

This is a countywide group covering NHS Derby & Derbyshire Integrated Care Board, 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>

Key Messages from February's JAPC meeting

Ezetimibe – JAPC has reclassified ezetimibe to GREEN, following clinician request. This decision was based on the price reduction since its patent expiry, evidence of effectiveness through the IMPROVE-IT trial (6.4% relative risk reduction in the primary composite efficacy end point of cardiovascular death, major coronary event, or non-fatal stroke compared with simvastatin alone), cost of alternative options in the pathway and that clinicians have experience of using this drug in primary care.

Anticoagulation – Warfarin. Update with minor amendments including NOACs are recommended over warfarin for non-valvular atrial fibrillation.

Nicotine Replacement Therapy (NRT) guideline- minor update of an existing guideline. NRT is commissioned by the Local Authorities and supply is usually via the Stop Smoking Services. This guideline is for those exceptional circumstances when GPs are required to prescribe NRT. The guideline has been updated to be in line with the latest NICE guidance (NICE NG209) including ensuring behavioural interventions are accessible. The guideline includes a table of cost effective NRT products. Prescribers are reminded in Derbyshire e-cigarettes are not currently available from the NHS.

Upadacitinib in ulcerative colitis – High-Cost Drug for secondary care, ICB commissioned. The commissioning algorithm for ulcerative colitis has been updated to include upadacitinib as per NICE TA856. Prescribers are reminded the 30mg maintenance dose of upadacitinib is more expensive than the 15mg maintenance dose.

Anticoagulation in Non-valvular AF (NVAf)

JAPC provides clarification for the use of edoxaban (preferred NOAC of choice for Derbyshire for NVAf) for the following situations through consensus with local specialists:

1. Various national guidances for edoxaban state there is a trend towards decreasing efficacy with increasing creatinine clearance (CrCl) for edoxaban compared to well-managed warfarin, with no consensus on an agreed CrCl cut-off. Recently published guidance by [Primary Care Cardiovascular Society \(PCCS\)](#), [Primary Care Pharmacist Association \(PCPA\)](#), and [Clinical Pharmacy Association \(UKCPA\)](#) states for patients who have CrCl \geq 95ml/min consideration should be given to using an alternative DOAC (e.g. rivaroxaban 20mg once daily) in line with the edoxaban SmPC.
2. There is a discrepancy for monitoring U&E frequency in elderly patients aged 75 years and above - local guidance states 6 monthly, whereas national guidance states 4 monthly. Consensus for JAPC is to keep 6 monthly monitoring of U&Es, as recommended by the Derbyshire guidance.

Patient Group Directions

Varicella vaccine (Live) - new Varicella vaccine PGD to support outbreaks where chickenpox is co-circulating with scarlet fever in non immune children from 9 months of age and adults in accordance with national guidelines.

Meningococcal Group B Vaccine PGD – minor changes to layout; align the management of anaphylaxis with other UKHSA PGDs in cautions section; add the formulation and strength to the name of the drug; update the advice for individuals with unknown or incomplete history of vaccination in dose and frequency section; include in dose and frequency premature infants, HIV and immunosuppressed cohorts; update drug interactions and adverse reactions in accordance with SPC; update advice for administration of paracetamol in adverse reactions section; update references and remove the table for schedule guidance for secondary prevention of MenB disease as linked in references and throughout the PGD.

Meningococcal Group B Vaccine Risk Groups PGD - minor changes to layout; align the management of anaphylaxis with other UKHSA PGDs in cautions section; add the formulation and strength to the name of the drug; clarify dose and frequency for 2-10years, over 10 years and individuals who are receiving eculizumab therapy; update drug interactions and adverse reaction sections; include cohorts for whom supplies are not free; and update references.

Hepatitis B vaccine for renal patients

Prescribers are reminded, Hepatitis B vaccination for at risk renal patients is classified as RED. Any requests received by primary care should be directed back to the specialist services for administering. GPs are not covered under their indemnity to deliver Hepatitis B for renal patients in primary care.

Guideline Group key messages – traffic light amendments

Gaviscon Advance – GREY. Use only after the formulary choice of Acidex Advance if it is thought to be inappropriate due to intolerance or inadequate symptom control.

Cimetidine, nizatidine, famotidine – GREY. JAPC advises the types of patients who may require an H2RA include:

1. Those needing acid suppression who are genuinely allergic or intolerant or contraindicated to all PPIs, which is rare.
2. Those needing acid suppression where low magnesium occurs, which is very rare.
3. Those who have needed upward titration for reflux symptoms despite high dose PPIs, where addition of H2RA, generally at night-time, helps.
4. Occasionally there seems to be a small number of people who claim not to do well on PPI yet symptomatically get better on H2RA.

For all cases, those not responding well to PPIs should be investigated to make sure diagnosis correct.

Nilaqua products – DNP. Nilaqua skin cleansing/ shampoo products and other personal hygiene products- Patient are advised to self-care. Nilaqua is not listed in DT or on clinical systems.

Testosterone - Nebido, Sustanon, and Tostran entries have been amalgamated. **GREEN after consultant/specialist recommendation**: for male hypogonadism. Intrinsic patch has been removed as it is discontinued and no longer used.

Budesonide MR oral - Grey after consultant/ specialist initiation. Clarify specialist includes consultant gastroenterologist and colorectal surgeon.

H2RA section updated to clarify criteria for using and to include dosing advice.

MHRA – Drug safety update

Xaquia (metolazone) 5mg tablets: exercise caution when switching patients between metolazone preparations. Prescribers and dispensers should use caution if switching patients between different metolazone preparations as the rate and extent of absorption of metolazone are formulation dependent. This can impact the bioavailability of the product.

Topical testosterone (Testogel): risk of harm to children following accidental exposure. Premature puberty and genital enlargement have been reported in children who were in close physical contact with an adult using topical testosterone and who were repeatedly accidentally exposed to this medicine. To reduce these risks, advise patients to wash their hands after application of topical testosterone, cover the application site with clothing once the product has dried, and wash the application site before physical contact with another adult or child.

Traffic light changes

Drug	Date considered	Decision	Details
Ezetimibe	Feb 23	GREEN	As per NICE TA385 for treating primary heterozygous-familial and non-familial hypercholesterolemia.
Upadacitinib	Feb 23	RED	NICE TA856 - Upadacitinib for treating moderately to severely active ulcerative colitis. ICB commissioned
Angiotensin II	Feb 23	DNP	NICE TA859 - Angiotensin II for treating vasosuppressor-resistant hypotension caused by septic or distributive shock (Terminated appraisal). ICB commissioned
Mobocertinib	Feb 23	RED	NICE TA855 - Mobocertinib for treating EGFR exon 20 insertion mutation-positive advanced non-small-cell lung cancer after platinum-based chemotherapy. NHSE commissioned
Nivolumab	Feb 23	RED	NICE TA857 - Nivolumab with platinum- and fluoropyrimidine-based chemotherapy for untreated HER2-negative advanced gastric, gastro-oesophageal junction or oesophageal adenocarcinoma. NHSE commissioned
Lenvatinib	Feb 23	RED	NICE TA858 - Lenvatinib with pembrolizumab for untreated advanced renal cell carcinoma. NHSE commissioned
Maribavir	Feb 23	RED	NICE TA860 - Maribavir for treating refractory cytomegalovirus infection after transplant. NHSE commissioned
Foslevodopa + foscarnidopa (Produodopa)	Feb 23	DNP	Treatment of advanced levodopa-responsive Parkinson's disease with severe motor fluctuations and hyperkinesia or dyskinesia when available combinations of Parkinson medicinal products have not given satisfactory results. Await clinician request.
Voclosporin (Lupkynis)	Feb 23	DNP	Use in combination with mycophenolate mofetil for the treatment of adults with active class III, IV or V (including mixed class III/V and IV/V) lupus nephritis. Await clinician request.

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