

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 February Meeting - [Clinical Guidelines](#)

Vitamin B Compound and Compound Strong position statement – amended to include BROWN classification for Vitamin B Co Strong for refeeding syndrome. Essentially this allows a community dietician to request the patients GPs to prescribe the vitamins for 10days. This will prevent potential harm and the risk of admission.

Silver dressings. The place of silver dressings is limited in wound management. A review was undertaken to promote cost effective choices and limiting the more expensive dressing. The following are included into the formulary: suprasorb A+Ag, atrauman Ag, aquacel Ag+ Extra, acticoat flex 3, urgotul Ag, urgoclean Ag (& urgoclean), Aquacel Ag+ ribbon have all been classified as BROWN, with specific criteria per dressing (see traffic light for specific details). All other silver dressing has been designated as BLACK - not recommended for prescribing. Urgoclean Ag (& urgoclean) are to be used as per biofilm pathway form DCHS. Gender Dysphoria – the primary care service for gender dysphoria is currently under review, with the launch of two pilot sites including Manchester and London planned for 2020. Stakeholder groups are also reviewing what the service should look like.

Patient Group Directions

None this month

Shared Care Agreements (SCA)

None this month

Urgostart

Evidence from NICE supports the use of Urgostart dressings for the treatment of diabetic foot ulcers, due to the increased wound healing compared with non-interactive dressings. Following review by JAPC and the Clinical Policy Advisory Group, Urgostart has been classified as Brown consultant/specialist initiation for use in diabetic foot ulcers only, following review from a Multi-Disciplinary Foot Team. The specialist will detail follow up arrangements and recommend dressing for the patient. Urgostart is not recommended for long term use, with discontinuation if the ulcer does not shrink by a 40% over 4-6 week following initiation. It is not recommended in Derbyshire for venous leg ulcers.

Novel Coronavirus now referred to as 2019 - nCoV

A live link to the latest update from Public Health England regarding novel coronavirus - now referred to as 2019-nCoV, can be accessed via the [Derbyshire Medicines Management](#) Website. Clinicians are advised to consult the PHE website for latest advice.

RMOC advice – Free Of Charge medicines scheme (FOC) applicable for secondary care

JAPC note and acknowledge the Regional Medicines Optimisation Committee (RMOC) advice on Free Of Charge medicines scheme policy which primarily relates to secondary care using High Cost Drugs (HCD PBR excluded) that CCGs commission directly – January 2020. Advice for Trusts is included in our Derbyshire [prescribing specification](#). The issues raised within the publication have been shared with relevant providers and commissioners.

RMOC advice – medicines Blueteq prior approval forms applicable for secondary care

JAPC note and acknowledge the RMOCs advice on the application of the Blueteq prior approval system. Principles which are followed in Derbyshire.

RMOC advice – Sequential Use of biologic medicines

JAPC recognises the RMOCs advice on sequential use of biologics. Sequential use outside of the commissioning algorithms should only be undertaken after advice from an MDT, in-line with the Trusts processes, but should be limited by the clinical appropriateness and safety.

Guideline Group key messages

True Results test strip and Stalevo have been removed from the traffic lights. Nifedipine MR (GREEN) for angina and Raynauds phenomenon (unlicensed indication). Coracten SR/XL is the cost effective brand. Nifedipine IR caps (BROWN) Restricted for patients with Raynauds phenomenon who do not tolerate MR preparation; however this should be exceptional as nifedipine MR is usually better tolerated in Raynauds.

Chapter 2: following wording added - When choosing antihypertensive drug treatment for adults of black African or African-Caribbean family origin, consider an angiotensin II receptor blocker (ARB), in preference to an angiotensin-converting enzyme (ACE) inhibitor.

Slo-phyllin removed from Chapter 3 due to discontinuation.

Anthelios XL sunscreen removed from the skin chapter, due to out of pocket expenses incurred on prescribing.

Chapter 6: GG recognised NICE guidance on starting doses of levothyroxine for patients with primary hypothyroidism; however local endocrinologist advice is to start at low dose and taper the dose up according to biomarkers and QoL markers. Carbimazole – note included to check FBC/LFT prior to initiating, but not to recheck unless there is suspicion of agranulocytosis or liver dysfunction (as per UKMI drug monitoring). COPD detail aid updated to be in-line with local COPD guidance.

ICS stepdown updated with reference to local COPD guidance. Due to wide availability for fosfomycin from community pharmacy now, the guidance for fosfomycin for the treatment of multi-resistance UTI, is no longer required and has been removed from the website.

MHRA NOTICES

E-cigarette use or vaping: reporting suspected adverse reactions, including lung injury. The US Centers for Disease Control and Prevention (CDC) and its public health partners are investigating cases of lung injury associated with the use of e-cigarette or vaping products. At the time of publication, more than 2600 US cases have been identified (60 fatal cases), but the outbreak seems to be in decline. As of January 2020, MHRA was aware of two potential cases of e-cigarette or vaping associated lung injury in the UK (one reported as a Yellow Card), both of which were reported as having a fatal outcome

Ondansetron: small increased risk of oral clefts following use in the first 12 weeks of pregnancy. Recent epidemiological studies suggest exposure to ondansetron during the first trimester of pregnancy is associated with a small increased risk of the baby having a cleft lip and/or cleft palate. Recent epidemiological studies report a small increased risk of orofacial malformations in babies born to women who used ondansetron in early pregnancy. The study reported that ondansetron use was associated with an additional 3 oral clefts per 10,000 births (14 cases per 10,000 births versus 11 cases per 10,000 births in the unexposed population).

Mecasermin (Increlex): risk of benign and malignant neoplasia. Cases of benign and malignant neoplasms have been observed among children and adolescents who received treatment with mecasermin.

Insuman – permanent discontinuation of 3 presentations. Insuman Comb 15 100 IU/mL - suspension for injection in a cartridge, Insuman Basal 100 IU/mL - suspension for injection in a vial and Insuman Comb 25 100 IU/mL - suspension for injection in a vial. Supply is due to end in 2020, Sanofi recommends that no new patients should be started on the listed presentations and replacement with alternative insulin formulations initiated.

Drug	Date considered	Decision	Details
UrgoStart	February 2020	BROWN consultant/specialist initiation	For use under the care of a multi-disciplinary foot team. To be used for diabetic foot ulcer only (not for venous leg ulcer).
Vitamin B Compound Strong	February 2020	BROWN consultant/specialist recommendation	For patients with a medically diagnosed deficiency due to lifelong or chronic condition, or following surgery that results in malabsorption. Also for refeeding syndrome - short course supplied in hospital or in exceptional circumstances GPs may prescribe following a community dietician request.
Silver dressing	February 2020	BROWN BLACK	BROWN - Atrauman Ag, Suprasorb A+Ag and Aquacel Ag+ extra - to be used for 2 weeks and then reviewed. BROWN - Acticoat-flex 3 - used as part of VAC therapy with Smith and Nephew pump and on TVN recommendation. BROWN - Urgotul Silver and Aquacel Ag+ Ribbon - to be used on TVN recommendation only. BROWN - UrgoClean Ag & UrgoClean - TVN recommendation only. To be used for 2 weeks then complete treatment with UrgoClean. To treat infections with biofilm in line with DCHS guidance. All other silver dressing are classified as BLACK
Naldemedine	February 2020	BLACK	Treatment of opioid-induced constipation in adults who have previously been treated with a laxative. Awaiting NICE guidance
Vernakalant	February 2020	BLACK	Rapid conversion of recent onset AF to sinus rhythm in adults. Awaiting NICE guidance or clinician request.
Cladribine	February 2020	RED	NICE TA616 which replaces NICE TA493 - for treating relapsing-remitting multiple sclerosis. NHSE commissioned drug
Lusutrombopag	February 2020	RED	NICE TA617 - for treating thrombocytopenia in people with chronic liver disease needing a planned invasive procedure. CCG commissioned drug
Atezolizumab	February 2020	BLACK	NICE TA618 - with carboplatin and nabpaclitaxel for untreated advanced non-squamous non-small-cell lung cancer. (Terminated appraisal). NHSE commissioned drug
Palbociclib	February 2020	RED	NICE TA619 - with fulvestrant for treating hormone receptor-positive, HER2-negative advanced breast cancer. NHSE commissioned drug
Olaparib	February 2020	RED	NICE TA620 replaces NICE TA381 for maintenance treatment of relapsed platinum-sensitive ovarian fallopian tube and peritoneal cancer. NHSE commissioned drug
Osimertinib	February 2020	BLACK	NICE TA621 - for untreated EGFR mutation-positive non-small-cell lung cancer. NHSE commissioned drug

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.