Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

August 2021

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 August's JAPC meeting

Stoma appliance – update of this existing guideline in collaboration with stoma nurses. All prices and codes have been updated and some additional products included (e.g brava adhesive remover spray XL and Secura protective wipes).
Antipsychotic recommended physical monitoring - minor update including QTc section rewording for clarity.
Psoriatic arthritis commissioning algorithm – update of a secondary care commissioning algorithm for psoriatic arthritis to include Guselkumab as per NICE TA711.
Spondyloarthritis commissioning algorithm – update of existing secondary care commissioning algorithm for spondyloarthrthritis, to include secukinumab as per NICE TA719 and ixekizumab as per NICE TA718. The algorithm has been split into two treatment arms for radiographic and non-radiographic ankylosing spondylitis.

Shared Care Agreements

Apomorphine SCA: a review of an existing SCA with minor amendments which includes written information to the GP about recommended ancillary equipment, recommendation to change the infusion site every 12 hours; advice for pregnancy and breastfeeding women and impulse control disorders included as an adverse effect.
Somatropin SCA: review and update of existing SCA, with minor amendments including clarification for the ongoing supply of needles and sharps boxes by the patients GPs, request to the GP to supply up to 8 weeks of medication and monitoring frequency for the paediatrician changed to 4-6 monthly frequency.

Treatment with biologics for patients with moderate rheumatoid arthritis (RA)

NICE has published TA715 – biologics for the treatment of moderate rheumatoid arthritis after conventional DMARDs have failed. This is a partial update of TA375 (severe RA), with the clinical evidence suggesting that these treatments are likely to be similarly effective in both moderate and severe disease. Further the partial review was undertaken based on changes in cost price through the availability of biosimilars. This is a new cohort of patients who will be eligible for treatment with a biologic if their disease activity score is between 3.2-5.1. Adalimumab biosimilar is first line choice agent, with further treatment options including etanercept (SC), infliximab (IV) and filgotinib (PO).

Patient Group Directions

Inactivated Influenza PGD. Replacement for current version 08.00. Live attenuated influenza vaccine nasal spray suspension PGD. Replacement for current version 09.00. Human papillomavirus vaccine PGD Replacement for current version 03.00 All 3 PGDs are valid from 1st September 2021.

MHRA Notices

Chloramphenicol eye drops containing borax or boric acid buffers: use in children younger than 2 years. Following a review of the available toxicological data and a calculation of daily exposure to boron from a typical dosing regimen, the MHRA have concluded that the balance between the benefits and risks of chloramphenicol eye drops containing borax or boric acid remains positive for children aged 0 to 2 years. **Chloramphenicol eye drops can be safely administered to children aged 0 to 2 years where antibiotic eye drop treatment is indicated**.
Herbal and homeopathic medicines: reminder to be vigilant for suspected adverse reactions and to report them to the Yellow Card scheme. Healthcare professionals to remind patients to check that a herbal or homeopathic medicine is licensed and to follow the advice included in the patient information.
Oral retinoid medicines (isotretinoin▼, alitretinoin▼, and acitretin▼): temporary monitoring advice during COVID-19 pandemic. The MHRA have published guidance about the use of remote consultations for pregnancy prevention in women of childbearing potential and monitoring for signs of psychiatric reactions (especially depression) and other safety risks in all patients taking oral retinoid medicines during the COVID-19 pandemic.

Guideline Group key messages – traffic light amendments

Lurasidone – RED. Alternative option for depressive episodes in bipolar affective disorder (off-label).
Memantine – GREY 2nd line option for acute use to treat BPSD as per local guidance- with a balance of clinical benefit over risk. Can be initiated in primary care on specialist recommendation for this indication.
Eye chapter – **Chloramphenicol eye drops** – updated MHRA advice added. Chloramphenicol eye drops can be safely administered to children aged 0 to 2 years where antibiotic eye drop treatment is indicated.
Items not routinely prescribed – document updated in line with NHSE&I guidance.
Reduce antibiotic prescribing – document rescinded. Links to NICE antimicrobial guidelines and TARGET toolkit available on website.

Traffic light changes

Drug	Date considered	Decision	Details
Fedratinib	Aug 21	**RED**	Treatment of disease-related splenomegaly or symptoms in adults with primary myelofibrosis, post polycythaemia vera myelofibrosis or post essential thrombocythaemia myelofibrosis who are JAK inhibitor-naïve or who have been treated with ruxolitinib. NHSE commissioned

Inclisiran	Aug 21	**DNP**	Use in adults with primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia.
Risdiplam	Aug 21	**RED**	Treatment of 5q spinal muscular atrophy (SMA) in patients aged ≥2 months. NHSE commissioned
Adalimumab	Aug 21	**RED**	NICE TA715: Adalimumab, etanercept and infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed.
Etanercept	Aug 21	**RED**	NICE TA715: Adalimumab, etanercept and infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed.
Infliximab	Aug 21	**RED**	NICE TA715: Adalimumab, etanercept and infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed.
Abatacept	Aug 21	**DNP**	NICE TA715: Adalimumab, etanercept and infliximab and abatacept for treating moderate rheumatoid arthritis after conventional DMARDs have failed.
Ixekizumab	Aug 21	**RED**	NICE TA718: treating active axial spondylitis
Secukinumab	Aug 21	**RED**	NICE TA719: for treating non-radiographic axial spondyloarthritis
Vancomycin	Aug 21	**GREEN** cons recommendation	NICE NG199: GREEN **1st line** after consultant microbiologist recommendation, for mild/moderate C. difficile infection
Fidaxomicin	Aug 21	**GREY** cons recommendation	NICE NG199: GREY 2nd **line** after consultant microbiologist recommendation, for mild/moderate C. difficile infection
Onasemnogene abeparvovec	Aug 21	**RED**	HST15- Onasemnogene abeparvovec for treating spinal muscular atrophy
Enzalutamide	Aug 21	**RED**	TA712 – Enzalutamide for treating hormone-sensitive metastatic prostate cancer
Nivolumab	Aug 21	**RED**	TA713 – Nivolumab for non-squamous non-small-cell lung cancer (NSCLC) in adults after chemotherapy
Dasatinib	Aug 21	**DNP**	TA714 - treating Philadelphia-chromosome-positive acute lymphoblastic leukaemia (terminated appraisal)
Nivolumab	Aug 21	**RED**	TA716 - Nivolumab plus ipilimumab for treating metastatic colorectal cancer with high microsatellite instability or mismatch repair deficiency
Duvelisib	Aug 21	**DNP**	TA717 - duvelisib for treating relapsed follicular lymphoma after 2 or more systemic therapies. (Terminated appraisal)
Baricitinib	Aug 21	**RED**	For use in monogenic interferonopathies (adults and children 2 years and over). NHSE commissioned (SSC2274)
Pemigatinib	Aug 21	**RED**	For treating relapsed or refractory advanced cholangiocarcinoma with FGFR2 fusion or rearrangement. NHSE commissioned (SSC2278)
Rituximab	Aug 21	**RED**	For Immunobullous disease. NHSE commissioned (SSC2269)

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:

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
b. 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.