

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 October Meeting Clinical Guidelines

- Acne pathway – new Derbyshire wide guideline that includes the promotion of self-care section. Cost effective treatment options for mild-to-moderate comedonal acne includes adapalene, for mild-to-moderate inflammatory acne includes benzoyl peroxide +/- topical antibacterial (clindamycin); moderate acne combines topical treatment with systemic treatment with doxycycline as first line antibiotic; and moderately severe includes treatment with cyclosporin.
- Management of overactive bladder- updated based on NICE NG123, recommends offering the anticholinergic with the lowest acquisition cost; strengthening of the uncertainty of the long-term effects of anticholinergic medicines and clarification regarding frail elderly women. Solifenacin has come off patent resulting in a lower acquisition price and being placed higher up in the third-line options.
- Varenicline prescribing for smoking abstinence - updated with no significant change.
- Psoriasis high cost drug commissioning algorithm – updated to include new biologic risankizumab as per NICE TA596.
- Uveitis high cost drug commissioning algorithm – updated to include fluocinolone as an intravitreal implant as per NICE TA590.

Patient Group Directions

PGDs for children's continence service at DHCFT:

- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride 13.8g sachets
- Macrogol 3350 with potassium chloride, sodium bicarbonate and sodium chloride 6.9g sachets
- Sodium picosulfate 5mg/5ml elixir
- Desmopressin 120 microgram sublingual tablets
- Oxybutynin hydrochloride 2.5mg tablets

Shared Care Agreements (SCA)

- Disulfiram SCA for maintenance of alcohol abstinence – updated with minor changes including 'GP's responsibility to check LFTs at 6 monthly intervals and to ensure specialist 6 monthly review has taken place.
- Acamprosate SCA for alcohol abstinence – updated with minor changes
- Riluzole SCA – updated.
- Management of ADHD in children (>5 years) & adults – updated based on NICE guidance. The update includes recommendation that ECG is not needed before starting stimulants, atomoxetine or guanfacine if cardiovascular history and examination is normal and the person is not on a medicine which poses an increased CV risk. Also a message has been included to prescribe atomoxetine generically.
- DMARD SCA - as a general principle JAPC recommends when there is limited evidence regarding the use of live vaccines in patients prescribed DMARDs under a SCA, consultant advice should be sought on a case by case basis ahead of the vaccination.

Liothyronine (include hyperlinks once uploaded)

A JAPC working group have reviewed the prescribing data for liothyronine from primary and secondary care. Based on the finding and guidance from NHSE low value medicines, JAPC has accepted the proposal to traffic light liothyronine as **AMBER for existing patients** in combination with levothyroxine for hypothyroidism, who have been reviewed by a specialist and the treatment dose has been stabilised for 3 months; **BLACK for new patients** with exceptionality for clinical need to be requested through an IFR by an NHS endocrinologist only; and **RED when used as monotherapy**, resistant depression and in doses exceeding 60mcg per day.

EU Exit and continuity of medicines supply

NHSE have published information regarding the continuity of medicines supply in the event of a no-deal EU exit, which includes [information for patients](#) and a [FAQ for clinicians](#). Essentially the advice recommends patients should keep ordering repeat prescriptions and taking medicines as normal. There are contingency plans in place to ensure continuity of medicines supply, which includes buffer stocks of at least 6 weeks, transport priority for medicines, improving border arrangements for medicines entering the UK and ensuring EU licenced medicines continue to be used in the UK. The bottom-line is to ensure patients are not stockpiling medicines at home.

[Serious shortage protocols \(SSPs\)](#)

NHS Business Service Authority has dedicated pages for serious shortage protocols along with any supporting guidance. If the Department of Health and Social Care decide there is a serious shortage of a specific medicine or appliance, then an SSP may be issued. The contractor must use their professional skill and judgement to decide, alongside medical experts, whether it's reasonable and appropriate to substitute the patient's prescribed order for the active SSP. The patient would also have to agree to the alternative supply for that dispensing month. SSP for October 2019 includes fluoxetine 10mg, 30mg and 40mg capsules. Further information can be found at the [SSP](#) website.

Guideline Group key points

Vacuum pumps – remain RED for patients with an out of area request; GPs can accept on-going prescribing for replacement pumps if the specialist provides an APC approved shared care protocol or evidence the device is approved by another APC. Warranty is approximately for 5 years, therefore advise the patient if a replacement is requested, to check whether the pump is covered under its warranty for repair before replacement prescription is issued.

Triamcinolone acetonide injection - GREEN. Cost effective alternative to methylprednisolone acetate injection.

Fexofenadine – BROWN. Alternative option when other formulary antihistamines are not effective.

Aciclovir eye ointment removed from traffic lights – discontinued.

VIZcellose 1% 10ml PF bottle and VIZcellose 0.5% 10ml PF bottle replaces Celluvisc 1% UDV and Xailin Fresh 0.5% UDV as the formulary choice for PF carmellose. Please note VIZcellose 1% and 0.5% have a 90 day expiry date once opened.

Link added to self-care of dry eyes added to the Derbyshire medicines management website.

MHRA NOTICES

- Hormone replacement therapy: further information on the known increased risk of breast cancer with HRT and its persistence after stopping. Highlighted in last month's bulletin and included in the local [menopause guideline](#).
- Fingolimod (Gilenya ▼): increased risk of congenital malformations; new contraindication during pregnancy and in women of childbearing potential not using effective contraception
- Elmiron (pentosan polysulfate sodium): rare risk of pigmentary maculopathy
- Montelukast (Singulair): reminder of the risk of neuropsychiatric reactions – warning has been included in the local asthma guidance.
- The [MHRA](#) current position on the supply and use of avastin (bevacizumab) for intravitreal use.

Drug	Date considered	Decision	Details
Adapalene	October 2019	GREEN	For the treatment of mild to moderate comedonal acne
Liothyronine (in combination with levothyroxine)	October 2019	AMBER	For EXISTING patients who have been reviewed by a specialist and the treatment dose has been stabilised for 3 months.
Liothyronine	October 2019	BLACK	For NEW patients. Liothyronine is in the black section of the traffic light drug list in Derby(shire) and cannot be initiated in new patients. If there is an exceptional clinical need, such as difficulty in tolerating or absorbing levothyroxine, then a request to prescribe must be made via the IFR process and the request should be made by an NHS endocrinologist. Quality of life and other symptoms relating to patients lack of well-being on levothyroxine monotherapy will not pass the test of exceptionality and these patients should not be referred with the expectation that an IFR will be submitted. They can however still be referred to an endocrinologist for further evaluation of their symptoms to exclude other underlying medical conditions as well as optimisation of levothyroxine therapy.
Liothyronine	October 2019	RED	When used as monotherapy, resistant depression and in doses exceeding 60mcg per day
Lorlatinib	October 2019	RED	For adults with ALK-positive advanced NSCLC. To be used in line with NHSE commissioning intentions.
Teriparatide biosimilar	October 2019	RED	Treatment of osteoporosis in postmenopausal women and in men at increased risk of fracture.
Sodium zirconium	October 2019	RED	NICE TA599 – hyperkalaemia in adults. For acute life-threatening hyperkalaemia.
Pembrolizumab	October 2019	RED	NICE TA600 – pembrolizumab with carboplatin and paclitaxel for untreated metastatic squamous NSCLC.
Bezlotoxumab	October 2019	BLACK	NICE TA601 – for preventing recurrent clostridium difficile infection - terminated appraisal.
Pomalidomide	October 2019	BLACK	NICE TA602 – with bortezomib and dexamethasone for treating relapsed or refractory multiple myeloma – terminated appraisal.
Lenalidomide	October 2019	BLACK	NICE TA603 – with bortezomib and dexamethasone for untreated multiple myeloma – terminated appraisal.

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.