

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 March's JAPC meeting

[Bile salt diarrhoea/malabsorption: alternatives to questran/colestyramine](#) – routine review including a minor amendment of removing colestipol which is discontinued. This guidance was produced due to frequent supply and availability problems, which continue.

[Guidance on the prescribing of midodrine in orthostatic hypotension \(OH\)](#) - routine review with no changes. GPs can continue prescribing once treatment is stabilised.

[Proton Pump Inhibitors - Advisory guidance on when to initiate a PPI with a NSAID \(or antiplatelet\) for gastro-protection](#) – routine review with minor amendment including PPI use during CDI treatment was associated with a 40% increased risk of recurrence (previously 42%) and tubular-interstitial nephritis symptoms of nausea, vomiting, fatigue, fever, and haematuria added.

[Dexcom One](#) - Previous advice on transmitters was that they would be supplied free of charge from the community pharmacy every 90 days. The advice has now changed, with transmitters available for prescribing on an FP10 for 90 days. Care needs to be taken to prescribe one pack of 3 sensors every month and one transmitter every 3 months. There is no change in the overall cost to the prescribing budget.

[Upadacitinib for non-radiographic axial spondyloarthritis](#): High-Cost Drug for secondary care ICB commissioned. Incorporation of Upadacitinib to the commissioning algorithm for non-radiographic axial spondyloarthritis as per NICE TA861

[JAPC Terms of reference and stakeholder map](#) - updated to reflect changes in the ICB and membership.

[Sore throat \(NICE NG84\)](#) – Prescribers are reminded to now follow NICE NG84 - prescribing guidance for children and young people. The NHSE interim guidance on Group A Streptococcus (GAS) issued Dec 2022 has been withdrawn due to decrease from exceptionally high rates. Prescribers should continue to be alert to the severe complications of GAS and maintain a high degree of clinical suspicion when assessing patients, particularly those with preceding viral infection (including chickenpox) or close contacts of scarlet fever/iGAS.

Patient Group Directions

The following **UKHSA PGDs** have been updated:

[ACWY PGD - At Risk Groups](#) - including an additional licensed ACWY vaccine (MedQuadri®), NHSE & NHSEI amended to NHSE, minor rewording standard text, layout and formatting changes for clarity and consistency with organisation change and other UKHSA PGDs; and Public Health England' and 'PHE' replaced with 'UKHSA' including branding and updated contact details.

[Men B Risk Groups PGD](#) – including minor rewording of standard text, layout and formatting changes for clarity and consistency with organisation change and other UKHSA PGDs; NHSE & NHSEI amended to NHSE; align the management of anaphylaxis with other UKHSA PGDs in cautions section; added the formulation and strength to the name of the drug; clarified the dose and frequency for 2-10 years, over 10 years and individuals who are receiving eculizumab therapy; update drug interactions and adverse reaction sections and include cohorts for whom supplies are not free.

[Meningitis B PGD](#) – including include minor rewording of standard text, layout and formatting changes for clarity and consistency with organisation change and other UKHSA PGDs; NHSE & NHSEI amended to NHSE; align the management of anaphylaxis with other UKHSA PGDs in cautions section; added the formulation and strength to the name of the drug; updated 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; updated drug interactions in accordance with SPC; updated adverse reactions in accordance with SPC; update advice for administration of paracetamol in adverse reactions section; updated references; removed the table for schedule guidance for secondary prevention of MenB disease as linked in references and throughout the PGD.

The following **DCHS PGDs** have been updated:

[Levonorgestrel 1500mcg Tablets Community Pharmacies PGD](#) SPS: Updated template (no clinical changes to expired V1); DCHS update: removed covid advice. Added local safeguarding information.

[Ulipristal Community Pharmacies PGD](#) SPS: Updated template (no clinical changes to expired V1); DCHS update: removed covid advise. Added local safeguarding information.

Chlamydia testing and management guideline

The National Chlamydia Screening Programme has changed to focus on reducing reproductive harm of untreated infection in young women and the guidance has been updated to reflect this change. The 'who to test' section has been updated to reflect changes to the national screening programme which recommends testing for asymptomatic patients under age 25 to concentrate in women, rather than all young people. To screen partners of people diagnosed with epididymo-orchitis as per BASHS guideline for the management of epididymo-orchitis, 2020. The antibiotic treatment is in line with NICE/PHE and BASHH antimicrobial guidance.

Guideline Group key messages – traffic light amendments

CV chapter update:

- Bisoprolol replaces atenolol as preferred beta-blocker based on cost. Bisoprolol is licensed in hypertension, heart failure & angina. Local specialists have advised that the use of bisoprolol post MI & in AF is appropriate and recommended (off-label).
- Aspirin+ dipyridamole (discontinued) has been replaced with dipyridamole MR
- Update message- existing patients on simvastatin/ pravastatin can be considered for switch to atorvastatin (previously states no need to switch)

Clinical guidelines (minor updates):

- Continence formulary- extended review date to Oct 2023 whilst system review takes place.
- OPAT guidance- extended review date to Sept 2023 to allow working group to work through community antibiotic stockist scheme.
- Emollient guideline updated following field safety notice on Epimax products- labelling updated to make clear that product can be used as a body wash, rather than a soap substitute (avoid contact with eyes).
- Type 2 diabetes guideline & endocrine chapter- message added to prescribe GLP1 by brand.

MHRA – Drug safety update

COVID-19 vaccines and medicines: MHRA continue to publish the summaries of the Yellow Card reporting for the COVID-19 vaccines being used in the UK.

Traffic light changes

| Drug | Date considered | Decision | Details |
|--|-----------------|----------|---|
| Vestronidase alfa | March 23 | RED | for Mucopolysaccharidosis Type VII for (infants). NHSE commissioned only from 3 highly specialized centres for patent with lysosomal storage disorders. |
| Maribavir (Livtencity) | March 23 | RED | Treatment of cytomegalovirus infection and/or disease that are refractory (with or without resistance) to ≥ 1 prior therapies, in adults who have undergone a haematopoietic stem cell transplant or solid organ transplant. NHSE commissioned |
| Relugolix (Orgovyx) | March 23 | RED | Treatment of adults with advanced hormone-sensitive prostate cancer. NHSE commissioned |
| Vandetanib (Caprelsa) | March 23 | RED | Treatment of aggressive and symptomatic rearranged during transfection (RET) mutant medullary thyroid cancer in patients aged ≥ 5 years with unresectable locally advanced or metastatic disease. NHSE commissioned |
| Bupivacaine (Exparel) | March 23 | RED | Use in adults and children aged ≥ 6 years as a field block for treatment of somatic post-operative pain from small- to medium-sized surgical wounds |
| Human C1-esterase inhibitor (Berinert) | March 23 | RED | Prevention of recurrent hereditary angioedema attacks in adolescents and adults with C1-esterase inhibitor deficiency. |
| Ciltacabtagene autoleucel (Carvykti) | March 23 | RED | Treatment of adults with relapsed and refractory multiple myeloma. NHSE commissioned |
| Levothyroxine | March 23 | DNP | Intravenous/intramuscular formulation for myxoedema coma and hypothyroidism in patients where oral therapy is not feasible. Await clinician request |
| Upadacitinib | March 23 | RED | For active non-radiographic axial spondyloarthritis. ICB commissioned. |
| Somatrogon | March 23 | RED | For growth disturbance in people 3 years and over. ICB commissioned. |
| Ataluren | March 23 | RED | HST22 - Ataluren for treating Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene |
| Trastuzumab deruxtecan | March 23 | RED | TA862 - Trastuzumab deruxtecan for treating HER2-positive unresectable or metastatic breast cancer after 1 or more anti-HER2 treatments |
| Nintedanib | March 23 | RED | TA864 - Nintedanib for treating idiopathic pulmonary fibrosis when forced vital capacity is above 80% predicted |
| Nivolumab | March 23 | RED | TA865 - Nivolumab with fluoropyrimidine- and platinum-based chemotherapy for untreated unresectable advanced, recurrent, or metastatic oesophageal squamous cell carcinoma |
| Regorafenib | March 23 | RED | TA866 - Regorafenib for previously treated metastatic colorectal cancer |
| Mitapivat | March 23 | DNP | TA867 - Mitapivat for treating pyruvate kinase deficiency (Terminated appraisal) |
| Vutrisiran | March 23 | RED | TA868 - Vutrisiran for treating hereditary transthyretin-related amyloidosis |
| Teclistamab | March 23 | DNP | TA869 - Teclistamab for treating relapsed or refractory multiple myeloma after 3 or more therapies (Terminated appraisal) |
| Ixazomib | March 23 | RED | TA870 - Ixazomib with lenalidomide and dexamethasone for treating relapsed or refractory multiple myeloma |
| Axicabtagene ciloleucel | March 23 | RED | TA872 - Axicabtagene ciloleucel for treating diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies |

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 in line with discharge policies and
- b. The patient response to the treatment is predictable and safe