

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 MAY 2018 MEETING CLINICAL GUIDELINES

1. Management of Actinic Keratosis- updated with no major changes
2. Midazolam and the management of convulsive seizures in the community. Updated with Buccolam as the only preferred product across Derbyshire. Epistatus has been classified as BLACK. Prescribers should note that in order to switch to Buccolam patients and their carers need to be trained and or educated on the new product. Care plans to be updated at next review with specialist.
3. Acute Coronary Syndrome, dual antiplatelet in STEMI patients for the North has been updated with no major changes
4. Management of UTIs in Older People >65 years residing in Care Homes. This is a new guidance offering additional information for GPs and to help support the 'To Dip or Not to Dip' project work being rolled out across Derbyshire. Its purpose is improve the appropriate use of antibiotics and reduce E.coli bacteraemias
5. Use of nebulised Colistimethate injection (Colomycin®) in Pseudomonas aeruginosa lung Infections in Adults with Bronchiectasis (non-Cystic Fibrosis). This is now a guideline that replaces its shared care, no drug specific monitoring is required.

SHARED CARE GUIDELINES

None this month

PATIENT GROUP DIRECTIONS

PHE Human Papillomavirus Vaccine (HPV)

Specific eosinophilia monitoring in immunomodulating drugs

All of our local immunomodulating shared care agreements were updated following the recommendations from the British Society Rheumatology (BSR) publication in 2017 as means of standardisation. Eosinophilia monitoring included. The value of this specific monitoring and review of the evidence supporting BSRs recommendation was queried. It has been agreed with clinician input that this monitoring relates to sodium aurothiomalate (gold) and not the others. Shared cares and the summary monitoring documents are being appropriately updated to reflect this.

Self-care policy

Following a local consultation the Derbyshire CCGs agreed and adopted a self-care. NHS England also carried out a public consultation and issued guidance to CCGs on which conditions should be considered suitable for over the counter treatment and for which prescriptions should not routinely be issued. Although this guidance is largely similar to the Derbyshire policy there are a few key differences and it was agreed to update the policy in line with the NHS England guidance. JAPC supported the new draft and awaits the decision of the Governing Bodies to adopt the changes.

BLACK drug definition

To support implementation and clinicians in following BLACK traffic light drugs JAPC has agreed to strengthen its BLACK drug definition. This is now: Not recommended or commissioned*. This includes drugs/treatments/medical devices which:

- Are classified by the BNF as 'less suitable for prescribing', and includes anti-malarials (where a private prescription may be provided)
- Have a lack of data on effectiveness compared with standard therapy
- Have a lack of data on safety compared with standard therapy
- Have known increase in risk of adverse events compared with standard therapy
- Have a lack of data on cost-effectiveness compared with standard therapy
- Less cost-effective than current standard therapy
- Have NICE guidance that recommends they should not be used
- Those that are deemed by national publications (e.g. by NHSE/ NHS Clinical Commissioners) of limited value, unless agreed by local agreement.

For patients that are already on the medicine/treatment/medical device prior to the BLACK classification, this should not be withdrawn abruptly from patients, but should be continued until the next clinical review where their NHS clinician should decide whether it is appropriate to switch or stop treatment or submit an individual funding request if in exceptional circumstances on-going prescribing is considered clinically appropriate.

*Clinicians should submit an individual funding request, and await a positive outcome, before initiation of treatment for a BLACK medicine/treatment/medical device for NHS prescribing

Kyleena (Green- cost effective LNG-IUS for contraception)

Kyleena is newly launched levonorgestrel (LNG) intrauterine system (IUS) that is licensed for contraceptive use for 5 years. Kyleena is one of four IUS- LNGs. It is currently the most cost-effective option (cost per year). Prescribers are reminded to prescribe IUS-LNG by brand noting the differences in administration of the device and licensed indications. Chapter 7 of the local BNF is being updated with a summary of the differing products..

GUIDELINE GROUP KEY POINTS

1. BNF chapter updated with note that rivastigmine 4.5mg and 6mg capsules, and amisulpride 400mg tablets significantly more expensive than using combination of lower strengths preparations.
2. Resource in specials added with SPS advice on switching between liquid and tablet/capsule formulary
3. Movelat Gel- following communication with PresQIPP and letters received from the manufacturer the definition of this product remains as a rubefacients (BLAC for all indications)

MHRA NOTICES

1. Valproate medicine: contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met Confidential prescribing and patient safety reports on key indicators now available free for GPs [EMA- sends out NEW measures to avoid exposure in pregnancy](#). A ban on the use of such medicines for migraine or bipolar disorder during pregnancy, and a ban on treating epilepsy during pregnancy unless there is no other effective treatment available. Medicines must not be used in any woman or girl able to have children unless the conditions of a new [pregnancy prevention programme](#) are met
2. Reminder- all healthcare professionals, including students, can use the Yellow Card Scheme to report suspected adverse reactions.

Drug	Date considered	Decision	Details
Dosulepin	May 2018	BLACK	Existing patients on treatment should not have their medication stopped abruptly. Careful review is required which may require specialist input.
Epistatus	May 2018	BLACK	Preferred Derbyshire midazolam product is Buccolam for use in adults and children
Benralizumab (Fasenra)	May 2018	BLACK	Add-on maintenance treatment in adults with severe eosinophilic asthma. BLACK awaiting NHSE commissioning intentions
Kyleena	May 2018	Green	cost effective LNG-IUS for contraception
Colomycin	May 2018	Green after initiation	Reclassified from AMBER and recommended after specialist/consultant initiation
Inotuzumab ozogamicin (Besponsa)	May 2018	RED	as per NHSE commissioning intentions
Avelumab	May 2018	RED	for treating metastatic Merkel cell carcinoma. As per NICE TA 517 and NHSE commissioning intentions
Tocilizumab	May 2018	RED	for treating giant cell arteritis as per NICE TA 518 and NHSE commissioning intentions (dual classification)
Pembrolizumab	May 2018	RED	for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy as per NICE TA 519 and 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, treatments or medical devices are **not** 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:

- a. The patient requires specialist assessment before starting treatment and/ or
- b. 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:

- a. There is no immediate need for the treatment and is line with discharge policies and

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.