Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

March 2022

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 March JAPC meeting

GORD in children and young people – update of an existing guideline with minor amendments including message that lansoprazole to be taken at least 30mins before food, lansoprazole fast tabs can be placed on the tongue and allowed to disperse before swallowing, Enfamil AR (thickening agent) removed as no longer listed in Drug Tariff ACBS and Gaviscon infant no longer referred to as 'dual sachets'. **Prucalopride** - update with minor amendments for the Treatment of Refractory Symptomatic Chronic Constipation in adults. Notably the potential shorter trial period of laxative failure not exclusive to a 6-month period. **Migraine** (secondary care excluded from tariff) – updated of an existing algorithm to include recently NICE approved biologic – Fremanezumab (NICE TA764) for treating episodic migraines as well as chronic migraines. Placed in cost effective order. **Psoriatic arthritis** (secondary care excluded from tariff) – update of an existing algorithm to include recently NICE approved biologic – Upadacitinib (NICE TA768) for treating psoriatic arthritis.

Trurapi - Insulin Aspart biosimilar - GREEN

Trurapi is a biosimilar of the rapid acting insulin analogue NovoRapid (insulin aspart). Trurapi is available as 100iu/ml vial, cartridges and pre-filled SoloStar pen. Trurapi is indicated for the treatment of diabetes in adults and children (aged 1 year and above). Its onset of action, peak and duration are the same as NovoRapid (10-20min, 1-3 hrs and 3-5 hrs respectively). Trurapi has a similar pharmacokinetic and pharmacodynamic profile and comparable efficacy, safety and tolerability to NovoRapid. However, Trurapi is cheaper than NovoRapid. JAPC has taken the decision to classify Trurapi as **GREEN,** preferred cost-effective brand for **new patients** and NovoRapid is now **GREY** for **existing patients**, with the option to continue with treatment until the next clinical review takes place, to assess if glycaemic control is not optimal. Switching stable patients on NovoRapid with good glycaemic control is not recommended.

Melatonin immediate release (IR) tablets (3mg) – GREY cons/spec initiation

The Melatonin for the treatment of sleep disorders in children guidance has been updated to include the use of immediate release melatonin 3mg tablets. Melatonin 3mg IR tablets are recommended (an additional option to Circadin 2mg MR tabs) by JAPC as a cost effective first line option for new patients for the treatment of sleep disorders initiated by a specialist in children with neurodevelopment disorders. Melatonin 3mg tablets are used when an immediate release preparation is preferred in children where initiation of sleep is the main difficulty or those with swallowing difficulty or when Circadin MR is not tolerated/effective. If required by the patient, then a lactose-free brands should be prescribed (e.g., Syncordin/ Ceyesto). Further updates to the guidance include advice for patients with swallowing difficulty or enteral feeding to crush & disperse 3mg tablets as the preferred action. Contact details have also been updated

Medicines support for Ukraine

Pharmacy professionals across the region are understandably being contacted by organisations (including charities) and individuals with regards to supplying medicines to support relief efforts to Ukraine during the current conflict. There is a cross-Government national response, which from a health perspective, is being led by the Department of Health and Social Care. This includes the supply of specific medicines requested by the Ukrainian Government. The medicines management team have been sent a list of resources that could be useful – please liaise with the team.

PGDs

The following PGDs have been updated:
Combined Hepatitis A Virus (Inactivated) and Typhoid Polysaccharide Vaccine PGD (v03.00). Measles, mumps and rubella vaccine PGD (v04.00). Typhoid Vi Polysaccharide PGD (v03.00). Update includes reference to facilities for the management of anaphylaxis and the vaccination of individuals with bleeding disorders. **Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) PGD (v04.00) -** Updates include: remove from actions following exclusion, off label and dose/frequency sections, information pertaining to the 2+1 schedule; add in recommendation to have minimum 4 weeks interval between PCV13 vaccinations; include in the off label the information for partially immunised; provide detail to primary dose and schedule for premature infant in cautions section; include in the dose and frequency section immunisation recommendations for premature infants and unimmunised or partially immunised children; include to the special consideration's information for immunisation for bone marrow transplant and update the dose and frequency (all in line with the Green Book Chapter 25)
Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) Risk Groups PGD (v05.00) – updates include a note in criteria for management of clusters and outbreaks of pneumococcal disease, add to cautions section information for premature infants and occurrence of apnoea following vaccination, include in the off label the administration of an additional booster; and update the patient advice section in line with the Green Book. **Hepatitis B vaccine PGD (v.04.00).** Removal of reference to booster doses for healthcare workers

MHRA Notices

COVID-19 antivirals: reporting any pregnancies to the UK COVID-19 Antivirals Pregnancy Registry. **Hydroxychloroquine, chloroquine**: increased risk of CV events when used with macrolide antibiotics; reminder of psychiatric reactions. MHRA recommend carefully considering the benefits and risks before prescribing systemic azithromycin or other systemic macrolide antibiotics (erythromycin or clarithromycin) to patients being treated with hydroxychloroquine or chloroquine. An observational study in patients with rheumatoid arthritis has shown that co-administration of azithromycin with hydroxychloroquine is associated with an increased risk of cardiovascular events and cardiovascular mortality. **Ivacaftor, tezacaftor, elexacaftor (Kaftrio▼) in combination with ivacaftor (Kalydeco):** risk of serious liver injury; updated advice on liver function testing.

Guideline Group key messages – traffic light amendments

Bempedoic acid – remains **GREY**, with removal of reference to 'primary prevention'
Specific to JAPC BNF Chapter for Cardiovascular: Note added to labetalol - is a treatment option for hypertension in pregnancy. Enalapril removed from formulary due to cost and other ACEi choices available. Anticoagulation with antiplatelet advice updated as per NICE NG185. Advice to use H2 receptor antagonist/ ranitidine for patients with dyspepsia with low dose aspirin removed due to ongoing supply issue. Appendix 2 blood pressure targets for CKD with hypertension updated as per NICE NG203. CKD with ACR<70mg/mmol target 140/90mmHg; CKD with ACR≥70mg/mmol target 130/80mmHg. Appendix 3 antihypertensive drug treatment in CKD- add offer/consider SGLT2 inhibitor (in addition to ACEi or ARB) in type 2 diabetes. Atrial Fibrillation guideline- monitoring for NOAC clarified. SPS suggests best practice is to carry out review appointment every 3 months to assess compliance, adverse effects, bleeding/ thromboembolic events, drug interactions and dosing. NOAC detailing aid- removed following AF guideline update. Edoxaban now recommended over warfarin as first line treatment and is the preferred

NOAC in Derbyshire for AF. Link to 'Diabetes UK- Diabetes when you're unwell (sick day rules)' added under patient information section on MM website.

Traffic light changes

Drug	Date considered	Decision	Details
Trurapi (Insulin aspart biosimilar)	March 2022	**GREEN**	Preferred cost-effective brand for new patients (for adults and children's). To be prescribed by brand.
NovoRapid (Insulin aspart)	March 2022	**GREY**	• For new patients consider Trurapi as the cost-effective brand. • For existing patients on NovoRapid, continue with treatment until the next clinical review takes place, to assess if glycaemic control is not optimal • To be prescribed by brand.
Melatonin immediate release tablets	March 2022	**GREY cons/spec initiation**	Immediate release tablets (3mg) to be used for off-licence use in children with neurodevelopment disorders and CAMHS patients. See melatonin prescribing advice for further details.
Odevixibat	March 2022	**RED**	NICE HST17 - Odevixibat for treating progressive familial intrahepatic cholestasis.
Olaparib	March 2022	**DNP**	NICE TA762 - Olaparib for treating BRCA mutation-positive HER2-negative metastatic breast cancer after chemotherapy (terminated appraisal)
Daratumumab	March 2022	**RED**	NICE TA763 - Daratumumab in combination for untreated multiple myeloma when a stem cell transplant is suitable.
Fremanezumab	March 2022	**RED**	NICE TA764 – preventing migraine.
Venetoclax	March 2022	**RED**	NICE TA765 - Venetoclax with azacitidine for untreated acute myeloid leukaemia when intensive chemotherapy is unsuitable.
Pembrolizumab	March 2022	**RED**	NICE TA766 - Pembrolizumab for adjuvant treatment of completely resected stage 3 melanoma.
Ponesimod	March 2022	**RED**	NICE TA767 - Ponesimod for treating relapsing–remitting multiple sclerosis.
Upadacitinib	March 2022	**RED**	NICE TA768 – for treatment active psoriatic arthritis after inadequate response to DMARDS.
Palforzia	March 2022	**RED**	NICE TA769 - Palforzia for treating peanut allergy in children and young people.
Pembrolizumab	March 2022	**RED**	NICE TA770 - Pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous non-small-cell lung cancer.
Daratumumab	March 2022	**DNP**	NICE TA771 - Daratumumab with bortezomib, melphalan and prednisone for untreated multiple myeloma (terminated appraisal)
Pembrolizumab	March 2022	**RED**	NICE TA772 - Pembrolizumab for treating relapsed or refractory classical Hodgkin lymphoma after stem cell transplant or at least 2 previous therapies.
Amivantamab	March 2022	**RED**	Monotherapy for treatment of adults with locally advanced or metastatic non-small cell lung cancer with activating epidermal growth factor receptor Exon 20 insertion mutations, whose disease has progressed on or after platinum-based chemotherapy
Elexacaftor + ivacaftor + tezacaftor (Kaftrio)	March 2022	**RED**	Use in a combination regimen with ivacaftor for the treatment of cystic fibrosis in patients aged ≥6 years who have at least one F508del mutation in the cystic fibrosis transmembrane conductance regulator gene.
Nirmatrelvir + ritonavir (Paxlovid)	March 2022	**RED**	Treatment of COVID-19 in adults who do not require supplemental oxygen and who are at increased risk for progression to severe COVID-19
Sotrovimab (Xevudy)	March 2022	**RED**	Treatment of symptomatic adults and adolescents (aged ≥12 years and weighing ≥40kg) with acute COVID-19 infection who do not require oxygen supplementation and who are at increased risk of progressing to severe COVID infection

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.

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