

Introduction

The purpose of the committee

JAPC is an important strategic network with the responsibility for promoting cost-effective use of medicines and medical devices and supporting functional integration in healthcare delivery. Each of its stakeholder organisations/bodies will gain benefit from working in a co-ordinated manner.

Aims of JAPC

JAPC is a strategic committee with responsibility for promoting appropriate, safe, rational, and cost-effective use of medicines and medical devices in Derbyshire. JAPC has delegated decision-making responsibility for pharmaceutical governance on behalf of Integrated Governance for the four Clinical Commissioning Groups (CCG) within Derbyshire. Decisions will represent standards of good practice, and are normally expected to be implemented. JAPC has no delegated responsibility for resource allocation.

JAPC's key aims are:

1	To ensure high standards of pharmaceutical governance
2	To maintain an area drug formulary
3	To maintain the traffic light classification for prescribing responsibility
4	To develop local clinical guidelines and shared care guidelines for amber drugs
5	To advise on implementation of NICE guidance/guidelines that concern drug use
6	To advise on the commissioning and provision of new drugs and new indications
7	To review key clinical trials and advise on their implications

Membership

The JAPC serves the following participating organisations:

- NHS Southern Derbyshire CCG
- NHS North Derbyshire CCG
- NHS Hardwick CCG
- NHS Erewash CCG
- Derbyshire Community Health Services NHS Trust (DCHS)
- Chesterfield Royal Hospital NHS Foundation Trust (CRH)
- Royal Derby Hospitals NHS Foundation Trust (RDH)
- Derbyshire Healthcare NHS Foundation Trust (DHCFT)

Membership of the committee comprises a wide variety of professional, clinical, commissioning, managerial, and organisational backgrounds.

Attendance

Name & title		Attendance
Southern Derbyshire CCG		
Dr A Mott (<i>Chair from December 2013</i>)	GP	10
Mr S Dhadli (<i>Secretary</i>)	Specialist Commissioning Pharmacist	12
Mr S Hulme	Director of Medicines Management	10
Dr I Tooley	GP	11
Mrs L Hunter	Assistant Chief Finance Officer	6
North Derbyshire CCG		
Dr C Emslie	GP	11
Dr D Fitzsimons	GP	7
Mrs K Needham	Head of Medicines Management (& Hardwick CCG)	12
Hardwick CCG		
Dr T Parkin	GP	11
Erewash CCG		
Dr M Henn	GP	8
Derby Hospitals NHS FT		
Dr F Game (<i>until January 2014</i>)	Drugs & Therapeutics Committee Chair	9
Dr W Goddard (<i>from January 2014</i>)	Drugs & Therapeutics Committee Chair	3
Mr C Newman	Chief Pharmacist	9
Mr D Mclean	Principal Pharmacist	2
Mr D Anderton	Senior Pharmacist	1
Chesterfield Royal Hospital		
Mr M Shepherd	Head of Medicines Management	8
Ms C Duffin - Pharmacist	Pharmacist	2
Dr C Lawson	Principal Pharmacist	1
Derbyshire Community Health Services		
Mr M Steward	Chief Pharmacist	9
Mrs C Curry	Pharmacist	2
Derbyshire Healthcare Foundation Trust		
Dr S Taylor	Drugs & Therapeutics Committee Chair	8
Mr D Branford	Chief Pharmacist	2
Mrs B Thompson	Pharmacist	2
Derbyshire County Council		
Dr J Bell (<i>Chair until November 2013</i>)	Assistant Director of Public Health	8
Mrs Sadaf Qureshi	NICE audit Pharmacist	11
Healthwatch Derbyshire		
Dr C Shearer (<i>commenced August 2013</i>)	Lay Representative	5

Dr Judith Bell retired as Chair of JAPC. Dr Andy Mott was appointed the new chair of JAPC, December 2013.

Throughout the year JAPC has achieved full quoracy, and therefore no meetings were cancelled.

Drugs classified under the Traffic Lights System (April 2013 – March 2014)

BLACK (26)	BROWN (13)	RED (29)	AMBER (1)	GREEN (38)	Unclassified (5)
<i>Not recommended or commissioned</i>	<i>Not recommended for use except in exceptional circumstances</i>	<i>Hospital/ specialist only</i>	<i>Shared care</i>	<i>Suitable for primary care</i>	<i>New formulations and new drug launches, not recommended for use at present.</i>
Bevacizumab (as per NICE TA 284)	Amorolfine (low priority for funding)	Abatacept (for NICE TA 280)	Degarelix (male patients with advanced hormone dependent prostate cancer)	Apixaban (2 nd line NOAC in accordance with AF pathway) (assign traffic light)	Alogliptin (leave unclassified until local diabetes guidance updated) (ESNM20)
Bevacizumab (as per NICE TA 285)	Bimatoprost preservative free eye drops UDV (reclassified from green)	Aflibercept (as per NICE TA294)		Capsaicin cream 0.0.75% (post-herpetic neuralgia) (from neuropathic guidance)	Colestilan (await consultant request)
Bosutinib (as per NICE TA 299)	Combodart (assign traffic light)	Aflibercept (as per NICE TA 305)		Carbamazepine* (specialist initiation) (epilepsy review)	Lubiprostone (await consultant request)
Canakinumab (as per NICE TA 281)	Dapaglifozin (specialist initiation) (as per NICE TA 288)	Aripiprazole (as per NICE TA297) (<18 years)		Clonazepam* (specialist initiation) (epilepsy review)	sodium hydrogen carbonate 500mg/ sodium dihydrogen phosphate 680mg (Iecicarbon A) (await consultant request)
Canakinumab (as per NICE TA 302)	Dundee cream (reflectant sun cream) (specialist recommendation) (assign traffic light)	Caffeine citrate (as per MHRA drug safety update)		Duloxetine* (urinary stress incontinence as per NICE CG 171)	Naloxone injection (await consultant request)
Crizotinib (as per NICE TA 296)	Dutasteride (2 nd line) (assign traffic light)	Capsaicin cream 0.0.75% (diabetic neuropathy) (from neuropathic guideline)		Duloxetine* (3 rd line option after amitriptyline/ gabapentin/ pregabalin for diabetic neuropathy)	
Dapoxetine (new product - PE)	Fentanyl buccal (new formulation)	Colistimethate sodium dry powder inhaler (as per NICE TA 276)		Darifenacin (as per NICE CG171)	
Dymista (new product)	Indapamide 2.5mg (reclassified from green)	Eltrombopag (as per NICE TA293)		Ethosuximide* (specialist initiation) (epilepsy review)	
Emustil soybean eye drops (new product)	Insulin degludec 200units/ml (specialist initiation) (new product) (ESNM25)	Eslicarbazepine* (epilepsy review)		Fesoterodine (as per NICE CG171)	

Everolimus (as per NICE TA 295)	Insulin degludec 100units/ml (specialist initiation) (new product) (ESNM25)	Fluocinolone acetamide intravitreal implant (as per NICE TA 301)		Fluenz (children between 2-17 years) (reclassified from black)	
Fluarix tetra (new product)	Rosuvastatin (following specialist recommendation) (reclassified from black)	Lisdexamfetamine (new product) (ESNM26)		Gabapentin* (specialist initiation) (epilepsy review)	
Fluticasone furoate plus vilanterol (Relvar) (new product) (ESNM34)	Sildenafil chewable tablets (new drug formulation)	Medroxyprogesterone Subcutaneous Depo (new product) (ESNM31)		Hux D3 (cost effective 1 st line) (assign traffic light)	
Linaclotide (new product) (as per ESNM16)	Tafluprost preservative free eye drops UDV (reclassified from green)	Melatonin (unlicensed formulations) (reclassification)		Ingenol mebutate gel (specialist recommendation) (new product) (ESMN14)	
Lomitapide (new product)		Mirabegron (new product)		Lacosamide* (specialist initiation) (epilepsy review)	
Loxapine (as per NICE TA 286)		Molludab - potassium hydroxide solution 5% (specialist and GPs specially trained in dermatology and dermatology champions) (new product)		Lamotrigine* (specialist initiation) (epilepsy review)	
Meningitis B vaccine (Bexsero) (new product)		Nalmefene (new product) (ESNM29)		Levetiracetam* (specialist initiation) (epilepsy review)	
Minocycline (assign traffic light)		Ocriplasmin (as per NICE TA 297)		Latanoprost preservative free eye drops UDV (specialist initiation) (new product)	
Modafinil* (for all indication – excluding narcolepsy and narcolepsy secondary parkinson's disease) (reclassification)		Perampanel* (epilepsy review)		Lixisenatide (trained specialist) (new product) (ESNM10)	
Pegloticase (as per NICE TA 291)		Pirfenidone (for NICE TA 282)		Mirabegron (reclassified from Red) (as per NICE CG171)	
Pentoxifylline (evidence review)		Pixantrone (as per NICE TA 306)		Modafinil* (for narcolepsy & narcolepsy 2° to Parkinson's disease) (reclassified from amber)	

Potassium para-aminobenzoate (Potaba) (evidence review)		Ranibizumab (as per NICE TA 283)		Movocol paediatric (as per NICE CG 99)	
Probiotics (evidence review)		Ranibizumab (as per NICE TA 298)		Nefopam (3 rd line at step 2 in accordance with the chronic pain guideline) (assign traffic light)	
Ruxolitinib (as per NICE TA 289)		Retigabine* (epilepsy review)		Oxycarbazine* (specialist initiation) (epilepsy review)	
Tioconazole (assign traffic light)		Rufinamide* (epilepsy review)		Phenobarbital and other barbiturates* (specialist initiation) (epilepsy review)	
Tramacet (assign traffic light)		Stiripentol* (epilepsy review)		Phenytoin* (specialist initiation) (epilepsy review)	
Zostavax (new product)		Teriflunomide (as per NICE TA 303)		Pregabalin* (specialist initiation) (epilepsy review)	
		Tiagabine* (epilepsy review)		Pro D3 (2 nd line) (assign traffic light)	
		Tobramycin dry powder inhaler (as per NICE TA 276)		Propiverine (as per NICE CG171)	
		Vigabatrin* (epilepsy review)		Raloxifene (familial breast cancer as per NICE CG 164)	
				Renavit (specialist recommendation) (assign traffic light)	
				Rifaxamin for hepatic encephalopathy (specialist initiation) (assign traffic light)	
				Sodium valproate* (specialist initiation) (epilepsy review)	
				Solifenacin (as per NICE CG171)	
				Strontium renelate (specialist initiation) (as per MHRA warning)	

				Topiramate* (specialist initiation) (epilepsy review)	
				Tramadol (for neuropathic and non-malignant chronic pain as per guidance) (assign traffic light)	
				Trospium* (as per NICE CG171)	
				Zonisamide* (specialist initiation) (epilepsy review)	

*dual classification

* epilepsy review drugs

Medical Devices formerly classified to the traffic light system (April 2013 – March 2014)

BLACK	BROWN	RED	AMBER	GREEN
<i>Not recommended or commissioned</i>	<i>Not recommended for use except in exceptional circumstances</i>	<i>Hospital/specialist only</i>	<i>Shared care</i>	<i>Suitable for primary care</i>
Flutter Device		Vaginal dilators		
		Therabite jaw device		
		Single use negative pressure wound therapy		

Clinical guidelines ratified:

- Diagnosis and management of lower UTI (April 2013)
- Appropriate antimicrobial prescribing (April 2013)
- Guidance on the management of clostridium difficile in primary care (April 2013)
- Identification and management of familial hypercholesterolemia (May 2013)
- Appropriate lipid modification therapy in non-familial hyperlipidaemia (May 2013)
- Oral anticoagulation (June 2013)
- Antimicrobial treatment guidelines (June 2013)
- Glaucoma – guidelines for the management (June 2013)
- Anti-platelet treatment for STEMI and NSTEMI (Southern Derbyshire RDH) (June 2013)
- Management of clostridium difficile in primary care (July 2013)
- Management of clostridium difficile (August 2013)
- Oral thrush (August 2013)
- Antipsychotics – recommended physical monitoring (August 2013)
- Asthma guideline – adults (September 2013)
- Asthma guideline – children (September 2013)
- Prevention of stroke and systemic embolism in AF with warfarin and NOACs (September 2013)
- Neuropathic pain (September 2013)
- Non-malignant chronic pain management in primary care (September 2013)
- Acne pathway NDCCG (September 2013)
- Glucose control in type 2 diabetes (September 2013)
- Management of overactive bladder in primary care (September 2013)
- Primary care management of overactive bladder (as per NICE CG 171) (November 2013)

- Vitamin D deficiency (December 2013)
- Varenicline (December 2013)
- Antidepressants in moderate and severe unipolar depression (December 2013)
- Neuropathic pain guideline (January 2014)
- Premature ejaculation (January 2014)
- Bisphosphonate length of treatment guideline in osteoporosis (February 2014)
- Advisory guidance – when to initiate a PPI with a NSAID (February 2014)
- Out of hours formulary (March 2014)

Position statement

- Dapoxetine (January 2014)

Shared care agreements ratified:

- Rivastigmine (June 2013)
- Acetylcholinesterase inhibitors (August 2013)
- Liothyronine (August 2013)
- Lithium shared care (October 2013)
- Riluzole for the treatment of the amyotrophic lateral sclerosis form of motor neurone disease (Nov 2013)
- Degarelix for the treatment of adult male patients with advanced hormone dependent prostate cancer (December 2013)

Patient Group Directions (PGDs) ratified:

- Vitamin K (June 2013)
- Hepatitis B vaccine adult (June 2013)
- Hepatitis B vaccine child (June 2013)
- Hepatitis A vaccine adult (June 2013)
- Hepatitis A vaccine child (June 2013)
- Hepatitis A with typhoid (June 2013)
- Typhoid vaccine (June 2013)
- Meningitis C (July 2013)
- Rotavirus (July 2013)
- Shingles (herpes zoster) vaccine – zostavax (September 2013)
- Administration of fluenz for infants, children and adolescents (aged 2-17 years) (October 2013)
- Administration of seasonal flu vaccine (October 2013)

MHRA Drug safety alert:

- Dabigatran contra-indicated in patients with prosthetic heart valves requiring anticoagulation. (April 2013)
- Aqueous cream associated with skin reactions (April 2013)
- Strontium renelate cardiovascular warning
- Diclofenac - new contraindications and warning regarding cardiovascular safety.
- Codeine – restricted use as analgesic in children and adolescents after European safety review.
- Nitrofurantoin for UTI, contraindicated in patients with <60ml/min Creatinine clearance.
- Oral ketoconazole - no longer prescribed for fungal infections as risk of liver injury outweighs the benefits.
- Metoclopramide risk of neurological adverse effects – maximum dosage should be 30mg for no longer than 5 days.
- Antiepileptic drugs divided into 3 categories to assist healthcare professionals in deciding whether it is necessary to maintain continuity of supply of branded generics.

Other recommendations and decisions

Metformin and Polycystic ovary syndrome

NICE published an evidence summary review of an unlicensed off-label use of metformin in polycystic ovary syndrome. The summary stated there was no good evidence that regimes containing metformin were statistically different to co-cyprindiol. This message was disseminated via the JAPC bulletin.

Business case for sequential use of biologic's for psoriasis.

Based on NICE CG153 for psoriasis, RDH proposed sequential use of biologic's in psoriasis. The business case was discussed and it was decided to agree and set initiation/continuation criteria outside of JAPC – at the Clinical Commissioning Policy Group meeting.

JAPC Review

Following the organisational and structural changes from the Health and Social Care Act 2012; a fitness for purpose review of JAPC was undertaken, May 2013. The terms of reference and gaps identified were updated to reflect the organisational changes.

JAPC Terms of Reference (TOR)

The JAPC TOR were amended to include an appeals process. Derbyshire JAPC acts as an independent body for appeals made against Nottingham APC and a reciprocal arrangement would be in place for Derbyshire JAPC. The appeal would be for the process by which a drug decision is undertaken.

Lay representation

Following the JAPC review, a lay representative from Healthwatch commenced attending JAPC meetings, as of August 2013.

Prescribing Specification

The prescribing specification, which is the prescribing element of the contractual agreement between the CCGs and provider organisations was amended and accepted.

Gain sharing

The NHS England gain sharing document, which outlines the principles of sharing the benefits associated with more efficient use of medicines, was adopted and incorporated into the prescribing specification.

JAPC statement on 28 day prescribing intervals

The old PCT position statement was amended and adopted, to incorporate the structural and organisational changes in the NHS.

NRT formulary

NRT formulary amended to include cost-effective products was ratified for use by County GPs.

High Cost Drugs (HCD)

The process of repatriation of patients prescribed two HCD commissioned by NHS England (phosphate binders and somatostatin analogues), was presented at JAPC. Arrangements for these patients to be repatriated back to secondary care would follow advice from NHS England.

CONTACT study, BARACK D Trial, ALL-HEART study

Excess treatment costs for these studies involving prescribing of medication in primary care were considered as minimal financial risk for GPs.

Indapamide 2.5mg

The price increase for indapamide 2.5mg, led to this drug no longer being a cost-effective option in the treatment of hypertension. Bendroflumethiazide would be first line option for new patients. Patients currently receiving indapamide would continue until their BP was stable and then clinicians may consider switching to the modified release version of indapamide.

Alogliptin

Launch of fifth gliptin was presented for traffic light classification. JAPC agreed to leave alogliptin unclassified until the type 2 diabetes guidance was updated.

Restless leg syndrome

Produced at the request of the medicines management teams. However due to the commonality of the condition, lack of high quality evidence and off-licence prescribing for the condition, JAPC felt a guidance would not be needed as most advice is available through Clinical Knowledge Summaries.

Communications

All the JAPC recommendations and publications are available at www.derbyshiremedicinesmanagement.nhs.uk/home. This is a public website. A JAPC Bulletin is issued every month highlighting that month's decisions.

Summary

The Derbyshire Joint Area Prescribing Committee continues to make good progress in bringing together clinical decision making and promoting the cost-effective use of medicines across the Derbyshire health economy. It has had excellent primary and secondary care representation, has been well attended, and delivers a significant improvement in governance associated with medicines use for all the participating organisations.

Recommendation

The CCG Boards (or equivalent) of member organisations are requested to acknowledge the details of this report.

Sadaf Qureshi
NICE audit Pharmacist
Public Health

Additional information

