

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 JANUARY 2015 MEETING

CLINICAL GUIDELINES

1. [Dapoxetine position statement](#) covers the topic of premature ejaculation and has been extended with no major changes. JAPC still does not support the prescribing of dapoxetine and recommends some off-label prescribing.
2. [Nebuliser guidance](#) – updated with no major changes. Prescribers are reminded that no COPD patients should be on nebulised treatment without a formal assessment by the DCHS respiratory team.
3. [Primary care management of overactive bladder](#) – updated to include specific advice on the safe prescribing of anticholinergics.
4. [Proton Pump Inhibitor guideline](#) – updated guidance with no major changes. This guidance was originally produced with Derbyshire consultants for the safe prescribing of PPIs in patients at high risk of GI adverse effects and recognising the risks associated with long term prescribing.

PATIENT GROUP DIRECTIONS

NHSE agreed PGDs as part of the national immunisation programme:

- Influenza vaccine nasal spray PGD has been updated to include FluMist

DENTAL PRESCRIBING

JAPC does not support the prescribing of dental products at the request of dentists. Fluoride mouthwashes, oral drops, tablets and toothpastes have previously been classified as **BLACK**. The Charles Clifford Dental Hospital in Sheffield is being reminded of the advice which has previously been communicated to Derbyshire community dental practices.

MENOPAUSE MANAGEMENT GUIDELINE

Following NICE publication ([NG23](#)) on the management of the menopause a local specialist from DCHS through the integrated sexual health service has highlighted the key messages relevant to primary care. This advice can be found on the [Derbyshire Medicines Management Website](#)

NEFOPAM

Due to a significant rising cost, lack of availability and weak evidence has led to JAPC restricting the position of nefopam (now **BROWN**) as a treatment option only in patients with contraindications or intolerance to NSAIDs or opiates. Local pain consultants do not advocate the use of nefopam. Historically nefopam was used as a step change before moving onto toxic NSAIDs and strong opiates. Nefopam is no longer considered to be cost effective. The classification of **BROWN** will alert prescribers to re-consider its use in new patients and as a reminder to review existing patients to consider alternative treatments.

DRUG SAFETY UPDATE

Relevant advice to primary care includes the warning of very rare reports of the osteonecrosis of the external auditory canal with the use of bisphosphonates.

TOUJEO 300 UNITS/ ML (HIGH STRENGTH INSULIN GLARGINE)

Toujeo has been reclassified from **BLACK** to **BROWN after specialist/consultant initiation** following a proposal by Derbyshire diabetologists for use in a select group of patients. These have been identified as those on either insulin degludec, being considered for an insulin pump or currently on high doses of insulin (>150 units/day) who would otherwise be started on Humulin R U500 or degludec. Patients will be selected and initiated on treatment by secondary clinicians only.

CATEPHEN FOR EXTERNAL GENITAL WARTS

Catephen has already been classified as **BLACK**, a view shared by a recent DTB article. JAPC would like to remind prescribers to refer to specialist genitourinary services all people with anogenital warts. Such services can provide screening for co-existing sexually transmitted infections, ensure accurate and complete diagnosis and offer a wider range of treatment options.

HOMEOPATHIC MEDICINES

The Derbyshire CCGs do not commission the use of homeopathy

GONORRHOEA AND ANTIMICROBIAL RESISTANCE

The DoH has written to prescribers highlighting a 'resistance alert' related to an outbreak of azithromycin resistant gonorrhoea. Normally under the supervision of a GUM clinic azithromycin should be prescribed with injectable ceftriaxone.

DERBYSHIRE SHARED CARE & GUIDELINE GROUP UPDATE

JAPC accepted the following recommendation from the Derbyshire Shared Care & Guideline Group:

- cabocisteine sachets added to the respiratory formulary as a cost effective option
- the **BLACK** classification of lactulose sachets

Drug	BNF	Date considered	Decision	Details
Toujeo (high strength insulin glargine)	6.1.1	January 2016	BROWN after specialist/consultant initiation	Reclassified from BLACK in a defined group of patients (see full traffic lights)
Nefopam	4.7.1	January 2016	BROWN	Nefopam is restricted to use as a 3rd line option in patients with contraindications or intolerance to NSAIDs or opiates
Oxybutynin patches	7.4.2	January 2016	BROWN	As per OAB guidance for those unable to take oral medication
Aviptidi + phentolamine (invicorop)	Not yet listed	January 2016	UNCLASSIFIED	Intracavernosal treatment for erectile dysfunction in men. Await clinician request.
Ciclosporin eye drops	Not yet listed	January 2016	RED	NICE TA 369- treatment of dry eyes
BLI-800 (Eziclen)	Not yet listed	January 2016	RED	Bowel cleansing preparation prior to any procedure requiring a clean bowel
Carfilzomib	Not yet listed	January 2016	RED	Used in combination treatment. Multiple myeloma in adults. NHSE
Ceftazone + tazobactam (Zebaxa)	Not yet listed	January 2016	RED	IV infusion for UTI / intraabdominal infections and acute pyelonephritis in adults
Bortezomib	8.1.5	January 2016	RED	For previously untreated mantle cell myeloma as per NICE TA 370
Trastuzumab	8.1.5	January 2016	BLACK	as per NICE TA 371
Apremilast	10.1.3	January 2016	BLACK	as per NICE TA 372 for treating psoriatic arthritis
Abatecept Adalimumab Etanercept Tocilizumab	10.1.3 10.1.3 13.5.3 10.1.3	January 2016	RED	As per NICE TA373 (replacing TA35) for JIA
Erlotinib	8.1.5	January 2016	RED	As per NICE TA 374 for treating non-small cell lung cancer
Gefitinib	8.1.5	January 2016	BLACK	
Elosulfase	Not yet listed	January 2016	RED	As per NICE HST2. NHSE

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