

### 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 JUNE 2013 MEETING

##### GUIDELINES ([link](#))

- Oral anticoagulation guideline to support level 4 anticoagulation management service – **updated to give concise clinical advice**
- Antimicrobial treatment guidelines – **updated with HPA and local prescribing advice**
- Glaucoma management – **updated with new advice on preservative free prostaglandins**
- Antiplatelet treatment guideline (NSTEMI/ STEMI) Southern Derbyshire & RDH – **updated with no changes**

##### SHARED CARE GUIDELINES ([LINK](#))

- Rivastigmine – For the drug management of behavioural problems and psychosis in patients with Parkinson's disease Dementia Complex – **updated no changes**

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

- Vitamin K PGD to support the primary care oral anticoagulation management service (updated)
- JAPC are in agreement that the following PGDs when used for travel vaccination be removed or reference to it within the document;
  - **Men ACWY Vax, Rabies, Hepatitis B** and **combined Hep A and B vaccines**. These are not normally provided on the NHS but privately through a travel clinic or private travel service. Patients with renal insufficiency are now recommended to be vaccinated under a patient specific direction although previously this had been under a PGD
- JAPC agreed the following PGDs for NHS use;
  - **Hepatitis A for adults and children, Hepatitis B for adults and children, Hepatitis A with typhoid** and **Typhoid vaccine**

##### RIFAXIMIN (**GREEN AFTER SPECIALIST INITIATION**)

Rifaximin now has a licensed form used in the treatment and prophylaxis of hepatic encephalopathy when standard medical care (lactulose, enemas, neomycin, norfloxacin) has been unsuccessful. The drug requires no special monitoring itself but the patient's condition does. Patients are followed up and will remain under the overall care of a consultant/specialist gastroenterologist. The gastroenterologist will assess patient's on-going treatment needs and liaise with the GP any required changes.

##### FLUTICASONE 50MG/ AZELASTINE (DYMISTA) NASAL SPRAY (**BLACK**)

Fluticasone 50mg / azelastine 137mg is a newly launched combination nasal spray licensed for the relief of moderate to severe seasonal and perennial allergic rhinitis if monotherapy with either intranasal antihistamine or glucocorticoid is not considered sufficient. JAPC considered carefully the advantage of this product over existing formulary choices. JAPC endorses a stepwise escalation of therapies based on symptoms and response using the most cost effective treatment. The product under review is significantly more expensive than other nasal sprays and the same combination prescribed individually.

##### FLUTTER DEVICE (**BLACK**)

Flutter is a medical device listed in the drug tariff used to assist in the clearance of sputum. During discussions it was noted that the Clinical Commissioning Policy Group had also undertaken a review (on behalf of the 4 CCGs) concluding such cough assist devices are not commissioned. JAPC agreed for consistency in decisions already made to classify this as black. Physiotherapists should not make any requests for primary care prescribing of this or similar devices.

##### SUBCUTANEOUS DEPO-MEDROXYPROGESTERONE (**RED**)

Sayana Press is a newly launched depo subcutaneous medroxyprogesterone injection. The key differences between this formulation and the familiar Depo-Provera being the nature of injection and the 13 week follow up compared to the IM product being 12 weekly. It has been suggested as an advantage over the current IM injections that patients may self-administer, but this is off license and not endorsed by JAPC. For this reason and to allow specialists experience it has been classified as red.

##### JAPC REVIEW

In May the Joint Area Prescribing Committee undertook a fitness for purpose exercise to scope its functions, membership and processes within the new NHS structure. Transparency of the group is a key item being addressed; details of how the group works and how decisions are made will appear on the medicines management website soon.

**Comments? Contact the JAPC secretary – [Slakahan.dhadli@southernderbyshireccg.nhs.uk](mailto:Slakahan.dhadli@southernderbyshireccg.nhs.uk)**

Drug	BNF	Date considered	Decision	Details
Fluticasone/ azelastine nasal spray (Dymista)	12.2.1	June 2013	Black	Combination nasal spray. Not considered cost effective
Flutter device	Not listed	June 2013	Black	Medical device to assist in the clearance of sputum.
Subcutaneous depo-medroxyprogesterone	Not listed	June 2013	Red	New formulation administered subcutaneously 13 weekly. Specialists gaining experience
Rifaximin (hepatic encephalopathy)	5.17	June 2013	Green (following specialist initiation)	Treatment and prophylaxis of hepatic encephalopathy
Rosuvastatin	2.12	May 2013	Brown (Specialist recommendation)	See FH policy for prescribing details
Abatacept	10.1.3	May 2013	Red	NICE TA 280 – for RA after conventional DMARDS
Pifenidone	Not listed	May 2013	Red	NICE TA 282- treating idiopathic pulmonary fibrosis
Linaclotide	Not listed	May 2013	Black	Treatment of IBS with constipation
Canakinumab	8.2.4	May 2013	Black	NICE TA281 terminated appraisal for gout

**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

#### 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.