

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS Derby & Derbyshire 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 June Meeting Clinical Guidelines

- Antidepressant in moderate to severe depression in adults – although the layout of this guidance has changed, the content remains the same, with key changes including message regarding antidepressant discontinuation should be tapered gradually; stepwise approach to treatment has been strengthened and a new table regarding switching between antidepressants has also been included to support clinicians.
- Bisphosphonate treatment break guidance has been updated. Main change is categorisation of patients as low, medium and high risk. New medium risk category would be assessed following the treatment break to restart therapy.
- Managing behavioural problems in patients with dementia – updated with minor changes, memantine has been added in line with changes to NG97 and clomethiazole has been removed due to manufacturing/supply problems, cost and low level evidence.
- Children's referral guideline for sublingual immunotherapy – Grazax, has been updated. Minor changes include doses in-line with children's BNF and inclusion of warning to avoid steroid nasal spray if the child is already on systemic corticosteroids including inhalers.
- Psoriasis commissioning algorithm has been updated to include two new biologics - certolizumab and tildrakizumab. The biologics have been split up according to the class of interleukin receptors they work on to support clinicians when switching.

Patient Group Directions

- Derbyshire PGD for Levonorgestrel 1500mcg tablets – updated with minor changes which include access for use by the Minor Injury Unit. A Safeguarding assessment has also been included in appendix 10.
- PHE PGD for PCV vaccine - updated
- PHE PGD for meningococcal group ACWY conjugate vaccine.

Shared Care Guidelines

None

Monitoring and Medication after Bariatric Surgery

The Derbyshire guidance for Monitoring and Medication after bariatric surgery has been updated, with the nutritional supplementation and annual monitoring requirements **aligned between Derby and Sheffield**. Patients from Derby and Sheffield will be advised to self-care and purchase complete multivitamins over the counter to take life-long - 2 daily as supplements. Primary care responsibilities continue to include annual blood monitoring, which will be aligned to Sheffield monitoring requirements, based on the BOMSS GP guidance. Clinicians are advised to treat deficiencies and following correction of the deficiency, patients will continue to self-care.

Management of Clostridium Difficile in primary care

The C.Diff guidance for primary care has been updated in collaboration with the North and South infection control specialists. Daily assessment either by the carer/patient or with the GP (telephone) has been included to the summary of management of C.Diff. Antibiotic recommendations follow NICE/PHE guidance – metronidazole as first line, oral vancomycin, as second line. For patients with severe C.Diff who have not responded to vancomycin or for recurrent C.Diff infections, fidaxomicin has been reclassified as Brown after Consultant Microbiologist recommendation only, as per NICE/PHE guidance. For emergency situations only, stocks of fidaxomicin can be obtained from Chesterfield or Derby pharmacy departments on an FP10. National guidance for the management of C.Diff is anticipated soon.

Vitamin supplementation in alcohol misuse and position statement for Vit B Co Strong/Vit B Co - BLACK

For patients requiring vitamin supplementation in alcohol misuse, NICE recommends offering oral prophylactic thiamine. The local guidance has been updated to state Derbyshire patients will be discharged on thiamine 50mg QDS. JAPC has produced a [position statement](#), which states that the CCG's do not support the prescribing of Vitamin B Compound Strong and Vitamin B Compound. A review of the vitamin supplementation in alcohol misuse guidance has led to a dual classification of Vitamin B Compound Strong and Vitamin B Compound as BLACK and RED. It is RED for specialist use only as a short course, post-acute admissions or for refeeding syndrome and BLACK for all indications, not for prescribing in primary care.

Specials and expensive liquids guideline

A new specials/expensive liquid guideline has been produced which contains a list of commonly prescribed medicines and alternative methods of administration e.g. crushing tablets, for patients with swallowing difficulties, feeding tubes or for patients prescribed unlicensed specials medication. The guideline will require clinician interpretation to best meet individual circumstances and cost-effective prescribing. Manipulating a licensed product will be outside of the products marketing authorisation, however there is evidence and clinical experience in reputable sources (e.g. NEWT) confirming that formulation manipulation of this nature is acceptable without compromising the effectiveness of the medicine. The guideline is a comprehensive document, listing each drug from A to Z, with each entry listing alternate delivery options.

SPS – cardiovascular outcomes with GLP1 receptor agonist in type 2 diabetes mellitus

SPS has produced a very useful [summary of the evidence](#) of the effect on cardiovascular (CV) outcomes with GLP1 receptor agonists. Large scale clinical trials have been conducted for all 5 GLP1 receptor agonist available in the UK (liraglutide, lixisenatide, semaglutide, exenatide and dulaglutide). Not all trials have been fully published. The trials differ in design for each individual drug, but the majority were designed to evaluate CV safety. Limited trial data have shown benefits in CV mortality and morbidity for some GLP1 receptor agonist in patients with established or at high risk of CVD. In all trials the doses used were at the higher end of the licensed dosage range. The results cannot be generalised to patients with type 2 diabetes at low risk of or without CVD. There are no direct comparative trials between agents. It is unclear whether difference in the outcome in the trials indicates true differences between the drugs or trial design or patient characteristics. Clinicians should continue to use preferred 1st line GLP1 receptor agonist for Derbyshire - Lixisenatide.

GUIDELINE GROUP KEY POINTS

- Insulin glargine biosimilar Semglee has been added to the local formulary.
- Updated link to DVLA - assessing fitness to drive added to local formulary.
- Fixapost (Latanoprost/timolol) – classified as first line preservative free prostaglandin/beta-blocker combination product.
- MIMs '[drug shortage live tracker](#)' link added to the clinical guideline section under medicine queries.
- Rebate process has been updated to include rebates outside of the PresQIPP process

MHRA NOTICES

- Alemtuzumab (Lemtrada) and serious cardiovascular and immune-mediated adverse reactions. The use of alemtuzumab has been restricted and strengthened requirements have been introduced to monitor vital signs and liver function before and during treatment.
- Tofacitinib – new restrictions for 10mg twice daily dose, in patients at high risk of pulmonary embolism and overall mortality with this dose in rheumatoid arthritis until MHRA complete their review.
- Magnesium sulfate – maternal administration of magnesium sulfate for longer than 5-7 days in pregnancy has been associated with skeletal adverse effects and hypocalcaemia and hypermagnesaemia in neonates.
- Yellow card reporting – MHRA reiterate the importance of reporting suspected adverse drug reactions to the Yellow Card Scheme.

Drug	Date considered	Decision	Details
Fidaxomicin	June 2019	BROWN after consultant microbiologist recommendation	After consultant microbiologist recommendation only – for use in patients with severe clostridium difficile, who have not responded to oral vancomycin or for other patients with multiple co-morbidities who are receiving concomitant antibiotics or for recurrence of clostridium difficile.
Vitamin B Co Strong tabs & Vitamin B Co tabs	June 2019	BLACK RED	RED: for specialist use only as a short course, post-acute admissions or for refeeding syndrome. Not be prescribed in primary care. BLACK: for all indications
Rucaparib	June 2019	RED	For use in epithelial ovarian cancer. To be used in line with NHSE commissioning intentions.
Sodium Zirconium Cyclosilicate	June 2019	BLACK	Treatment of hyperkalaemia in adults. Awaiting NICE TA.
Durvalumab	June 2019	RED	NICE TA578 - Locally advanced, unresectable non-small cell lung cancer after platinum-based chemoradiation.
Abemaciclib	June 2019	RED	NICE TA579 - with fulvestrant for treating hormone receptor-positive HER2-negative advanced breast cancer after endocrine therapy.
Enzalutamide	June 2019	BLACK	NICE TA580 - for hormone-relapsed non-metastatic prostate cancer
Nivolumab	June 2019	RED	NICE TA581 - with ipilimumab for untreated advanced renal cell carcinoma

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.