

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 DECEMBER 2017 MEETING CLINICAL GUIDELINES

1. Emollient prescribing guideline – updated guideline which promotes cost effective treatment options for mild, moderate and severe dry skin in an area where the Derbyshire annual spend is near £1 million (excluding bath emollients and shower gels which are classified **BLACK**). Changes include e45 replaced with Exocream and ZeroDouble ge; with MyriaBase gel. Self –care should be promoted in non-clinical indications of dry skin.
2. Nebuliser guideline – updated with no major changes. The purpose of these guidelines is to enable referral for nebuliser assessment, provide staff who administer nebulised therapy with a standardised framework of when to use nebulisers and how they can be obtained. These guidelines are applicable to all patients with confirmed Chronic Obstructive Pulmonary Disease, (excluding asthma), who are treated as inpatients, outpatients and within their own homes.
3. Neuropathic pain guideline – updated with no major changes.
4. Proton Pump Inhibitors in patients that need gastro-protection – includes updated advice on known risks with long term PPIs and associated adverse effects

SHARED CARE GUIDELINES

1. 'Dronedaron for the maintenance of sinus rhythm, after successful cardioversion in clinically stable adult patients with paroxysmal or persistent atrial fibrillation (AF) when alternative treatments are unsuitable'. Secondary care is responsible for the patients initial 12 months of treatment and ongoing 6 monthly ECGs (arrangement and interpretation). This is a new shared care guideline where GPs are requested to continue monitoring of annual LFTs and U&Es.
2. Liothyronine for treatment resistant depression- updated with no major changes. Used (off-label) in euthyroid states as an adjunct to antidepressant in managing unipolar treatment resistant depression

PATIENT GROUP DIRECTIONS

DCHSFT has approved the use of Ulipristal PGD in emergency contraception in line with the Faculty of Sexual and Reproductive Healthcare that includes community pharmacists.

GLUTEN FREE

Following a public consultation and then a collective decision by the four CCGs of Derbyshire, the Derbyshire CCGs now no longer routinely commission the prescribing of gluten free foods. All gluten free foods have been classified as **BLACK**. A gluten free prescribing policy summarises the rationale for the decision. A strategy for implementation to support prescribers is underway. For more details please contact the medicines management team.

SELF-CARE

The Derbyshire CCGs have jointly agreed a 'Medicines Self-Care policy'. The policy promotes the concept of self-care for minor and self-limiting conditions and increasing the awareness that there are alternatives to making GP appointments, or attendance at OOHs or A&E departments with minor conditions. The approach of self-care is to ensure that prescribing of medicines and treatments that are available to purchase over-the-counter (and are used for the treatment of minor, short-term self-limiting medical conditions, or have little evidence of benefit) is stopped and to support prescribers in implementing this decision.

RAISING AWARENESS

1. JAPC has updated its terms of reference, this along with other information on its decision making process can be found on the [Derbyshire Medicines Management website](http://www.derbyshiremedicinesmanagement.nhs.uk).
2. Withdrawal of Bovine insulin: Diabetes UK has issued advice in preparation that this product is being discontinued. Patients on this treatment have been identified to be in a high risk group whose transition to an alternative preparation will require diabetes specialist input. A discontinuation memo has been produced by SPS & UKMi and can be found [here](#)
3. Doxycycline for Post Exposure Prophylaxis for sexually transmitted infections is not currently endorsed by BASH or PHE.

ITEMS WHICH SHOULD NOT ROUTINELY BE PRESCRIBED IN PRIMARY CARE: GUIDANCE FOR CCG'S

NHSE and NHS commissioners have published a paper to support CCGs to reduce inappropriate prescribing of 18 medicines which will improve health and save millions of pounds a year. JAPC has assessed the recommendations and found that much of the advice is already aligned to JAPC current traffic light classification and guidance. Where there is variation (albeit minor) work is underway to speak to local consultants and review the evidence.

GUIDELINE GROUP KEY POINTS

- AirFluSal MDI is an accepted cost effective fluticasone/salmeterol treatment alternative option for asthma replacing Sirdupla.
- Xaggitin and Delmosart replaces Matoride and Concerta as branded generic of choice for methylphenidate, which is supported in Derbyshire
- A primary care short [Nicotine Replacement Treatment formulary](#) has been produced to support GP prescribing in situations where patients refuse access to local smoking cessation services.
- Venlafaxine MR to be prescribed generically, previously Vensir was a preferred branded generic

MHRA NOTICES RELEVANT TO PRIMARY CARE

- Quinine: reminder of dose-dependent QT-prolonging effects; updated medicine interactions
- Antiepileptic drugs: updated advice on switching between different manufacturers' products - In addition to the 3 risk-based categories of antiepileptic drugs, patient-related factors should be considered when deciding whether it is necessary to maintain continuity of supply for a specific product.
- Oral tacrolimus products: reminder to prescribe and dispense by brand name only
- Updates to Public Health England's Green Book chapter on live attenuated vaccines

Drug	BNF	Date considered	Decision	Details
Mefenamic acid	MSK and Joint pain	December 2017	BLACK	More expensive with little evidence it's clinically more effective than other NSAIDs and concerns of toxicity in over dose.
Tadalafil once daily	ENT	December 2017	BLACK	2.5mg and 5mg strengths. In line with the national publication of ' Items which should not be routinely prescribed in primary care '
Dosulepin (new patients)	CNS	December 2017	BLACK	In line with the national publication of 'Items which should not be routinely prescribed in primary care' where no new patients should be started
Gluten free	Misc	December 2017	BLACK	Gluten Free products
Vismodegib	Malignant disease and immunosuppression	December 2017	BLACK	As per NICE TA489 for treating basal cell carcinoma (NHSE)
Nivolumab	Malignant disease and immunosuppression	December 2017	RED	As per NICE TA 483, 484 and 490 and NHSE commissioning intentions
Sarilumab	MSK and Joint pain	December 2017	RED	As per NICE TA 485 for moderate to severe rheumatoid arthritis
Aflibercept	Eye	December 2017	RED	As per NICE TA 486 for treating choroidal neovascularisation
Venetoclax	Malignant disease and immunosuppression	December 2017	RED	As per NICE TA487 for treating chronic lymphocytic leukaemia and NHSE commissioning intentions
Regorafenib	Malignant disease and immunosuppression	December 2017	RED	As per NICE TA488 for previously treated unresectable or metastatic gastrointestinal stromal tumours (NHSE)
Ibrutinib	Malignant disease and immunosuppression	December 2017	RED	As per NICE TA491 for treating Waldenstrom's macroglobulinaemia
Atezolizumab (Tecentriq)	Malignant disease and immunosuppression	December 2017	RED	RED as per NHSE commissioning intentions awaiting TAs
Patiromer (Veltassa)	Not known	December 2017	RED	Treatment of hyperkalaemia in adults- await pbr status and reviews
Telotristat etiprate (Xermelo)	Not known	December 2017	RED	As per NHSE commissioning intentions
Darunavir + cobicistat + emtricitabine + tenofovir alafenamide (Symtuza)	Infections	December 2017	RED	HIV as per NHSE commissioning intentions

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

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.