

## Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS North Derbyshire, Southern Derbyshire, Hardwick and Erewash clinical commissioning groups, Derbyshire Community Health Service Foundation Trust, Derbyshire Healthcare Foundation Trust, Derby Teaching Hospital 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 THE JAPC NOVEMBER 2015 MEETING

### CLINICAL GUIDELINES

1. [Antidepressants in moderate and severe unipolar depression](#) – Partial update that now recommends; liothyronine augmentation at step 4 only, endorses the PHQ-9 rating scale and includes a link to the CredibleMeds database for information on medicines that increase the QTc interval.
2. [Derbyshire falls guidance](#) – This guidance has being re-written and lists alphabetically medicines that are commonly associated with falls. A useful resource for non-medical healthcare professionals
3. [Glaucoma guidance](#) – An updated guideline developed in consultation with ophthalmologists across Derbyshire. The guidance includes treatment algorithms of cost effective choices either as monotherapy, preservative free formulations or in combination. Ophthalmologists are tasked with following the guidance for new patients diagnosed with glaucoma. This guidance should not be used to switch existing stable patients on treatment to another preparation without the approval or involvement of an ophthalmologist. The traffic light classifications of all the treatment options for topical glaucoma have been rationalised.
4. [Guideline of oral anticoagulation with warfarin](#) – Updated with minor changes. This guidance is intended to support the primary care INR monitoring service for accredited practitioners.

### PATIENT GROUP DIRECTIONS

CCG commissioned PGDs for local use have been updated and written in the format used by NHSE. Users of the PGDs should note that occupational health indications which are our outside the NHS commissioned indications have now been removed from all the inclusion criteria of PGDs, however where appropriate Patient Specific Directions can be used for indications excluded from PGDs

1. Hepatitis B- previous children's and adult Hepatitis B PGDs have been merged into one and reference of pregnancy/breastfeeding removed from the inclusion criteria, immunise under PSD where appropriate.
2. Hepatitis A adult – updated to include the Vaqta vaccine
3. Hepatitis A child
4. Hepatitis A and typhoid
5. Typhoid
6. Vitamin K

### SHARED CARE GUIDELINES

1. Liothyronine for treatment resistant depression – updated with no major changes
2. Lithium – no major change. The shared care monitoring is aligned with NICE CG 185, clarifying lithium plasma targets for bipolar disorder.

### BIOSIMILARS – NEW INSULIN GLARGINE

[UKMI](#) has published useful resources to help understand the background to biosimilars, their safe introduction and safe prescribing.

### MHRA – MIRABEGRON

Mirabegron is now contraindicated in patients with severe uncontrolled hypertension: advice about regular monitoring is being introduced because of cases of serious hypertension. This advice will be added to the overactive bladder guideline which is currently being updated

### NICE AND MODAFINIL

JAPC noted NICE's evidence summary of modafinil for treating daytime sleepiness in Parkinson's disease which summarised that modafinil is associated with serious psychiatric, cardiovascular and skin adverse effects. A review by the EMA concluded that the benefits of modafinil outweighed the risks in the treatment of narcolepsy only.

### HALOPERIDOL INJECTION – AVAILABILITY AND STOCK PROBLEMS

JAPC noted the supply problems with obtaining haloperidol injections in both primary and secondary care. Haloperidol injection is widely used in the palliative care setting for nausea and vomiting and, in the last days of life, agitation and restlessness. It is now widely accepted that this preparation including parallel imports is not now available or difficult to source. Advice is being sought from palliative care consultants to issue a position statement with the aim of supporting prescribers to recommend an alternative. The statement will be sent directly to practices or available from the medicines management team and is available on the medicines management website.

Drug	BNF	Date considered	Decision		Details
Tizanidine	10.2.2	November 2015	GREEN after specialist/consultant initiation		GPs may continue prescribing following consultant initiation after four months of LFTs and dosing by the specialist.
Empaglifozin + metformin (Synjardy)	Not yet listed	November 2015	BROWN		There is a limited place, for example it may be used to aid compliance. The combination product is cheaper than the separate components; however it is limited by its inability to increase to the target metformin dose.
Ceritinib	Not yet listed	November 2015	RED		Non-small cell lung cancer.
Netupitant + palonosetron (Aknzeo)	Not yet listed	November 2015	RED		Prevention of chemotherapy-induced nausea and vomiting.
Vortioxetine	Not yet listed	November 2015	RED		Major depressive disorders in adults.
Pembrolizumab	6.3.2	November 2015	RED		Aa per NICE TA 357: for treating advanced (unresectable or metastatic) melanoma in adults only.
Tolvaptan	6.3.2	November 2015	RED		As per NICE TA 358: for treating autosomal dominant polycystic kidney disease.
Idelalisib	6.3.2	November 2015	RED		As per NICE TA 359: for treating chronic lymphocytic leukaemia
Paclitaxel	8.1.5	November 2015	BLACK		As per NICE TA 360 and NICE TA 362
Simeprevir	5.3.3.2	November 2015	BLACK		As per NICE TA 361: terminated appraisal
Glaucoma eye drops	11.6	November 2015	GREEN	BROWN	<a href="#">See glaucoma guidance</a> where first line treatment options are green and the remainder brown.

#### 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.

**BROWN:** 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.

**BLACK:** drugs are not routinely\* 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:

- The patient requires specialist assessment before starting treatment and/ or
- 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:

- There is no immediate need for the treatment and is line with discharge policies and
- The patient response to the treatment is predictable and safe