

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 April Meeting Clinical Guidelines

Lipid modification in non FH – updated with minor amendment to guidance.

Melatonin information sheet – updated with minor changes. Slenyto (Melatonin PR tablets, licenced for use in children and adolescents for insomnia) has been classified as BLACK – not commissioned locally, pending a national review of the drug. Circadin MR remains the cost effective choice for insomnia in children.

Antiplatelet therapy in primary PCI – updated with minor amendments.

Prescribing spec - 2 new key therapeutic topics included (Shared decision making and suicide prevention and optimising medicines and reducing access to medicines as a means of suicide).

Patient Group Directions

- Hepatitis B recombinant DNA (rDNA) vaccine (adsorbed) to individuals considered at increased risk of exposure to hepatitis B virus, at increased risk of complications of hepatitis B disease, or post potential exposure to hepatitis B virus.
- Hepatitis B recombinant DNA (rDNA) vaccine (adsorbed) to individuals who are 15 years of age or over and are on haemodialysis, a renal transplantation programme or have chronic renal failure that is likely to require haemodialysis or transplant.

Shared Care Guidelines

Cinacalcet in Primary Hyperparathyroidism – minor amendment to the SCA to be in line with NHSE. GP 6 month and secondary care annual monitoring of calcium has been amended to align monitoring.

Degarelix for adult male patients with advanced hormone-dependent prostate cancer – minor amendments.

Infection Chapter - BNF Chapter 5

NICE and PHE have produced a 'summary of antimicrobial prescribing guidance – managing common infections', which will supersede the locally adapted PHE antimicrobial treatment guidance. This new NICE/PHE guidance can be found on the medicines management website under Chapter 5 – infections. The guidance includes key points, first line and alternate drugs, with adult doses and length of treatment. Visual summaries for each condition (when available) and links to child doses (where appropriate) are included in the guidance.

Some of the key changes between NICE/PHE guidance and locally adapted PHE guidance include cefalexin as 1st line treatment option for acute pyelonephritis, with alternative 1st line options including co-amoxiclav, trimethoprim, ciprofloxacin or cefuroxime. For chlamydia 1st line treatment option: 7-day course of doxycycline and 2nd line treatment option: 3-day course of azithromycin.

Blood glucose meters and test strips

A working group setup across Derby and Derbyshire CCG's and providers reviewed our current formulary choices for blood glucose and ketone testing. The group have produced a formulary which splits the formulary choices into **Cat A** – for patients with type 2 diabetes or gestational diabetes; **Cat B** – for patients with type 1 requiring access to ketone testing; and **Cat C** patients with type 1 who have been taught carbohydrate counting and require the inbuilt bolus calculator feature. Choices of meters for Cat A include Tee2+, WaveSense JAZZ and WaveSense JAZZ Wireless; Cat B includes CareSens Dual, Fora Advanced pro GD40 and GlucoMen Areo 2k; and Cat C includes Accu-Check Aviva Expert System. The guidance provides a pictorial view of the meters and corresponding test strips and lancets. The medicines management teams are currently developing an implementation plan to support uptake of the preferred meters.

Allergic rhinitis – Dymista reclassification to BROWN

Use of Dymista (fluticasone/azelastine) within the allergic rhinitis guidance has been reclassified as BROWN for exceptional use, from BROWN consultant/specialist initiation. The guidance now allows initiation of Dymista in primary care in line with the treatment algorithm after a trial of high dose antihistamine and nasal steroids, saving unnecessary outpatient appointments. Referrals to secondary care are allowed if the Dymista fails to control symptoms. Other updates to the guidance include all SNOT references have been removed from the guidance and where a drug can be purchased OTC, this message has been strengthened.

Vaccination of at risk renal patients for Hep B

The responsibility for vaccinating at risk renal patients against Hep B will transfer to secondary care (from CCG's) by an anticipated date is 1st July 2019 as per the GMS national contract. Our current PGD will be reviewed and removed once this guidance is in place. Advice will be issued to renal services from PHE and the renal association setting out how this can be done to ensure patient safety and immune pre-dialysis. To ease the transition, CCG's will work with local renal services and GP representatives to agree any necessary interim process.

GUIDELINE GROUP KEY POINTS

- Latanoprost plus timolol (Fixapost®, unit dose eye drop) – Classified as GREEN consultant/specialist initiation and included in the local glaucoma guidance.
- Tailored combined hormonal contraception (CHC) - The FSRH guidance on CHC had been updated.
- Epimax Oatmeal cream has been added to the emollient guidance as a cost effective treatment option for mild dry skin.
- The following details aids remain on the Derbyshire Medicines Management website – CKD, COPD and NOAC's
- Repeat prescription management code of practice has been updated to include information about 3rd party ordering.
- [Adult asthma diagnosis](#) algorithms (North Derbyshire and South Derbyshire), currently hosted on MM website under relevant resources for BNF 3 Respiratory. This was developed by the Condition Specific Pathways team at the CCG.

MHRA NOTICES

- Yellow fever vaccine (Stamaryl®) and fatal adverse reactions: extreme caution needed in people who may be immunosuppressed and those sixty years and older.
- Valproate medicines and serious harms in pregnancy: new Annual Risk Acknowledgement Form and clinical guidance from professional bodies to support compliance with the Pregnancy Prevention Programme. MHRA have produced a revised annual risk acknowledgement form and highlight clinical guidance from healthcare professional bodies.
- Belimumab (Benlysta ▼): increased risk of serious psychiatric events seen in clinical trials (locally classified as RED)
- Pregabalin (Lyrica), gabapentin (Neurontin) and risk of abuse and dependence: new scheduling requirements from 1st April 2019.
- Elvitegravir boosted with cobicistat: avoid use in pregnancy due to risk of treatment failure and maternal-to-child transmission of HIV-1.

Drug	Date considered	Decision	Details
Fluticasone propionate / azelastine (Dymista)	May 2019	BROWN	For moderate to severe seasonal and perennial allergic rhinitis (aged 12 years or over) following the Allergic Rhinitis in adults and adolescents over 12 years of age
Melatonin (Slenyto)	May 2019	BLACK	Pending a national review
Daratumumab	May 2019	RED	NICE TA573: daratumumab with bortezomib and dexamethasone for previously treated multiple myeloma
Certolizumab	May 2019	RED	NICE TA574: for treating moderate to severe plaque psoriasis
Tildrakizumab	May 2019	RED	NICE TA575: treating moderate to severe plaque psoriasis
Bosutinib	May 2019	BLACK	NICE TA576: untreated chronic myeloid leukaemia (Terminated appraisal)
Brentuximab vedotin	May 2019	RED	NICE TA577: for treating CD30-positive cutaneous T-cell lymphoma
Hepatitis B	May 2019	RED	At risk renal patients

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.