

## 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 MARCH 2018 MEETING CLINICAL GUIDELINES

1. JAPC has agreed two pieces of asthma guidance in line with NICE. The Asthma management in adults and children  $\geq 17$  years and the Asthma Management for children and young people (see notes below).
2. Chlamydia guideline- updated with no major changes. The guidance includes advice on repeat test for cure currently in line with BASSH guidance from 2015
3. Oral fosfomycin for the treatment of multi-resistant UTIs- requirement to prescribe by brand Monuril removed. Second dose for male patients (off-licenced) has changed from 72 to 48 hours post first dose as per PHE guidance.
4. Antipsychotic physical health monitoring in severe mental illness- updated with no major changes.

## SHARED CARE GUIDELINES

Naltrexone shared care agreement updated with new contact details. Contents remain unchanged.

## PATIENT GROUP DIRECTIONS

PHE Administration of measles, mumps and rubella (MMR) vaccine updated. This is effective from 1<sup>st</sup> March 2018.

## Asthma Guideline

JAPC has updated its asthma management guidance for both adult and children aligned to NICE. The new guidance includes noticeable differences to its previous form and from BTS/SIGN guidance; including the removal of 'steps', definitions of inhaled corticosteroids, diagnosis and placing leukotriene receptor antagonist (LTRA) ahead of ICS/LABA as being more cost effective. A recent [BMJ thorax article](#) outlines the differences between NICE and SIGN/BTS but concludes that 'there is often more similarities between the two guidelines that might appear at first glance'. Local guidance does not include advice on FeNO testing to aid diagnosis due to the limited availability of the test.

## NSTEMI

South Derbyshire NSTEMI guideline has been updated in line with North Derbyshire to produce a single Derbyshire wide ACS dual-antiplatelet policy (NSTEMI/ unstable angina). Patients with confirmed diagnosis of NSTEMI are treated with ticagrelor in hospital and discharged with 12 months maintenance at 90mg twice daily, together with life-long aspirin. The option to continue ticagrelor 60mg BD for up to 3 years is reserved for high risk patients usually with recurrent events and on advice of a consultant cardiologist (BROWN- consultant/ specialist initiation). Patients with confirmed diagnosis of unstable angina are treated with 12 months of clopidogrel plus life-long aspirin.

## ONCE DAILY OXYCODONE- ONEXILA® XL

Onexila XL is the first licensed once daily prolonged release oxycodone preparation licensed for the management of severe pain with all other preparations as twice daily. JAPC has classified this as BLACK due to the potential safety concerns and confusion over drug selection as already seen with immediate release and modified release formulations.

## GUIDELINE GROUP KEY POINTS

1. The formulary chapter now includes a list of HRT preparations that have been classified as GREEN as per local menopause guideline.
2. Menopause guideline- Clarity that Mirena used as a HRT is licensed for 4 years as opposed to 5 years when used solely for contraception
3. Ciprofloxacin ear drops Cetraxal has been classified as GREEN- as an alternative option to aminoglycoside ear drops for otitis externa in ages  $>1$  year
4. Infant feeding guideline- SMA Gold Prem2 Catch Up discontinued and renamed SMA Pro Gold Prem 2.
5. Ipinnia XL removed as preferred ropinirole brand due to long-term stock shortage.
6. CHC formulary choice Lestranyl 20/150 discontinued- replaced with Bimizza; Lestranyl 30/150 discontinued- replaced with Gedarel 30/150.
7. Humulin R U500 insulin only KwikPens currently available (not vials)
8. CCG Position Statement on the Supply of Multi-Compartment Compliance Aids (MCAs) updated with no major changes
9. Social care & care homes resources updated with no major changes: Covert administration of medicines, Derby City council Medication Policy, Expiry dates of medicines within care settings & Standards for the provision of MAR charts
10. COPD detailing aid updated with no major changes.

## MHRA NOTICES

1. Misoprostol vaginal delivery system (Mysodelle): reports of excessive uterine contractions (tachysystole) unresponsive to tocolytic treatment
2. Mycophenolate mofetil, mycophenolic acid: updated contraception advice for male patients. As a precautionary measure for male patients, it is now recommended that either the patient or their female partner use reliable contraception during treatment with mycophenolate medicines and for at least 90 days after stopping. Female patients of childbearing potential receiving mycophenolate should always use contraception.
3. Gadolinium-containing contrast agents: Omniscan and iv Magnevist no longer authorised, MultiHance and Primovist for use only in liver imaging.

Drug	Date considered	Decision	Details
Onexila® XL	March 2018	BLACK	Once daily MR oxycodone
MXL®	March 2018	BROWN	Once daily MR morphine
Fluticasone inhaler	March 2018	GREEN	For Children
		BROWN	For Adults
Fluticasone+ salmeterol (Seretide)	March 2018	GREEN	For Children
		BROWN	For Adults
Autologous CD34+ enriched cell fraction (Strimvelis)	March 2018	RED	for treating adenosine deaminase deficiency–severe combined immunodeficiency's per NHSE commissioning intentions (HST7)
Pirfenidone	March 2018	RED	for treating idiopathic pulmonary fibrosis as per NICE TA504 (replaces TA282)
Ixazomib with lenalidomide and dexamethasone	March 2018	RED	As per NICE TA 505 and NHSE commissioning intentions
Sofosbuvir + velpatasvir + voxilaprevir (Vosevi)	March 2018	RED	an option for treating chronic hepatitis C in adults as per NICE TA 507 and NHSE commissioning intentions
Eliglustat (Cerdelga)	March 2018	RED	As per NHSE commissioning intentions Not routinely commissioned, by IFR approval (HST5)
Tilmanocept (Lymphoseek)	March 2018	RED	As per NHSE commissioning intentions
Glycerol phenylbutyrate (Ravicti)	March 2018	RED	RED as per NHSE commissioning intentions Not routinely commissioned, by IFR approval
Rilpivirine + emtricitabine + tenofovir alafenamide (Odefsey)	March 2018	RED	as per NHSE commissioning intentions
Lesinurad	March 2018	BLACK	As per NICE TA 506 for treating chronic hyperuricaemia in people with gout
Dupilumab (Dupixent)	March 2018	RED	For moderate-to-severe atopic dermatitis, await NICE TA expected August 2018
Niraparib (Zejula)	March 2018	BLACK	Await NICE TA expected June 2018 as per NHSE commissioning intentions
Nusinersen (Spinraza)	March 2018	BLACK	Await NICE TA expected Nov 2018 as per NHSE commissioning intentions
Sodium hyaluronate + triamcinolone hexacetonide (Cingal)	March 2018	BLACK	Await review or request from clinicians

#### 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.