

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS North Derbyshire, South Derbyshire, Hardwick and Erewash clinical commissioning groups, Derbyshire Community Health Services Trust, Derbyshire Healthcare Foundation Trust, Derby and Chesterfield Royal Hospitals. It provides recommendations on the prescribing and commissioning of drugs.

See <http://www.derbyshiremedicinesmanagement.nhs.uk/home>

KEY MESSAGES FROM THE JAPC JANUARY 2014 MEETING

CLINICAL GUIDELINES ([LINK](#))

Neuropathic pain – Local guidance which was broadly in line with NICE CG173 has been updated with some minor changes. A trial of amitriptyline and gabapentin are still first line choices and remain cost effective treatment options. In contrast to NICE, JAPC continues to recommend the initiation and continuation of tramadol and morphine in a primary care setting. Primary care prescribers are warned about the potential risks of dependency with opioids. Opioids should only be started after careful assessment and referral should be considered. Prescribers should continue to note that morphine dose should not exceed 120mg per day without specialist input and that the use of immediate release opioid preparations has little or no place in therapy.

SHARED CARE ([LINK](#))

None

DAPOXETINE – BLACK

JAPC last month noted that dapoxetine is the first licensed treatment for premature ejaculation and is being actively promoted locally and nationally by the pharmaceutical industry. To support prescribers of the decision to classify dapoxetine as a BLACK drug 'not recommended or commissioned locally, a [position statement](#) of the drug and a prescribing guideline for premature ejaculation has been produced. The prescribing guideline includes well recognised pharmacological agents being used off-label.

MODAFINIL

Modafinil should only be prescribed following specialist initiation for the licensed indication of narcolepsy and narcolepsy secondary to Parkinson's disease (as agreed locally). Its use outside of licensing is supported by little or no evidence. Audits from GP clinical systems across South Derbyshire show wide indications of prescribing, but predominantly for the indication of fatigue in multiple sclerosis (MS). JAPC has taken the steps of informing the appropriate secondary care prescribers in Derbyshire and the Nottingham Area Prescribing Committee (Nottingham being host to the specialised MS service) that new patient requests for modafinil for unlicensed indications will be declined. Primary care prescribers should review existing patients and refuse initiation of modafinil for non-licensed indications.

MEDICAL DEVICES

The drug tariff lists a section on a range of medical devices most of which have not been formally traffic lighted and unlike drugs never been assessed by JAPC. Medical devices cannot be marketed in Europe without carrying a CE marking. This marking is assigned when the device meets the relevant regulatory requirements and, when used as intended, works properly and is acceptably safe. Unlike drugs there appears to be no requirement to show clinical efficacy. Where efficacy is demonstrated in trials it is supported by low level evidence and not to the rigor required of drugs. Three devices (vaginal dilators, therabite jaw device and single negative wound therapy) were considered by JAPC this month all of which have been classified as **RED**. The provider organisations of JAPC recognised and agreed with CCG commissioners that prescribing of medical devices goes largely unregulated and poses a financial risk to our health economy. In future requests for new medical devices will be considered on similar principles of new drugs. For primary care prescribing of these devices, JAPC requires a formal application that is supported by the appropriate provider organisation. A new section in the database now lists decisions by JAPC of medical devices ([TRAFFIC LIGHT DATABASE](#))

MENINGOCOCCAL B VACCINE – BLACK

The Joint Committee on Vaccination and Immunisation in July 2013 issued a position statement on the meningitis B vaccine (Bexsero) stating "current evidence is insufficient to support a recommendation for the introduction of Bexsero as a routine for adolescent immunisation". As a new product launch this month and until national guidance is clear JAPC classifies this vaccine as **BLACK**.

Drug	BNF	Date considered	Decision	Details
Capsaicin cream 0.075%	10.3.2	January 2014	GREEN	Topical treatment (not 1 st line) for post herpetic neuralgia only
Capsaicin cream 0.075%	10.3.2	January 2014	RED	Painful diabetic neuropathy
Duloxetine (for diabetic neuropathic pain)	7.4.2	January 2014	GREEN	No longer requires specialist initiation
Vaginal dilators	Not listed	January 2014	RED	Vaginal stenosis associated with radiotherapy
Therabite jaw device	Not listed	January 2014	RED	Treatment of trismus (tightening of jaw opening)
Single Negative pressure wound therapy (e.g. PICO)	Not listed	January 2014	RED	Use includes wound healing in diabetic foot ulcers and pressure ulcers.
Modafinil	4.4	January 2014	GREEN (after specialist initiation)	In the treatment of narcolepsy and narcolepsy secondary to Parkinson's disease (clarification of previous decision - full traffic light database)
Lomitapide	Not listed	January 2014	BLACK	High cost drug to treat the rare homozygous familial hypercholesterolemia that requires genetic testing.
Meningitis B vaccine	Not listed	January 2014	BLACK	JCVI concludes on current evidence it is insufficient to support a recommendation for the introduction as a routine to adolescent immunisation

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.

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 are not recommended or commissioned