

## 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 2017 MEETING CLINICAL GUIDELINES

1. Guideline on oral anti-coagulation with warfarin. Guidance supports the enhanced service of prescribing, monitoring and dosing of warfarin. Updated with no major changes
2. Pharmacological treatment of premature ejaculation (PE). Guidance includes off- label drug use to treat PE and a position statement on dapoxetine
3. Prescribing for oral thrush in babies and for surface and ductal thrush in lactating women. Includes advice regarding the off-label prescribing of oral miconazole in children less than 4 months of age. Update with no major change.

## SHARED CARE GUIDELINES

'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.

## PATIENT GROUP DIRECTIONS

NHS England have authorised the use of the following PGDs:

- Administration of diphtheria, tetanus, acellular pertussis and inactivated poliomyelitis vaccine (DTaP/IPV or dTaP/IPV) to individuals from 3 years 4 months to under 10 years of age, in accordance with the national immunisation programme, or for the management of cases and contacts of diphtheria, tetanus or poliomyelitis.
- Low-dose diphtheria, tetanus and inactivated poliomyelitis vaccine (Td/IPV) to individuals from 10 years of age, in accordance with the national immunisation programme, for travel, or for the management of cases and contacts of diphtheria, tetanus or poliomyelitis.

## FREE STYLE LIBRE (BLACK)

Last month JAPC classified FreeStyle Libre (a flash glucose monitoring system) which monitors glucose levels using interstitial fluid levels as **BLACK**, not recommended or commissioned until an evidence based business case proposal by diabetologists is accepted and agreed. Since JAPCs decision the Regional Medicines Optimisation Committee has produced advisory guidance on the type of patients that may benefit from its use, which includes clinical criteria. This guidance recommends that usage should be restricted and in a controlled setting in the context of collecting audit data. JAPC will re-visit this decision as originally stated above, when the diabetologists resubmit a proposal.

## PRESCRIBING SPECIFICATION

The Derbyshire prescribing specification has undergone its annual update. This document outlines the role and responsibilities of our provider trusts in ensuring a transparent and collaborative approach to the safe and effective management of medicines, seamless care of patients between NHS organisations and ensuring high quality prescribing. It is a useful reference for all primary care providers in knowing how providers work with commissioners and their roles in patient transfer.

## 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. Link to UKMI [advice](#)
3. Doxycycline for Post Exposure Prophylaxis for sexually transmitted infections is not currently endorsed by BASH or PHE.

## QIPP OPPORTUNITIES

- ✓ In consultation with local gastro-consultants the use of prednisolone foam enema has been classified as BLACK. It is no longer considered a cost effective treatment option in ulcerative colitis and proctitis (£187 for 14 doses compared to hydrocortisone foam aerosol enema £9.33 for 14 doses). **Post meeting note- Budesonide rectal foam enema is a suitable short term option due to the temporary unavailability of the hydrocortisone formulation.**
- ✓ Beclometasone+formoterol+glycopyrronium (Trimbow) is a pMDI inhaler which can be used with Aerochamber Plus spacer device in the treatment of COPD. Prescribers are reminded of the limited use and place of triple therapy in COPD ([see local guidance](#)) however in patients that gain benefit on triple therapy (LABA+LAMA+ICS) this inhaler has been classified as BROWN for patients supporting compliance and is cost effective compared to separate inhalers.

## GUIDELINE GROUP KEY POINTS

- Atropine eye drops- cost effective formulation is Minims atropine 1% preservative free (comes as a unit pack of 20)
- Insulin lispro (Humalog) 200u/ml- BROWN (aligned to MHRA advice for high strength insulin)
- Immunomodulating monitoring- updated following consultant advice to include monthly monitoring in agreement with the service.
- Metformin advice added to BNF chapter for use in pre-diabetes as per PHE advice. Treatment should be individualised following lifestyle interventions.
- ENT chapter now includes cost effective options in the treatment of dry mouth.
- CV chapter updated to include duration of B-blockers post MI
- Resources added to website
  - [Patient information leaflet](#) 'how to maintain your vitamin D levels- information for adults following deficiency or low levels
  - [How to record medicines](#) onto GP clinical systems that are prescribed outside of GP practices

## MHRA

- Solu-Medrone 40 mg (only this strength) may contain trace amounts of milk proteins. Do not use in patients with a known or suspected allergy to cows' milk.
- Gabapentin (Neurontin): risk of severe respiratory depression
- Isotretinoin (Roaccutane): rare reports of erectile dysfunction and decreased libido
- Clozapine: reminder of potentially fatal risk of intestinal obstruction, faecal impaction, and paralytic ileus

Drug	BNF	Date considered	Decision	Details
Cladribine	Malignant disease and immunosuppression	November 2017	Red	Treatment of adults with highly active relapsing multiple sclerosis (oral treatment). RED as per NHSE commissioning intentions. NICE TA (ID64 expected Feb 2018)
Mercaptamine (Cystadrops)	Eye	November 2017	Red	Corneal cystine crystal deposits in patients aged ≥ 2 years with cystinosis. RED as per NHSE commissioning intentions.
Chloramphenicol <u>ear</u> Drops	ENT	November 2017	Black	Not cost effective. Suitable alternatives are available.
Brentuximab vedotin	Malignant disease and immunosuppression	November 2017	Red	Recommended as an option for treating relapsed or refractory systemic anaplastic large cell lymphoma in adults as per NHSE commissioning intentions. TA478
Reslizumab	Respiratory	November 2017	Red	An option for the treatment of severe eosinophilic asthma as per NHSE commissioning intentions. NICE TA479
Tofacitinib	MSK and joint disease	November 2017	Red	Add on with methotrexate as an option for treating active rheumatoid arthritis in adults as per NICE TA480 (re-classification)
Basiliximab	Malignant disease and immunosuppression	November 2017	Red	Immunosuppressive therapy for kidney transplant in adults and children as per NHSE commissioning intentions NICE TA481 and TA482
Fusidic acid 1% eye drops	Eye	Oct 2017	Brown	No longer cost effective. For patients intolerant or contraindicated to chloramphenicol, azithromycin for bacterial conjunctivitis
Azithromycin eye 1% drops (Azyter)	Eye	Oct 2017	Green (3 <sup>rd</sup> line)	Bacterial conjunctivitis if chloramphenicol and gentamicin is contraindicated (e.g. pregnancy) or not tolerated.
Prednisolone foam enemas	GI	Oct 2017	Black	Not cost effective. Hydrocortisone foam form is a cost effective alternative.
Beclometasone+formoterol+glycopyrronium (Trimbow) pMDI inhaler	Respiratory	Oct 2017	Brown	Cost effective option in limited patients that require triple therapy (LABA+LAMA+ICS) in COPD
Sodium Chloride solution 7% nebulas	Not listed	Oct 2017	Brown after initiation	7% BROWN after specialist recommendation only after a suitable trial in hospital. 7% nebulas (preferred cost effective brand Resp-Ease).
Capsaicin cream 0.025%	MSK and joint diseases	Oct 2017	Brown	0.025% for use in osteoarthritis as per NICE CG177. For use after self-care with rubefacients and oral analgesics
Sorafenib	Malignant disease and immunosuppression	Oct 2017	Red	As per NICE TA474: Sorafenib for treating advanced hepatocellular carcinoma. NHSE
Cetuximab			Red	Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck as per NICE TA 473. NHSE
Dimethyl Fumarate			Red	As per NICE TA475: for treating moderate to severe plaque psoriasis (CCG commissioned indication)
Paclitaxel			Red	As per NICE TA 476 paclitaxel as albumin-bound nanoparticles (nab-paclitaxel) with gemcitabine for untreated metastatic pancreatic cancer- NHSE
FreeStyle Libre	Not listed	Oct 2017	Black	Flash glucose monitoring (FGM) system which monitors glucose levels using interstitial fluid levels
Vitamin D (cholecalciferol) 800 IUs	Nutrition and blood	Oct 2017	Black	800 units for maintenance (following treatment of deficiency) or insufficiency
Glecaprevir + pibrentasvir (Maviret)	Not listed	Oct 2017	Black	NHSE Treatment of chronic hepatitis C virus infections in adults. Awaiting NICE TA - due April 2018
Ribociclib (Kisqali)	Not listed	Oct 2017	Black	Use in combination with an aromatase inhibitor for the treatment of postmenopausal women with hormone receptor-positive, human epidermal growth factor receptor 2-negative, locally advanced or metastatic breast cancer as initial endocrine based therapy. NHSE await NICE TA
Eyebags / Eye Compress	Not listed	Oct 2017	Black	e.g Clinitas Hot Eye Compress (Formerly Hot Eye Compress) Meibopatch, MGDRx EyeBag, Optase Moist Heat Mask

#### 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