequate symptom control. Not to be routinely used as first-line choice. **Opioid resource pack**- appendix 15 opioid dose conversion charts updated as per Faculty of Pain Opioid Aware website updates.

MHRA NOTICES

Opioids: risk of dependence and addiction: New recommendations following a review of the risks of dependence and addiction associated with prolonged use of opioid medicines (opioids) for non-cancer pain. Before prescribing opioids, discuss with the patient the risks and features of tolerance, dependence, and addiction, and agree together a treatment strategy and plan for end of treatment.

Transdermal fentanyl patches for non-cancer pain: do not use in opioid-naive patients Following a review of the risks associated with use of opioid medicines for non-cancer pain, the CHM has recommended that fentanyl transdermal patches are contraindicated in opioid-naive patients in the UK.

Methotrexate once-weekly for autoimmune diseases: new measures to reduce risk of fatal overdose due to inadvertent daily instead of weekly dosing In autoimmune conditions and some cancer therapies, methotrexate should be taken only once a week; however, we continue to receive reports of inadvertent overdose due to more frequent dosing (including daily administration). New measures have been implemented to prompt healthcare professionals to record the day of the week for intake and to remind patients of the dosing schedule and the risks of overdose.

Insulins (all types): risk of cutaneous amyloidosis at injection site: Cutaneous amyloidosis at the injection site has been reported in patients using insulin and this may affect glycaemic control. Remind patients to rotate injection sites within the same body region.

Drug	Date considered	Decision	Details
Insulin Lispro (Lyumjev)	Oct 2020	GREEN / GREY	**GREEN:** 100units/ml **GREY:** 200units/ml* *See MHRA April 2015, High strength, fixed combination and biosimilar insulin products to minimise the risk of medication error.
Insulin glargine/ lixisenatide (Suliqua)	Oct 2020	GREY specialist initiation and stabilisation of dosage	GREY specialist initiation and stabilisation of dosage: restricted for those patients struggling to manage multiple injections. Ongoing specialist support should be maintained for patients on this treatment.
Micronised Progesterone (Utrogestan)	Oct 2020	GREEN	GREEN (oral caps): Progesterone only component of combined HRT. Oral alternative to Mirena IUS. 2nd line option for women requiring combined HRT but unsuitable for or intolerant of standard combination preparations. Patient group includes women at high risk of VTE (eg migraines, BMI >30 kg/m2, PMH of VTE) in whom transdermal oestrogen is recommended, but in whom Evorel Conti is not tolerated or unsuitable because of the need for variable oestrogen dose.
Givosiran (Givlaari)	Oct 2020	RED	Treatment of acute hepatic porphyria in adults and adolescents aged ≥12 years. NHSE commissioned
Isatuximab (Sarclisa)	Oct 2020	RED	Relapsed and refractory multiple myeloma. NHSE commissioned
Mogamulizumab	Oct 2020	RED	Treatment of adults with mycosis fungoides or Sézary syndrome who have received at least one prior systemic therapy. NHSE commissioned
Ivacaftor/tezacaftor/elexacaftor (Kaftrio)	Oct 2020	RED	Treatment for cystic fibrosis. NHSE commissioned
Avelumab	Oct 2020	RED	NICE TA645 – Avelumab with axitinib for untreated advanced renal cell carcinoma
Glasdegib	Oct 2020	DNP	NICE TA646 – Glasdegib with chemotherapy for untreated acute myeloid leukaemia
Eculizumab	Oct 2020	DNP	NICE TA647 – Eculizumab for treating relapsing neuromyelitis optica
Dupilumab	Oct 2020	DNP	NICE TA648 - Dupliumab for treating chronic rhinosinusitis with nasal polys
Polatuzumab vedotin	Oct 2020	RED	NICE TA649 - Polatuzumab vedotin with rituximab and bendamustine for treating relapsed or refractory diffuse large B-cell lymphoma
Pembrolizumab	Oct 2020	DNP	NICE TA650 - Pembrolizumab with axitinib for untreated advanced renal cell carcinoma
Naldemedine	Oct 2020	GREY cons/spec initiation and stabilisation for 3m	GREY consultant/specialist initiation and stabilisation for 3 months: NICE TA651 - Naldemedine for treating opioid-induced constipation in adults who have had laxative treatment

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)
Old nomenclature:

- ***All BLACK drugs are now → Do Not Prescribe (DNP)***
- ***All BROWN drugs are now →GREY***

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

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.