

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 JULY 2013 MEETING

GUIDELINES ([link](#))

- Guidance on the management of Clostridium Difficile infection in primary care (updated)

SHARED CARE GUIDELINES ([LINK](#))

- The shared care agreement of modafanil for narcolepsy has been removed and the drug reclassified from amber to green specialist initiation. The clinical monitoring of BP and heart rate is part of standard care in hypertensive patients. Its status is green specialist initiation to treat narcolepsy in Parkinson disease (PD) patients and black in all other conditions.
- Memantine for the treatment of Alzheimer's disease associated dementia (not for Lewy Body dementia or Parkinson's disease associated dementia)- updated to give clarity on GP responsibilities regarding co-ordination of the reviews with the consultant/specialist.

PATIENT GROUP DIRECTIONS (PGDs) ([LINK](#))

- Meningococcal Group C vaccine (updated to include changes to the administration schedule).
- A new rotavirus immunisation vaccine has been introduced into the childhood immunisation schedule to protect babies.

LIXISENATIDE ([GREEN FOR TRAINED SPECIALIST](#))

Lixisenatide is the third GLP1 mimetic option used in the treatment of type 2 diabetes. Further GETGOAL studies in addition to those reviewed by NICE has led JAPC members to agree it as a cost effective option ahead of exenatide and liraglutide. Unlike exenatide and liraglutide it is not covered by a NICE technology appraisal (TA), however the criteria for initiation, continuation and stopping of the replaced GLP1 TA apply. Prescribing should be by trained specialists or under the agreement of shared care. The diabetes guideline is being updated to reflect this advice and also to include the dapagliflozin in the treatment pathway.

FLUENZ (INTRANASAL INFLUENZA VACCINE)

Fluenz traffic light status has been reclassified from black to green recognising the national phased flu programme to vaccinate children. It is green for use in children aged 2-17 year old in the groups recommended by Public Health England (PHE). PHE have stated that Fluenz will be supplied for ALL 2-3 year old both healthy and in the at risk groups) and practices can order these from Immform. For children aged 4 to 17 year old in the seasonal flu at risk groups, Fluenz should be purchased by GPs directly from the manufacturer. For practices that have pre-ordered inactivated vaccine for children aged 2 to 17 year old in the at risk groups, they are advised to use this for other eligible groups and use them in the event of supply problems. JAPC acknowledges the lateness of this advice from NHSE.

STRONTIUM

Strontium has been reclassified from green to green specialist initiation following MHRA advice in April 2013; risk of cardiac disorders, restricted indications, new contraindications and warnings and the recommendation that treatment should only be initiated by a physician with experience in the treatment of osteoporosis.

DUNDEE REFLECTANT SUN CREAM

Dundee cream is a recognised unlicensed special treatment option listed by the British Association of Dermatology (BAD). It provides total sunblock for photosensitive skin diseases (as per ACBS guidance). Due to its unlicensed nature community pharmacies will need to order this direct from the manufacturer Tayside Pharmaceuticals (telephone number 01382 632052)

NICE CG 164 FAMILIAL BREAST CANCER ([LINK](#))

Recent press reports have highlighted for the first time that some patients will be offered familial breast cancer preventative treatment with tamoxifen or raloxifene. GPs will need to familiarise themselves with this guidance and when to refer patients. The decision to treat is based on a risk calculation and where appropriate genetic testing. GPs should follow secondary care prescribing advice. Patients requiring treatment will be treated for 5 years.

DRUG SAFETY UPDATE- DICLOFENAC

Prescribing advice for diclofenac ([MHRA June 2013](#)) now states new contraindications and warnings after a Europe-wide review of cardiovascular safety. This is a significant change to its licensing. This is further evidence to support practices in reviewing patients on diclofenac.

It is contraindicated in patients with established: ischaemic heart disease, peripheral arterial disease, cerebrovascular disease, congestive heart failure (NYHA classification II-IV). Patients should be switched to an alternative treatment at their next routine appointment. Diclofenac should only be initiated after careful considerations for patients with significant risk factors for cardiovascular events (e.g. hypertension, hyperlipidaemia, diabetes mellitus, and smoking).

Patients, prescribers and pharmacists need also be alert to the advice for over the counter diclofenac preparations.

Drug	BNF	Date considered	Decision	Details
Lixisenatide	Not listed	July 2013	Green (trained specialists)	Preferred GLP1 in formulary. Initiation and continuation follow NICE TA criteria of exenatide and liraglutide. Green for trained specialists
Strontium	6.6.1	July 2013	Green (following specialist initiation)	Following MHRA advice April 2013 requiring specialist initiation
Dapagliflozin	6.1	July 2013	Brown (specialist initiation)	Treatment option as per NICE TA 288.
Fluenz	14.4	July 2013	Green	Reclassified from black. Green for 2-17 year olds in NHSE immunisation programme
Fluarix <u>tetra</u>	Not listed	July 2013	Black	Quadravalent vaccine not mandated in seasonal flu plan
Modafanil	4.4	July 2013	Green (following specialist initiation)	Reclassification from amber. Treat narcolepsy in PD patients. Black for all other indications
Nalmefene	Not listed	July 2013	Red	Reduction of alcohol dependence in adults
Ranibizumab	11.8.2	July 2013	Red	NICE TA 283 – visual impairment caused by macular oedema
Bevacizumab	8.1.5	July 2013	Black	NICE TA 284 & 285 – cancer treatments
Loxapine inhalation	Not listed	July 2013	Black	NICE TA 286- treating acute agitation and disturbed behaviours
Dundee cream (reflectant sun creams)	Not listed	July 2013	Brown (specialist recommendation)	Special cream recommended by BAD. Patients must fulfil ACBS criteria
Pegloticase	Not listed	July 2013	Black	NICE TA 291 for treating severe debilitating chronic tophaceous gout
Ruxolitinib	8.1	July 2013	Black	NICE TA 289 for disease-related splenomegaly or symptoms in adults with myelofibrosis

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