

Derbyshire Joint Area Prescribing Committee Annual Report

April 2015 - March 2016

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Promoting Evidence-based, Cost-effective, Safe Prescribing

June 2016

Authors

Sadaf Qureshi – NICE Audit Pharmacist

Kate Stanley – Senior Administration Officer

Forward

Welcome to the 2015/16 annual report of Derbyshire Joint Area Prescribing Committee (JAPC), and thank you for reading it.

The various NHS organisations in Derbyshire spend many millions of pounds each year on medicines to prevent illness, to treat illness, and to improve the quality of life of our population and individuals within it. It is incumbent on us to make the best use of this public money, and JAPC plays a key role in this work.

JAPC functions well because of the ongoing commitment to it from all NHS providers and commissioners in Derbyshire. In particular it thrives on the consistency of attendance of its members, enabling us to get through often large agendas. I'd like to thank Dr Diane Fitzsimons from North Derbyshire CCG for her contributions prior to her stepping down, and also Malcolm Steward from DCHS who has recently retired having served JAPC and its predecessors for many years. Thank you both.

Much of JAPC's work and output has remained consistent for years now, and has continued relatively unaltered despite some system reorganisations. Looking ahead there seems likely to be more work at a larger scale, via the proposed Regional Medicines Optimisation Committees, though it remains unclear at the time of writing what impact this will have on JAPC. We must also consider what part JAPC could or should play in the Derbyshire Sustainability and Transformation Plan (STP), which has large implications on investment in medicines and optimising their use.

As in previous years, I'd like to end by thanking the Guideline Group that supports JAPC for all its hard work and to Slak Dhadli and his team for their efforts in co-ordinating all our work and keeping us to task.

Dr Andrew Mott
Chair, Derbyshire Joint Area Prescribing Committee

Key achievements in 2015-16

1. *Twelve meetings were held during 2015-16.*
2. *Agreement of Derbyshire Joint Area Prescribing Committee prescribing specification for 2016-1.*
3. *143 drugs received a traffic light classification*
 - a. *41 drugs were classified as part of the monthly horizon scan*
 - b. *13 were new drug requests*
 - c. *64 drugs were classified based on NICE guidance*
 - d. *10 drugs were classified in-light of updated local guidance*
 - e. *15 drugs were reclassified*
4. *33 clinical guidelines were approved for use across Derbyshire*
5. *12 shared care agreements were approved for use across Derbyshire*
6. *20 PGDs were ratified of which 6 were local PGDs (for use in Derbyshire only).*
7. *23 MHRA drug safety alerts were noted, and formulary/guidance updated to reflect the alert.*
8. *One FDA drug Safety Communications was included in the guidance and formulary*

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 gains 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) wholly within Derbyshire. Decisions 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

JAPC Prescribing Specification.

The prescribing specification is part of the healthcare services contract commissioners (CCGs) have with provider organisations. This document outlines the role and responsibilities of our provider trusts in ensuring a transparent and collaborative approach to the safe and effective management of medicines, seamless care of patients between NHS organisations and ensuring high quality prescribing. The document is updated annually for changes in process and best practice and taken to JAPC (with representatives from both commissioner and provider organisations across Derbyshire) to ensure that its requirements are both fair and reasonable. Once agreed by JAPC, the specification can then be included as part of the contract prescribing requirements from providers for the following contract year. It is also used for prescribing contractual arrangements with provider organisations who are not key stakeholders of JAPC.

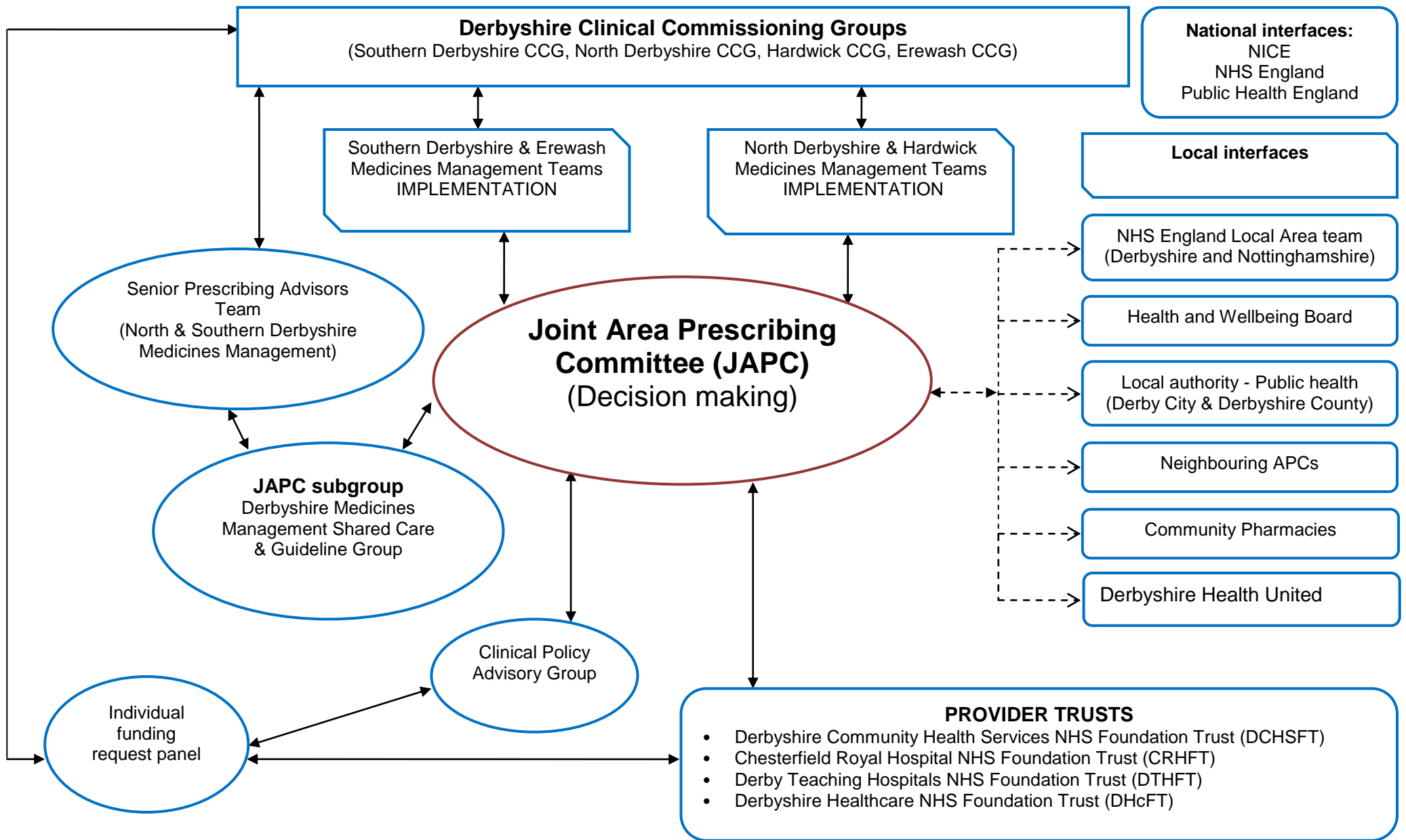
Membership

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 Foundation Trust (DCHSFT)
- Chesterfield Royal Hospital NHS Foundation Trust (CRHFT)
- Derby Teaching Hospitals NHS Foundation Trust (DTHFT)
- Derbyshire Healthcare NHS Foundation Trust (DHcFT)
- Public Health, Derby City and Derbyshire County Councils

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

Derbyshire Joint Area Prescribing Committee Stakeholder map



Attendance

Name & title		Attendance
Southern Derbyshire CCG		
Dr A Mott (<i>Chair</i>)	GP	11
Mr S Dhadli (<i>Secretary</i>)	Specialist Commissioning Pharmacist	12
Mr S Hulme	Director of Medicines Management (& Erewash CCG)	12
Mrs Sadaf Qureshi	NICE audit Pharmacist	12
Dr M Watkins	GP	9
Mrs L Hunter	Assistant Chief Finance Officer	7
North Derbyshire CCG		
Dr C Emslie (<i>Deputy Chair</i>)	GP	10
Dr D Fitzsimons	GP	4
Mrs K Needham	Head of Medicines Management (& Hardwick CCG)	11
Ms J Town	Head of Finance Commissioning	10
Mr Jon Vinson (Deputy for K Needham)	Lead Medicines Management Pharmacist	1
Mr R Coates	Management Accountant	1
Hardwick CCG		
Dr T Parkin	GP	10
Ms M Simpson	Contracting Team Leader	2
D Bennett	Assistant Director of Transformation	1
Erewash CCG		
Dr M Henn	GP	5
Mrs H Murch* (Deputy for Dr Henn)	Lead Pharmacist	2
Derby Teaching Hospitals NHS Foundation Trust		
Dr W Goddard	Drugs & Therapeutics Committee Chair	10
Mr C Newman	Chief Pharmacist	5
Chesterfield Royal Hospital		
Mr M Shepherd	Head of Medicines Management	12
Derbyshire Community Health Services		
Mr M Steward	Chief Pharmacist	9
Ms J Shaw (Deputy for M Steward)	Pharmacist	1
Derbyshire Healthcare Foundation Trust		
Dr S Taylor	Drugs & Therapeutics Committee Chair	5
Ms S Bassi	Chief Pharmacist	4
Mrs B Thompson	Pharmacist	2
Derby City Council		
Dr R Dewis	Consultant In Public Health Medicine	4
Ms R Sokal	Acting Consultant in Public Health	2

Of the 12 annual meetings, 3 were not quorate on the day as determined by the Terms of Reference. (Two due to no representation from DcHSFT and one from DTHFT due to the junior doctor strike). In each of these cases there was enough notice given to the chair and secretary of JAPC for the meeting to proceed. The secretary summarised key contents of JAPC meetings relevant for their organisations. Any comments from provider organisation were used in the discussions at JAPC in their absence. Ratification of decisions were postponed until agreement with the absent provider organisations. Following this agreement for all decisions were made post JAPC.

Drugs classified under the Traffic Light System (April 2015 – March 2016)

Black (20)	Brown (21)	Red (73)	Amber (1)	Green (21)	Unclassified (7)
<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>
Alirocumab	Acidinium plus formoterol inhaler (Duaklir Genuair)	Abatacept, Adalimumab, Etanercept and Tocilizumab (as per NICE TA 373)	Matoride XL (added to ADHD shared care guideline)	Apixaban (Specialist Initiation (as per NICE TA 341) for the treatment and secondary prevention of DVT and/or PE)	Edoxaban (Unclassified for stroke prevention in adults with AF)
All Homeopathy Treatments	Acidinium (Eklira Genuair) (2nd line LAMA after tiotropium)	Abatacept (as per NICE TA 375)		Beclomethasone 50mcg nasal spray (as Beconase) (1st line)	Lenvatinib (Unclassified pending NHS England review)
Apremilast (as per NICE TA 368)	Demeclocycline (specialist initiation)	Adalimumab (as per NICE TA 375)		Brinzolamide 1%/brimonidine 0.2% eye drops (Simbrinza) (after specialist initiation)	Ivermectin
Apremilast (as per NICE TA 372)	Dulaglutide (2nd line to exenatide MR when a weekly preparation is required)	Adalimumab (as per NICE TA 383)		Budesonide 64mcg nasal spray (3rd line)	Nivolumab (Unclassified pending NHS England review)
Bevacizumab (as per NICE TA 353)	Dulaglutide (weekly GLP1 alongside exenatide MR in line with local guidance)	Aflibercept (as per NICE TA 346) for treating diabetic macular oedema)		Cabergoline (after consultant initiation)	Sacubitril valsartan (awaiting NICE TA)
Cangrelor (as per NICE TA 351) for reducing atherothrombotic events in people undergoing percutaneous coronary intervention or awaiting surgery requiring interruption of anti-platelet therapy (terminated appraisal)	Dymista nasal spray (specialist initiation)	Asfotase alfa (NHS England commissioned drug)		Edoxaban (after specialist initiation as per NICE TA354 for DVT/PE)	Tafloprost + timolol
Eltrombopag (as per NICE TA 382)	Eflornithine Cream (for facial hirsutism in women (see BNF chapter for exceptionalities)	Apremilast		Edoxaban (as per NICE TA 355 for stroke prevention in patients with AF)	Tiotropium + olodaterol
Everolimus (as per NICE TA 348) for preventing organ rejection in liver transplant. Terminated appraisal)	Escitalopram (re-classified from BLACK)	BLI-800 bowel cleansing preparation		Exenatide (once weekly prefilled pen as per local guidelines)	
Evolocumab	Empagliflozin (consultant initiation as per TA 336)	Bortezomib (as per NICE TA 370)		Fluticasone furoate nasal spray as Avamys (3rd line)	

Gefitinib (as per NICE TA 374)	Empagliflozin + metformin (Synjardy)	Bromelain (Nexbrid) (specialist tertiary burn centres)		Formoterol	
Insulin Toujeo (glargine)	Ezetimibe (as per NICE TA 385)	Budesonide multimatrix (Contiment)		Glaucoma eye preparations (1st line)	
Levosert (levonorgestrel intrauterine system)	Glaucoma eye preparations (alternative 2nd and 3rd line)	Carfilzomib		Insulin Abasaglar (insulin glargine biosimilar) (1 st line insulin glargine preparation in all new patients where indicated)	
Meningococcal Group B Vaccine (Bexsero) (not recommended or commissioned outside of the national immunisation programme where stock is obtained free of charge to practices)	Glycopyrronium (Seebri Breezhaler) (2nd line LAMA after tiotropium)	Ceftolozane + tazobactam		Insulin Lantus (insulin glargine) (2 nd line glargine)	
Mepolizumab (pending expected TA in July 2016)	Indacaterol/ glycopyrronium (Ultibro)	Ceritinib (NHS England)		Ivermectin cream	
Paclitaxel (as per NICE TA360 and 362)	Midrodine (after specialist/consultant initiation and dose titration for orthostatic hypotension)	Certolizumab (as per NICE TA 375)		Lamotrigine (after consultant/specialist initiation (includes extended non epilepsy indications))	
Pomalidomide (as per TA 338)	Naloxegol (after consultant/specialist recommendation)	Ciclosporin eye drops		Mometasone 50mcg nasal spray (generic) (2nd line)	
Ramucirumab (as per NICE TA 378)	Naloxegol (as per NICE TA 345 (note dual classification of BROWN for palliative care))	Ciclosporin eye drops (as per NICE TA369)		Quinagolide (after consultant initiation)	
Ruxolitinib (NICE terminated appraisal 356)	Nefopam (3rd line with exceptionalities)	Cobimetinib (NHS England)		Rivastigmine (after specialist initiation, titration and dose stabilisation for Parkinson's Disease Dementia Complex)	
Simeprevir (as per NICE TA 361)	Oxybutynin patches (for patients unable to tolerate oral medication)	Daclatasvir (as per NICE TA 364)		Seretide (3rd line)	
Sinecatechins	Toujeo (after specialist/consultant initiation)	Dental fluoride products (for specialist dental services (not recommended for GPs to prescribe))		Symbicort 3rd line)	
	Umeclidinium (Incruse Ellipta) (2nd line LAMA after tiotropium)	Dexamethasone (as per NICE TA 349) intravitreal implant for diabetic macular oedema		Tizanidine (specialist initiation following a four month period of dose stabilisation and LFTs)	
		Efmoroctocog alfa (NHS England)			

		Elosulfase alfa (as per NICE HST2)			
		Enzalutamibe (as per NICE TA 377)			
		Erlotinib (as per NICE TA 374)			
		Etanercept (as per NICE TA 375)			
		Etanercept (as per NICE TA 383)			
		Filgrastim biosimilar (Accofil) (NHS England Drug)			
		Follicle stimulating hormone biosimilar (Bemfola)			
		Follitropin alfa biosimilar (Ovaleap)			
		Golimumab (as per NICE TA 375)			
		Golimumab (as per NICE TA 383)			
		Grazax (for use in DTHFT specialist paediatric allergy clinic only)			
		Idarucizumab			
		Idelalisib (as per NICE TA 359)			
		Infliximab (and biosimilar) (as per NICE TA 375)			
		Infliximab (as per NICE TA 383)			
		Isavuconazole (NHS England commissioned drug)			
		Ledipasvir (as per NICE TA 363)			
		Lofexidine (Reclassified from Amber)			
		Methoxyflurane			
		Naloxegol (as per NICE TA 345) for treating opioid induced constipation)			

		Netupitant+palonosetron (Akynzeo) (NHS England)			
		Nintedanib (as per NICE TA 347) for previously treated locally advanced, metastatic, or locally recurrent non-small cell lung cancer)			
		Nintedanib (as per NICE TA 379)			
		Nivolumab (NHS England commissioned drug)			
		Nivolumab (as per NICE TA 384)			
		Obinutuzumab in combination with chlorambucil (as per NICE TA 343)			
		Ofatumumab in combination with chlorambucil (as per NICE TA 344)			
		Olaparib			
		Olaparib (as per NICE TA 381)			
		Omalizumab (as per NICE TA 339)			
		Ombitasivir (as per NICE TA 365)			
		Panobinostat (as per NICE TA 380)			
		Pembrolizumab (NHS England commissioned drug)			
		Pembrolizumab (as per NICE TA 357)			
		Pembrolizumab (as per NICE TA 366)			
		Radium - 223 dichloride (as per NICE TA 376)			
		Raltegravir NHS England commissioned drug)			
		Rivaroxaban 2.5mg (according to NICE TA 335)			

		Sebelipase alfa (NHS England commissioned drug)			
		Secukinumab (as per NICE TA 350) for treating moderate to severe plaque psoriasis)			
		Sildenafil (for the treatment of digital ulceration in systemic sclerosis)			
		Tedizolid phosphate			
		Tocilizumab (as per NICE TA 375)			
		Tolvaptan (NHS England commissioned drug)			
		Tolvaptan (as per NICE TA 358)			
		Trametinib (NHS England commissioned drug)			
		Trastuzumab (as per NICE TA 371)			
		Ustekinumab (as per NICE TA 340) for treating psoriatic arthritis)			
		Vedolizumab (as per NICE TA 342) for treating active UC)			
		Vedolizumab (as per NICE TA352)			
		Vortioxetine (awaiting DHcFT review)			
		Vortioxetine (as per NICE TA 367)			

Clinical guidelines ratified:

- Children's Asthma Guidance (May-15)
- Adult Asthma Guidance (May-15)
- Bowel Cleansing Products (DTHFT) (May-15)
- Familial Hypercholesterolemia (May-15)
- NSTEMI dual antiplatelet in ACS (CRHFT) (May-15)
- Gastro oesophageal reflux disease in children and young adults (May-15)
- Management of COPD (Jun-15)
- Bronchiectasis - Management of infective exacerbation of bronchiectasis of adults in primary care (Jul-15)
- Continence appliance guidelines (Jul-15)
- Management of Recurrent UTIs (RUTIs) in Adult Females (Jul-15)
- Antipsychotic Physical Health Monitoring – Extended for 12 months only pending a service review. (Aug-15)
- Management of Irritable Bowel Syndrome - New Clinical Guideline (Aug-15)
- Melatonin (Aug-15)

- ACS Dual Antiplatelet Policy - STEMI for use in Southern Derbyshire (Aug-15)
- Treatment of refractory symptomatic chronic constipation in men and women (Sep-15)
- Management of Dyspepsia and Gastro-Oesophageal Reflux Disease (GORD) (Sep-15)
- Management of C.difficile infection in primary care - Extended to September 2016 (Sep-15)
- Guideline for the Management of Oral Thrush in Infants and Surface and Ductal Thrush in Lactating Women (Oct-15)
- Varenicline for Smoking Cessation (Oct-15)
- Antidepressants in moderate and severe unipolar depression (Nov-15)
- Treatment of chronic open angle glaucoma and ocular hypertension (Nov-15)
- Oral Anticoagulant Warfarin Monitoring (Nov-15)
- Falls (Nov-15)
- Dapoxetine position statement (Jan-16)
- Derbyshire Nebuliser Guidelines for COPD Patients - Assessment and Initiation (Jan-16)
- Primary Care Management of Overactive Bladder (OAB) (Jan-16)
- Proton Pump Inhibitors - Advisory Guidance on when to initiate a PPI with a NSAID (or antiplatelet) (Jan-16)
- Chlamydia Testing and Screening Management (Feb-16)
- Management of Non-malignant Chronic Pain (Feb-16)
- Management of Neuropathic Pain in Primary Care (Feb-16)
- Bisphosphonate length of treatment guideline in osteoporosis (treatment holiday) (Mar-16)
- Cellulitis class II treatment pathway for use by DCHS Rapid Response Team and Integrated Community Based Services (Mar-16)
- New guidance for the use of Dymista in patients with allergic rhinitis (Mar-16)

Shared care agreements ratified:

- Colistimethate (Colomycin) for pseudomonal lung infection in ADULTS with bronchiectasis (Apr-15)
- Dementia shared care agreements to be extended to the end of March 2016. Memantine, donepezil, rivastigmine & galantamine (Apr-15)
- Denosumab for the prevention of osteoporotic fractures in men and women with osteoporosis (May-15)
- Degarelix - Existing shared care guideline extended for two years (Aug-15)
- Immunomodulating Drugs - Shared care guidelines extended to the end of November 2015 (Aug-15)
- Liothyronine (Nov-15)
- Lithium (Nov-15)
- Riluzole for the treatment of the Amyotrophic Lateral Sclerosis form of Motor Neurone Disease (Dec-15)
- Rivastigmine for behavioural problems and psychosis in patients with Parkinson's disease (Dec-15)
- Dementia Complex (PDDC) - Shared care removed reclassified GREEN specialist initiation (Dec-15)
- Naltrexone for Alcohol Abstinence (Feb-16)
- Immunomodulating drugs: azathioprine/6-mercaptopurine, ciclosporin, leflunomide, D-penicillamine, sodium aurothiomalate and sulfasalazine (Mar-16)

Patient Group Directions (PGDs) ratified:

- Rotarix (rotavirus vaccine) (Jul-15)
- Meningococcal ACWY (Menvero or Nimenrix) (Aug-15)
- Shingles (Herpes Zoster) Vaccine (Zostavax) (Aug-15)
- Meningococcal B Vaccine (Bexsero) (Sep-15)
- Influenza, Fluenz Tetra and Intanza (Oct-15)
- Extended by one month PGDs for use in Derbyshire only (Hepatitis A - Adult, Hepatitis A - Child, Hepatitis A and Typhoid, Hepatitis B - Adult, Hepatitis B - Child, Typhoid, Vitamin K) (Oct-15)
- Tetanus/Diphtheria and inactivated poliomyelitis (Dec-15)
- Shingles/Zostavax (Dec-15)
- Influenza, Fluenz Tetra and Intanza (Jan-16)
- Administration of diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis vaccine (Feb-16)

- Administration of diphtheria, tetanus, acellular pertussis, inactivated poliomyelitis and Haemophilus influenzae type b conjugate vaccine (Dap/IPV/Hib) (Feb-16)
- Administration of low dose diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis vaccine (dTaP/IPV) (Feb-16)
- Extension of Pneumococcal Polysaccharide Vaccine (PPV) (Feb-16)

Local PGDs (Derbyshire use only) (Nov-15)

- Hepatitis A Adult
- Hepatitis A Child
- Hepatitis A & Typhoid
- Typhoid
- Hepatitis B Children & Adults
- Vitamin K

MHRA Drug safety alerts:

- Hydroxyzine (Atarax, Ucerax): risk of QT interval prolongation and Torsade de Pointes. (May-15)
- Codeine for cough and cold: restricted use in children. (May-15)
- High strength, fixed combination and biosimilar insulin products: minimising the risk of medication error. (May-15)
- SGLT2 inhibitors (canagliflozin, dapagliflozin, empagliflozin): risk of diabetic ketoacidosis. (Jul-15)
- High-dose ibuprofen (2400mg/day): small increase in cardiovascular risk. (Jul-15)
- Intrauterine contraception: uterine perforation and updated information on risk factors. (Jul-15)
- Denosumab: intravenous bisphosphonates: osteonecrosis of the jaw - further measures to minimise risk and issuing of reminder cards. (Aug-15)
- Latanoprost prescribed as the brand Xalatan: increased reporting of eye irritation since reformulation. (Aug-15)
- New Yellow Card smartphone app for reporting suspected side effects. (Aug & Oct -15)
- Simeprevir with sofosbuvir: risk of severe bradycardia and heart block when taken with amiodarone. (Sep-15)
- Proton pump inhibitors: very low risk of subacute cutaneous lupus erythematosus. (Oct-15)
- Pseudoephedrine and ephedrine: update on managing risk of misuse. (Oct-15)
- Mirabegron (Betmiga): risk of severe hypertension and associated cerebrovascular and cardiac events. (Nov-15)
- Thalidomide: reduced starting dose in patients older than age 75 years. (Jan-16)
- Mycophenolate mofetil, mycophenolic acid: new pregnancy-prevention advice for women and men. (Jan-16)
- Bisphosphonates: very rare reports of osteonecrosis of the external auditory canal. (Jan-16)
- Antiretroviral medicines: updated advice on body-fat changes and lactic acidosis. (Jan-16)
- Nicorandil (Ikorel) - now second-line treatment for angina; risk of ulcer complications. (Feb-16)
- Levonorgestrel-releasing intrauterine systems - prescribe by brand name. (Feb-16)
- Valproate and of risk of abnormal pregnancy outcomes: new communication materials. (Mar-16)
- Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia. (Mar-16)
- Letters sent to healthcare professionals in January 2016 about safety information for Fingolimod (Gilenya): risks related to effects on the immune system. (Mar-16)
- Erlotinib (Tarceva): first-line maintenance indication now restricted to patients with a tumour that has an EGFR-activating mutation. (Mar-16)

FDA drug Safety Communications

- The FDA had warned that DPP-4 inhibitors for type 2 diabetes could cause severe joint pain. (Sep-15)

Other decisions

Winterbourne medicines programme – learning difficulties (Jan-16)

Hardwick CCG (lead commissioner in Derbyshire for learning disabilities services) has taken on responsibility via the learning disabilities clinical reference group to review and reduce the inappropriate use of medicines for this group of patients.

Dental products (Feb-16)

Fluoride dental products were classified as BLACK – not for GP prescribing. This was implemented on the back of requests from Charles Clifford Dental Hospital, Sheffield requesting Derbyshire GPs to prescribe fluoride products for patients.

Biosimilars (Mar-16)

2015 saw the introduction of the first biological biosimilars - infliximab biosimilars Remsima and Inflectra. Both had the potential to produce significant cost savings for the NHS. The prescribing specification was updated with a section for the uptake of biosimilars and fair penalties if not used.

The patent for insulin glargine (Lantus) expired and a biosimilar brand - Abasaglar was launched which was 15% cheaper than Lantus. Prescribers were advised that the two products were not interchangeable.

Gain sharing (Jun-16)

Work was undertaken to produce local framework for gainsharing to be used by Trusts within Derbyshire, on the back of two documents - NHS England principles for sharing the benefits associated with more efficient use of medicines not reimbursed through national prices and Healthcare Improvement Scotland, biosimilar medicines – a national prescribing framework. The local framework sets out principles for sharing benefits associated with more efficient use of high costs drugs.

Free of Charge schemes

A framework for free of charge schemes for high cost drugs was agreed for Southern Derbyshire CCG only.

NICE FAQ on technology appraisals (Apr-15)

NICE issued guidance on achieving and demonstrating compliance with NICE TA and Health Service Technology guidance. Points covered included statutory responsibility of commissioners to make funding available within three months of publication; all NICE approved treatments to be included in local formularies for use in line recommendations and with no additional restrictions and that commissioners and providers should not restrict access to NICE approved medicines by adding or modifying the clinical eligibility criteria stated in a TA or HST.

Anticholinergics and dementia (Sept-15)

The overactive bladder guidance and BNF formulary chapter were updated with recommendations from the European Association of Urology regarding the use of anticholinergics and their effect on the cognitive function of elderly patients.

Antimicrobial resistance - patient safety alert (Sept-16)

On the back of the National Patient Safety Alert and NICE guidance, Dr D Harris has a set up an antimicrobial stewardship programme across Derbyshire.

Early Access to Medicines (EAMS) (Oct-15)

The EAMS process and principles were outlined to JAPC. EAMS aims to give patients with life threatening or seriously debilitated conditions access to medicines that do not yet have marketing authorisation if there is a clear unmet medical need. Sacubitril/valsartan (for chronic heart failure with reduced ejection fraction) was made available to the NHS through the EAMS. It was the first non-cancer drug commissioned by CCGs to be approved under the EAMS.

Regional Area Prescribing Committee

The Professional Secretary for JAPC attended a National workshop looking to implement regional area prescribing committees. The rationale for making these regional rather than local is to eliminate unnecessary duplication of effort and instead to refocus scarce resources towards implementation activities.

Communications

All the JAPC recommendations and publications are available at www.derbyshiremedicinesmanagement.nhs.uk/home. This is a public-facing website. A JAPC Bulletin is issued every month, which is a concise outline of that month's JAPC decisions. This is distributed to all GP practices, non-medical prescribers, practice managers, medicine management teams and community pharmacies.

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 Governing Bodies (or equivalent) of member organisations are requested to receive and acknowledge the details of this report.

Appendix 1.
Drug traffic light decisions

