

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 January Meeting

Clinical Guidelines

- Actinic Keratosis (AK)**- Derbyshire AK pathway has been updated following feedback from the Joined Up Care Derbyshire Dermatology group. Primary care experience and confidence in the use of 5 Fluorouracil 5% cream (Efudix) has grown and this drug no longer requires specialist initiation. It is also notable that Ingenol mebutate gel (Picato) has been removed from the pathway and has been re-classified as BROWN specialist recommendation because of associated skin lesions (MHRA October 2019).
- Chlamydia Testing and Screening**- This guidance had a partial update in June 2019 that included a key change to azithromycin (stat + 2 days vs previous stat dose only). The full review now includes clarity on retesting; difference between repeat testing and test of cure as the two groups for follow up being distinctly different.
- Medication and Falls Prevention in the Older Person**- Useful tool for any member of health and social care staff to see if a drug has contributed to a fall and prompt for a review
- Derbyshire Nebuliser Guidelines for COPD patients Assessment and Initiation**- No clinical changes. Referral forms for Impact+ and DCHS have been updated noting Fax referrals are no longer acceptable.
- Neuropathic Pain in Primary Care**- There are 2 key changes to this guideline. The first is in line with the national picture of opioid overuse and concerns raised previously. It is now advised alongside SIGN guidance that patients receiving opioid doses of >50 mg/ day morphine equivalent should be reviewed regularly (at least annually) to detect emerging harms and consider ongoing effectiveness. Pain specialist advice may be sought at doses >90 mg/day morphine equivalent. The second change includes the use of duloxetine with its price reduction as another second line option after amitriptyline.
- Nicotine Replacement Therapy**- This guideline contains prescribing advice and formulary choice for GPs who may need to provide NRT prescription outside stop smoking service. NRT product is selected based on patient preference and suitability, level of nicotine dependence, and cost.
- PPI guidance**- Guidance for the appropriate use of PPIs when prescribing a NSAID (or antiplatelet) as gastro protection updated with added 'at risk groups'
- Vitamin B compound/Vitamin B compound strong tablets- Position statement**. This statement is being updated following RMOCs publication for oral Vit B supplementation publication. Exceptional use is now permitted in patient's medically diagnosed deficiency or chronic malabsorption following specialist advice. Note vitamin B compound strong and not vitamin B compound should be prescribed as it represents better value for money
- Gluten Free food prescribing policy** - No change to policy. Reminder that Derby and Derbyshire CCGs does not routinely commission the prescribing of gluten free foods

Patient Group Directions

None this month

Shared Care Agreements (SCA)

None this month

Miscellaneous notes

- > The High Cost PBR excluded Drugs – commissioning ophthalmology algorithms have been approved following their periodic review with no major changes (DMO/ CRVO/ BRVO and ArMD)
- > JAPC has responded to the national RMOc shared care agreement policy. JAPC were assured that the draft consultation is similarly clinically aligned.

Buprenorphine (Buvidal) prolonged-release solution for subcutaneous injection

Used in the treatment for treating opioid dependence in adults and young people over 16 years of age. JAPC recognised that this formulation offers an advantage of a weekly or monthly dosing formulation over the daily sublingual tablets. After a careful review and proposed positions by NICE, SMC and the AWMSG its place locally is limited to the substance misuse service, where it requires administration of a healthcare professional.

Moxifloxacin

Moxifloxacin is used in the treatment of uncomplicated urogenital infection and complicated urogenital infection in line with the advice by NICE/PHE and BASHH guidance (presence of Mycoplasma genitalium). The treatment has now been classified as RED and will be made available to the Integrated Sexual Health Service.

AOB-Shortage of Diamorphine (DCHSFT)

JAPC were informed that DCHSFT are responding to the national shortage of low strength diamorphine by changing patients seen in the community to morphine. Healthcare staff should be made aware of and vigilant to both the usage of diamorphine and morphine prescribing and administration.

Guideline Group Key Messages

GI chapter updated with:

- > Pantoprazole removed due to increased cost
- > Message regarding phosphate enema added- 'long-tube' significantly more expensive compared to 'short-tube'
- > Links to UHDB bowel prep for GI endoscopy guideline/ form updated

Respiratory and asthma guidance now reflects QVAR changes to licensed age changes from 12 to over 5 years.

AF guidance includes reference to AliveCor Heart monitor which may be useful diagnostic tool but does not replace 12 lead or continuous ECG monitoring. De-prescribing Policy has been updated to include amended definition, references, and contact details.

MHRA NOTICES

Domperidone is no longer licensed for use in children younger than 12 years or those weighing less than 35 kg. This follows an absence of data for benefit, including findings from a placebo-controlled study in children with acute gastroenteritis that did not show Domperidone to be more effective than placebo at relieving nausea and vomiting. JAPC noted that the use of Domperidone in children locally is restricted locally (supported by a guideline). This noted by the MHRA text, 'where it is used outside of its authorised indications in children in the UK for gastrokinetic effects in conditions other than nausea and vomiting' and requiring specialist physician input.

Drug	Date considered	Decision	Details
Buprenorphine (Buvidal) SC	Jan 2020	RED	New formulation of a long acting injection. Available for use within substance misuse service
Moxifloxacin	Jan 2020	RED	For use in line with PHE/NICE and BASHH guidance within sexual health services
5-fluorouracil 5% cream (Efudix)	Jan 2020	GREEN	Re-classified to GREEN in line with the Managing Actinic Keratosis pathway. (No longer requires consultant/specialist initiation).
Ingenol	Jan 2020	BROWN	Following specialist recommendation, due to limited role and concern on safety.
Duloxetine	Jan 2020	GREEN	Reclassified to second line treatment for neuropathic pain alongside gabapentin and pregabalin due to it loss of patent and cost.
Vitamin B compound strong	Jan 2020	BROWN	For medically diagnosed deficiency due to lifelong or chronic condition, or following surgery that results in malabsorption. This vitamin has multiple classifications and the TLC database should be seen for more information
Calcipotriol and beclomethasone topical	Jan 2020	BROWN	Reclassification from Green. Dovobet and Enstilar. Do not add as repeat prescription. See skin formulary appendix 2 for guidance on use in psoriasis.
Sucralfate liquid	Jan 2020	BROWN	Following Specialist/ Consultant recommendation for empirical management of patients with severe GORD, or post-cholecystectomy, alongside use of PPIs (liquid formulation previously classified as BLACK)
Gilteritinib	Jan 2020	RED	As per NHSE commissioning intentions
Meropenem + vaborbactam (Vaborem)	Jan 2020	BLACK	Pending clinician request
Hyoscine hydrobromide patahes	Jan 2020	BLACK	BLACK for use in the treatment of travel sickness
Talazoparib (Talzenna)	Jan 2020	RED	As per NHSE commissioning intentions
Nicotine (Voke)	Jan 2020	BLACK	Await national guidance
Zanamivir (Dectova)	Jan 2020	BLACK	Pending clinician request
Cannabidiol with clobazam	Jan 2020	RED	As per NICE TA614: For treating seizures associated with Dravet syndrome in people aged 2 years and older
Cannabidiol with clobazam	Jan 2020	RED	As per NICE TA615: For treating seizures associated with Lennox–Gastaut syndrome in people aged 2 years and older

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.