

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 FEBRUARY 2016 MEETING

CLINICAL GUIDELINES

1. [Chlamydia testing and screening](#) – Minor changes to an existing guideline intended to support primary care practitioners in the management of chlamydia in patients diagnosed via GMS/PMS services including those commissioned to deliver the National Screening Programme.
2. [Management of non-malignant chronic pain in primary care](#) – This guidance has been updated and includes some significant changes to the way chronic pain is managed with strong opiates. This is in recognition of the emerging problems nationally with long term opiate prescribing. Examples of key changes include removing reference to WHO 3-step ladder approach, use of immediate release morphine during the initial trial period and advice on managing opioid induced adverse effects.
3. [Managing neuropathic pain in primary care](#) – Updated to include advice on the prescribing of strong opiates.

PATIENT GROUP DIRECTIONS

NHSE updated the following four PGDs as part of the national immunisation programme:

- Pneumococcal polysaccharide vaccine (PPV); diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis (DTaP/IPV); diphtheria, tetanus, acellular pertussis, inactivated poliomyelitis and Haemophilus influenza type b (DTaP/IPV Hib); low dose diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis (dTaP/IPV)

SHARED CARE GUIDELINES

Naltrexone for the management of alcohol abstinence is a new shared care guideline. The Derbyshire County Addiction service adds this as a treatment option alongside existing acamprosate and disulfiram shared care agreements. GPs are expected to continue prescribing after three months of specialist assessment. Treatment will be prescribed for up to 6 months, or longer for those benefitting from the drug who wish to continue.

IDARUCIZUMAB

Idarucizumab is the first anticoagulant reversal agent for the New Oral Anticoagulants (NOAC) dabigatran. Evidence is derived from an ongoing phase 3 open-label uncontrolled cohort study which will be complete in 2017. The IV formulation is for hospital use only and with suggested use only in urgent procedures/life threatening situations as per its license. All NOACs remain available as per NICE guidance.

SHINGLES AND FLU VACCINES IN PEOPLE TAKING IMMUNOSUPPRESSIVE TREATMENTS

UKMI has issued a [statement of advice](#) to guide prescribers when the flu and shingles vaccines are appropriate in patients taking for example immunosuppressants. This advice will also be reflected in the updates to appropriate shared care guidelines.

DRUG SAFETY UPDATE

- Nicorandil for the treatment of stable angina should only be used for patients whose angina is inadequately controlled by first line anti-anginal therapies, or who have contraindications or intolerance to them. Prescribers are asked to follow [local guidance](#) with regards the positioning of anti-anginal treatments. Nicorandil is associated with an increased risk of ulcer complications.
- Levonorgestrol-releasing intrauterine systems should always be prescribed by brand name because products have different indications, duration of use and introducers.

IVERMECTIN

Rosacea is a chronic relapsing condition with mild to moderate disease being treated primarily with topical preparations (metronidazole or azelaic acid). Ivermectin has been classified as **GREEN** as another treatment option. It is a once daily preparation that can be used up to 4 months with a view to stopping treatment at 3 months if no benefit is seen.

ZIKA VIRUS

Public Health England has written to clinicians with an update on the Zika virus. The letter contains useful practical [resource guidance for primary care clinicians](#).

DERBYSHIRE SHARED CARE & GUIDELINE GROUP UPDATE

- Carbocisteine sachets are now included into the local formulary as a cost effective formulation, see local formulary.
- In response to GP queries, the medicines management website now includes a link to a resource [on anticoagulants and dental extractions](#)

Drug	BNF	Date considered	Decision	Details
Ivermectin	13.10.4	February 2016	GREEN	Once daily application for inflammatory lesions of papulopustular rosacea. Treatment duration of up to 4 months with review at 3 months (stopping if no improvement).
Idarucizumab	Not yet listed	February 2016	RED	Anticoagulant reversal in adults taking dabigatran
Trametinib	Not yet listed	February 2016	RED	Unresectable or metastatic melanoma (NHSE)
Adalimumab, etanercept, infliximab (biosimilar), golimumab, certolizumab, tocilizumab and abatacept	10.1.3	February 2016	RED	As per NICE TA 375 for treating rheumatoid arthritis
Radium -223	Not yet listed	February 2016	RED	As per NICE TA 376 for hormone related prostate cancer with bone metastases (NHSE)
Enzalutamide	8.3.4.2	February 2016	RED	As per NICE TA 377 for metastatic hormone-relapsed prostate cancer before chemotherapy is indicated. (NHSE)
Nintedanib	8.1.5	February 2016	RED	As per NICE TA 379 for idiopathic pulmonary fibrosis (NHSE)
Isavuconazole	Not yet listed	February 2016	RED	Invasive aspergillosis/ Mucormycosis (NHSE)
Olaparib	Not yet listed	February 2016	RED	As per NICE TA 381 (NHSE)
Panobinostat	Not yet listed	February 2016	RED	As per NICE TA 380 for multiple myeloma after 2 previous treatments (NHSE)
Sabcutril valsartan	Not yet listed	February 2016	UNCLASSIFIED	For symptomatic heart failure- await NICE TA expected May 2016
Ramcucirumab	Not yet listed	February 2016	BLACK	As per NICE TA 378 (NHSE)
Eltrombopag	9.1	February 2016	BLACK	As per NICE TA 382 for severe aplastic anaemia refractory to immunosuppressive therapy

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