

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 Octobers JAPC meeting

The traffic light status of **nefopam** was considered in light of the cost reduction. (However nefopam continues to be one of the most expensive analgesics). The DNP status for nefopam was retained, due to the unchanged evidence base, high cost, safety profile as well as the significant work undertaken by practices, MMT and NHS and private providers to reduce prescribing.

Management of Osteoarthritis – new standalone guidance, but retains the existing management strategies which include paracetamol, topical NSAIDs and oral NSAIDs.

Deprescribing & safer prescribing of strong opioids in non-malignant pain – new standalone guidance which provides valuable information about safe prescribing and deprescribing of opioids.

Strong Opioids for Cancer Pain – minor update of existing guidance, which includes administration directions for Zomorph and use of a syringe driver ahead of transdermal fentanyl for unstable patients and if opioid needs remain unclear.

Managing Acne Vulgaris

Update of an existing guideline based on recent NICE NG198 guidance for the management of acne vulgaris, written in collaboration with dermatology specialists in primary and secondary care. The local guidance includes the new definition of acne severity as mild to moderate, and moderate to severe based on the number of inflammatory, non-inflammatory lesions and nodules. Initial management involves encouraging patients to **self-care** (e.g. use benzoyl peroxide products). When self-care is not appropriate, management of mild to moderate acne initially involves the use of fixed topical combination products – Treclin, Epiduo or Duac. Moderate to severe acne utilises an oral antibiotic (doxycycline, lymecycline or erythromycin – in line with existing guidance) plus a topical treatment such as Epiduo or azelaic acid. Topical monotherapy products are reserved if a fixed topical combination product is contra-indicated or not tolerated. The guidance also includes a section on referral to mental health services when patients experience significant psychological distress.

Non-malignant Chronic Pain guidance

New non-malignant chronic pain guidance based on a recent NICE guidance. In April 2021, NICE published NG193, which represented a significant change in the management of chronic primary pain. The local guidance incorporates NICE recommendations for managing chronic primary pain, but also acknowledges that there is a lack of pain services for the non-pharmacological intervention recommendations.

The new guidance includes the definition of chronic pain which is divided into chronic primary and secondary pain and acknowledges that both can co-exist. Further concerns raised by the British Pain Society and Faculty of Pain Medicine regarding NICE guidance, guideline recommendations on chronic primary pain management, including difficulty in diagnosis; lack of advice on management of flare ups; and risk of potential inappropriate withdrawal of useful medications has been acknowledged. Cornerstone of management is use of non-pharmacological interventions which include activity, self-care, understanding the underlying cause of pain, psychological therapies (e.g., cognitive behavioural therapy) and acupuncture. The pharmacological management includes amitriptyline, citalopram and duloxetine as 1st line agents used off-label. Alternative options when 1st line are not suitable include fluoxetine, sertraline, and paroxetine (used off-label). Drugs which are deemed - Do Not Initiate for chronic pain include paracetamol, NSAIDs, opioids, antiepileptic drugs including gabapentinoids (gabapentin & pregabalin), benzodiazepines, antipsychotic drugs or ketamine, local anaesthetics (topical or intravenous), corticosteroid or local anaesthetic/corticosteroid combination trigger point injections and Nabilone, dronabinol, THC (delta-9-tetrahydrocannabinol), combination of cannabidiol (CBD) with THC.

Inclisiran – RED

NICE TA733 recommends the use of inclisiran for primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia for patients who have a history of cardiovascular (CV) events. For patients with no history of CV events, inclisiran is only recommended under a research setting. Inclisiran is a first-in-class small-interfering RNA which inhibits PCSK9 enzyme and reduces LDL-C levels. It is administered as a SC injection by a healthcare professional and is a black triangle status drug. From the ORION 10 trial, over 510 days, inclisiran significantly reduced LDL-C by 52% compared to placebo (95% CI: -56%, -49%; p <0.0001). JAPC has classified inclisiran as RED, based on its black triangle status drug. JAPC will revisit this decision early 2022, seeking views of the lipidologists for a proposed position in the local lipid guidance. The mainstay of primary hypercholesterolaemia remains optimising treatment with statins at the highest tolerated dose.

MHRA NOTICES

Topical corticosteroids: information on the risk of topical steroid withdrawal reactions. Rarely, severe adverse effects can occur on stopping treatment with topical corticosteroids, often after long-term continuous or inappropriate use of moderate to high potency products. To reduce the risks of these events, prescribe the topical corticosteroid of lowest potency needed and ensure patients know how to use it safely and effectively.

Guideline Group key messages – traffic light amendments

Beclometasone/ formoterol (Luforbec) – GREEN. Replaces Fostair MDI 100/6 as first line MDI.

Beclometasone/formoterol/glycopyrronium (Trimbow DPI) – GREY. Maintenance treatment of moderate to severe COPD.

Daptomycin – RED. IV preparation red for both adult and children.

Cariprazine – RED. For licensed treatment of schizophrenia. DHcFT accepts use in individual patients as recommended by National Psychosis Unit. Very small patient number.

Delafloxacin – DNP. ES37 Antimicrobial prescribing: delafloxacin for community-acquired pneumonia.

Co-beneldopa & Co-careldopa – GREEN specialist recommendation. (Sinemet is currently a cost-effective brand).

Nicotine Replacement Therapy (NRT) – GREY. Usually supplied via stop smoking services. GP may prescribe in exceptional circumstances in accordance with Derbyshire formulary for NRT.

Forceval – GREY. For the treatment of zinc/copper deficiency following bariatric surgery as per the bariatric surgery guideline. CNS chapter – includes advice on nausea and vomiting in pregnancy (NICE NG201).

JUCD adult headache pathway has been added under other resources to CNS chapter.

Lithium (Priadel) switch document removed as no longer applicable.

New link to the Rightbreathe website under respiratory chapter other resources.

Traffic light changes

Drug	Date considered	Decision	Details
Inclisiran	Oct 2021	RED	As per NICE TA733 for treating primary hypercholesterolaemia (heterozygous familial and non-familial) or mixed dyslipidaemia as an adjunct to diet in adults. It is recommended only if there is a history of cardiovascular events (secondary prevention) and LDL-C ≥ 2.6 mmol/l
Tretinoin + clindamycin (Treclin)	Oct 2021	GREEN	Fixed combination topical products - 1 st line options for the treatment of mild to moderate acne. See acne guidance
Adapalene+ Benzoyl peroxide (Epiduo)	Oct 2021	GREEN	
Benzoyl peroxide + clindamycin (Duac)	Oct 2021	GREEN	
Clindamycin	Oct 2021	DNP	Do not use clindamycin to treat acne as monotherapy (topical antibiotic) for new patients.
Nefopam	Oct 2021	DNP	Remains as DNP
Amitriptyline	Oct 2021	GREEN	1 st line off-label options for the treatment of chronic primary pain. Antidepressants can help with quality of life, pain, sleep and psychological distress, even in the absence of a diagnosis of depression. Review the efficacy and side-effects after 4-6 weeks.
Duloxetine	Oct 2021	GREEN	
Citalopram	Oct 2021	GREEN	
Fluoxetine	Oct 2021	GREEN	
Paroxetine	Oct 2021	GREEN	
Sertraline	Oct 2021	GREEN	Alternative options (off-label) if 1 st line options are not suitable for the treatment of chronic primary pain. See non-malignant chronic pain in primary care guidance.
Herpes Zoster vaccine (Shingrix)	Oct 2021	DNP	Available only as part of the national shingles programme and obtained from centrally purchased stock
Midazolam (Miprosed)	Oct 2021	RED	Use in children aged 6 months to 14 years for sedation and anxiolysis prior to diagnostic, surgical, therapeutic or endoscopic procedures, and premedication before induction of general anaesthesia
Bimekizumab	Oct 2021	RED	TA723 - Bimekizumab for treating moderate to severe plaque psoriasis
Nivolumab	Oct 2021	DNP	NICE TA724 - Nivolumab with ipilimumab and chemotherapy for untreated metastatic nonsmall-cell lung cancer
Abemaciclib	Oct 2021	RED	NICE TA725 - Abemaciclib with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer after endocrine therapy.
Daratumumab	Oct 2021	DNP	NICE TA726 - Daratumumab with pomalidomide and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)
Isatuximab	Oct 2021	DNP	NICE TA727 - Isatuximab with carfilzomib and dexamethasone for treating relapsed or refractory multiple myeloma (terminated appraisal)
Midostaurin	Oct 2021	RED	NICE TA728 - Midostaurin for treating advanced systemic mastocytosis
Sapropterin	Oct 2021	RED	NICE TA729 - Sapropterin for treating hyperphenylalaninaemia in phenylketonuria
Avapritinib	Oct 2021	DNP	NICE TA730 - Avapritinib for treating unresectable or metastatic gastrointestinal stromal tumours (terminated appraisal)
Vericiguat	Oct 2021	DNP	NICE TA731 - Vericiguat for treating chronic heart failure with reduced ejection fraction (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.

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.