

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, University Hospital of Derby and Burton 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 JANUARY 2019 MEETING CLINICAL GUIDELINES

Olopatadine eye drops have been classified as Green for seasonal allergic conjunctivitis. Ketotifen PF eye drops (Ketofall) is classified as BROWN for allergic conjunctivitis, if a preservative free preparation is required. Prescribers are reminded to encourage patients to self-care for seasonal allergic conjunctive and hayfever where appropriate.

Paravit CF capsules have received a GREEN classification for cystic fibrosis patients. Most CF patients are pancreatic insufficient and require supplementation with the fat soluble vitamins – A,D,E and K. Paravit CF is a cost effective supplement for CF patients as it contains vitamin A,D,E, and K and also reduces the medication burden for patients.

Semaglutide new weekly GLP1 agonist has been classified as Brown for use alongside other weekly GLP1 agonists, in-line with local diabetes guidance. Lixisenatide remains Derbyshire 1st line choice for the GLP1 agonists based on cost.

VSL#3 – no longer for use in ACBS approved indications and removed from part XV Drug Tariff, has been reclassified to Black – not recommended or commissioned.

Due to the imminent discontinuation of aciclovir (zovirax) eye ointment, ganciclovir eye gel has been classified as Green after consultant/specialist recommendation for herpes simplex eye infections.

The enoxaparin biosimilar (Inhixa) – Green consultant/specialist initiation. UHDB currently use Clexane as the preferred brand of enoxaparin, but due to the recurring supply shortages for Clexane, JAPC has deemed Inhixa as the preferred cost effective brand of choice. Inhixa will provide savings for both the CCG and UHDB.

PATIENT GROUP DIRECTIONS

The following PGD's have been updated

1. DHU PGD's – these include various antibiotics, antihistamines, oral steroids and pain relief.
2. Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) (PCV13) to individuals from 6 weeks (routinely from 8 weeks) to under 2 years of age.

SHARED CARE GUIDELINES

1. Vigabatrin for children with epilepsy – updated with new contact details and specialist monitoring section amended.
2. Sacubitril/valsartan for the treatment of symptomatic heart failure with reduced ejection fraction - new shared care agreement for a NICE approved drug.

HEART FAILURE

Heart failure guidance has been updated following NICE publication of NG106- chronic heart failure in adults. The major changes include the definition for HF as - heart failure with an ejection fraction below 40%, only NTproBNP remains as the diagnostic test, mineralocorticoid receptor antagonists (MRA) have been give greater prominence, with reclassification for spironolactone (GREEN 1st line MRA) and eplerenone (BROWN 2nd line MRA for use in young men <50 years due to the risk of gynaecomastia) and monitoring of treatments for ACEI/ARB - remain as per local guidance, but beta-blockers have been amended to be in line with NICE guidance. Sacubitril/valsartan has also been accepted as AMBER under shared care and included in the guidance.

ALKINDI (BROWN CONSULTANT/SPECIALIST INITIATION)

Following on from a recent MHRA alert advising that hydrocortisone muco-adhesive buccal tablets should not be used off-label for adrenal insufficiency in children due to serious risks; the Derbyshire classification for Alkindi caps (hydrocortisone) has changed from Red to Brown consultant/specialist initiation. This is to allow use in patients who would otherwise have to prepare an individual dose by manipulation such as compounding (or crushing) or through production of a specials solution in order to produce an age-appropriate dose or hydrocortisone is given as off-label buccal tablets. Paediatric patients who need to be switched Alkindi will be initiated by the specialist and then care transferred to the GP. Alkindi will only continue until the patient can be transitioned over to the 10mg tablets, once the patient is on a measurable dosage (doses of 5mg or above).

LEVOSERT - GREEN

Levosert (Levonorgestrel) IUD indicated for contraception and heavy menstrual bleeding has been reclassified as Green. The licenced duration for use of Levosert has increased to 5 years (previously licenced for 3 years), which now renders this product the most cost effective preparation. Prescribers are reminded all levonorgestrel IUD products should be prescribed by brand, because each product has different indications, duration of use and inserter technique.

MANAGEMENT OF OPIOID MEDICATIONS

The Faculty of pain medicine have released a statement to health professionals on the management of opioid medications: The Key messages for the healthcare community include :-

- Screen and assess people on opioids for chronic pain.
- Make clinical decisions about opioid reduction and optimal pain management where appropriate
- Identify the best clinical approach and place (GP surgery, hospital clinic, community pharmacy) for this to occur
- Ensure that there are resources to deal with those patients captured by any screening process
- Employ a corporate approach to manage those who are non-compliant.

JAPC supports the reduction in use of opioid based medications and the need for a system-wide approach.

GUIDELINE GROUP KEY POINTS

Green traffic light classification has been assigned to bumetanide and losartan.

Chapter 2 has been updated with cost effective brands for slow release nifedipine – Coracten SR or XL. Rivaroxaban 10mg has been added to the formulary for extended prevention (beyond 6 months) for recurrent DVT and PE, which may be recommended by a specialist. Similac (not suitable for Halal/Kosher diet) added to infant feeding guideline.

MHRA NOTICES

1. Tapentadol (Palexia): Tapentadol may increase seizure risk in patients taking other medicines that lower seizure threshold e.g. antidepressants and antipsychotics.
2. Ipilimumab (Yervoy): advice for prescribers of ipilimumab, following post-marketing cases of gastrointestinal cytomegalovirus (CMV) infection or reactivation in patients reported to have corticosteroid-refractory immune-related colitis.
3. Yellow card app – can be used to report suspected adverse drug reactions to the MHRA and also be informed of the latest safety alerts.

Drug	Date considered	Decision	Details
Hydrocortisone granules (Alkindi)	Feb 2019	BROWN specialist initiation	Only to be used in patients whose hydrocortisone must otherwise be individually prepared by manipulation in order to produce an age-appropriate dose, or if hydrocortisone is given as off-label buccal tablets.
Olopatadine eye drops	Feb 2019	GREEN	For seasonal allergic conjunctivitis
Ketoifen preservative free eye drops (Ketofall)	Feb 2019	BROWN	For seasonal allergic conjunctivitis if preservative-free preparation is required.
Levonorgestrel (Levosert)	Feb 2019	GREEN	Cost effective choice for contraception and heavy menstrual bleeding.
Paravit CF	Feb 2019	GREEN	Only for use in patients with cystic fibrosis.
	Feb 2019	BLACK	For all other indications
Semaglutide	Feb 2019	BROWN	By exceptionality defined as intolerance to the preferred 1st line choice (Lixisenatide) or restricted by its licensing.
VSL#3	Feb 2019	BLACK	No longer ACBS approved indication.
Ganciclovir eye ointment	Feb 2019	GREEN consultant/ specialist recommendation	Indicated for herpes simplex eye infections, when acyclovir (zovirax) is not available.
Spironolactone	Feb 2019	GREEN	1 st line mineralocorticoid receptor antagonist for HFREF
Eplerenone	Feb 2019	BROWN	2 nd line mineralocorticoid receptor antagonist for HFREF, if spironolactone is not suitable. (Usually young men <50 years, due to risk of gynaecomastia)
Sacubitril/valsartan	Feb 2019	AMBER	NICE TA388 for treating symptomatic chronic heart failure with reduced ejection fraction.
Enoxaparin biosimilar (inhixa)	Feb 2019	GREEN consultant/ specialist initiation	Preferred enoxaparin brand.
Sodium deoxycholate (Belkyra)	Feb 2019	BLACK	Treatment of moderate to severe convexity or fullness
Tisagenlecleucel	Feb 2019	RED	NICE TA554: relapsed or refractory B-cell acute lymphoblastic leukaemia in people aged up to 25 years
Regorafenib	Feb 2019	RED	NICE TA 555: previously treated advanced hepatocellular carcinoma
Darvadstrocel	Feb 2019	BLACK	NICE TA556: complex perianal fistulas in crohns disease
Pembrolizumab	Feb 2019	RED	NICE TA557: with pemetrexed and platinum chemotherapy for untreated metastatic, non-squamous non-small-cell lung cancer
Nivolumab	Feb 2019	RED	NICE TA558: adjuvant treatment of completely resected melanoma with lymph node involvement or metastatic disease
Axicabtagene ciloleucel	Feb 2019	RED	NICE TA559: diffuse large B-cell lymphoma and primary mediastinal large B-cell lymphoma after 2 or more systemic therapies

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:

- 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.