

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 JUNE 2016 MEETING CLINICAL GUIDELINES

1. [Actinic keratoses](#) – Updated with no changes. This is a pathway designed to help GPs manage actinic keratosis effectively and reduce referrals to secondary care developed by our GPSs and dermatologists.
2. Buccal [Midazolam](#) – New guidance. Following the withdrawal of shared care agreement, clinicians welcomed the introduction of a prescribing information sheet to support safe prescribing and the inclusion of a care plan to be shared with patient and carers.
3. [Oral Nutrition support guidelines for adults](#) – Updated to include a clearer MUST scoring tool and details of current cost effective product choices.

PATIENT GROUP DIRECTIONS

The following patient group directions from Public Health England and NHS England have been updated:

- Haemophilus influenzae type b and meningococcal C conjugate vaccine
- Pneumococcal polysaccharide conjugate vaccine
- Zostavax® reconstituted lyophilised suspension. Shingles (herpes zoster) vaccine
- Diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis vaccine
- Human papillomavirus vaccine

GUIDANCE ON PRESCRIBING IN PRIMARY CARE

This is an update to an existing Derbyshire wide resource which outlines expectations for NHS prescribing; detailing standards that all prescribers are expected to aspire to. It also seeks to provide clarification for prescribing situations not covered by the NHS or where NHS responsibility for prescribing is not clear. This guidance is intended to provide information on current best practice to ensure a consistent approach by primary care prescribers.

Relevant current sections noted by JAPC included:

- The management of repeat prescriptions through community pharmacies and other companies that are requesting prescriptions on behalf of patients. They need for further repeat items should have been discussed with the patient or carer not earlier than 5 working days prior to submitting the repeat request. The requests for repeats must be triggered by the patient and decisions to reorder are not taken by pharmacy or other staff without input from the patient.
- NHS patients seen by private providers – new section
- Drugs to be prescribed by brand – revised section
- Updated travel vaccine advice including comments from the LMC on Hep A & B combination – revised section

OLODATEROL AND TIOTROPIUM (SPIOLTO RESPIMAT)

In the treatment of COPD JAPC noted the launch of a new LAMA/LABA combination which includes the formulary choice LAMA drug tiotropium. However JAPC scrutinised the choice of the LABA component, olodaterol (previously classified as BLACK), raising questions on the health gains of this particular combination inhaler. A NICE [ESNM](#) questions not only some of the statistical significance of lung improvement but also the clinical relevance over mono-components and relevant head to head studies. JAPC recalled the weak evidence in previous reviews of all LABA/LAMA combinations and requested a re-visit of the evidence for a consistent decision. The combination was classified as BLACK

GUANFACINE

Guanfacine is the second non-stimulant ADHD treatment launched (the other being atomoxetine). Guanfacine is an alpha 2 adrenergic receptor agonist within the same drug class of clonidine (used off-label by tertiary centres). A drug review at JAPC noted the clinical effectiveness of the drug through the recognised ADHD-rating scale-IV but disappointed by its lack of effect on social functioning, lack of long term safety, high discontinuation rates and monitoring required when tapering the doses to stop treatment. JAPC requests that any request for formulary inclusion requires a robust review and clarity on its positioning alongside current treatment options. In the meantime prescribers should continue to follow the treatment of ADHD for adults and children under our locally agreed [shared care agreement](#). Guanfacine was classified as RED.

Drug	BNF	Date considered	Decision	Details
Guanfacine	Not yet listed	June 2016	RED	
Olodaterol + tiotropium (Spiolto)	3.1.4	June 2016	BLACK	Review of all LABA/LAMA combination inhalers for COPD to be undertaken at JAPC next month
Cabazitaxel	8.1	June 2016	RED	As per NICE TA391 for hormone-relapsed metastatic prostate cancer treated with docetaxel

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