

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 MAY 2014 MEETING

CLINICAL GUIDELINES ([LINK](#)) AND PGDS

1. Managing Behaviour Problems in Patients with Dementia (BPSD) has been updated with no major changes.
2. Cellulitis treatment pathway allowing IV use of antibiotics in primary care by Chesterfield rapid response team has been updated with no major changes. The service covers patients in North Derbyshire and Hardwick CCGs.
3. Management of recurrent urinary tract infections in adult females (non-pregnancy). This is a new guideline following wide consultation with microbiologists and urologists. Useful information includes the use of prophylactic antibiotics and treatment length.
4. The Patient Group Direction for levonorgestrel- updated with no major changes

SHARED CARE ([LINK](#))

1. The licensed Buccolam is now the preferred product for buccal midazolam in children and adults (off license use) across Derbyshire. The dual traffic light classification supports the transition for service provider trusts to move over to one product and allows time to the updating of provider protocols and training packages. Epistatus has been classified as **BROWN** and Buccolam as **GREEN** both following specialist initiation. For patients currently prescribed Epistatus, GPs should not switch patients; they should continue to prescribe the product the specialist has recommended for each patient until the specialist changes it. Prescribers should note the differences in strengths of the two products.
2. GLP1 agonists have been re-classified from amber to **GREEN** as experience with the use of these products has grown. The diabetes guidance is being updated and the detailed content on GLP1 agonist use will remain in the diabetes guidance to support prescribers with initiation, review and place in the treatment pathway. Lixisenatide remains the preferred GLP1 agonist. For prescribers not trained in their use, they should seek support from the wider NHS team, including peers within their practice, GPs and diabetes specialist nurses.

WEBSITE

Following consultation on the Derbyshire Medicines Management website, we are pleased to announce that an improved website has now been launched. The web address and the general look of the website remains the same however you will notice some significant improvements in its functionality, including an improved search function.

METOCLOPRAMIDE (LONG TERM USE IN GASTROPARESIS AND OTHER GASTRIC OUTLET IMPAIRMENT) ([LINK](#))

A Derbyshire wide position statement has been issued in consultation with consultant gastroenterologists recognising the limited role of metoclopramide in long term prescribing. A further JAPC guideline will be issued following the findings of QTc prolongation with domperidone which will restrict its use.

BRIMONIDINE GEL – **RED**

Rosacea is a common non-life threatening chronic relapsing condition. Concerns over safety and affordability has restricted the use of brimonidine gel to dermatologists, reflecting allowed use in moderate/ severe cases, where quality of life is severely impaired.

INDACATEROL AND GLYCOPYRRONIUM INHALER (ULTIBRO) **BLACK**

This is a new fixed dose combination of LABA and LAMA licensed for maintenance bronchodilator symptoms in adults with COPD. Reviews of the individual components have been undertaken in previous JAPC meetings (tiotropium preferred to glycopyrronium and indacaterol not recommended at all). Trial evidence from key studies showed some small statistical significant improvements in primary and secondary outcomes versus active comparators and placebo but the clinical importance of these differences are unclear. Prescribers should refer to the local COPD guideline on drug choice.

LUBIPROSTONE – **BLACK**

JAPC were unable to establish the place of lubiprostone in the treatment of chronic constipation. A DTB review shows more cost effective treatment options which are supported by national guidelines. Use in patient's refractory to other treatments and comparative data with standard treatments is lacking.

SILDENAFIL

The launch of avanafil and the possibility of relaxed criteria for the NHS prescribing of sildenafil for erectile dysfunction (ED) prompted a review into this class of drugs. Sildenafil has been formally classified as **GREEN** 1st line use to treat ED. All other PDE5 inhibitors are **BROWN** with choice dependent on cost if sildenafil is not tolerated or contraindicated. Formulations such as chewable and orodispersible are more expensive and should be reserved for those with true dysphagia with choice based on cost.

Drug	BNF	Date considered	Decision	Details
Metoclopramide	4.6	May 2014	Brown (for long term use in gastroparesis on specialist initiation)	A Derbyshire wide position statement to allow long term prescribing in patients with gastroparesis and other gastric outlet impairment.
Pioglitazone	6.1.2.3	May 2014	Brown	Reclassified from green to brown (reflecting ongoing safety concerns)
Buccal midazolam (Buccolam for children and adults)	4.8.2	May 2014	Green after specialist initiation	Derbyshire is moving to one preferred buccal midazolam product (the licensed version), for use in both adults (off- licence use) and children (licensed use).
Buccal midazolam (epistatus for adults)	Not listed	May 2014	Brown after specialist initiation	Derbyshire is moving to one preferred buccal midazolam product (buccolam the licensed version) in both adults and children
GLP1 agonists (Lixisenatide/liraglutide/exenatide)	6.1.2.3	May 2014	Green	Diabetes guidance includes supporting material for prescribers. Lixisenatide remains the preferred GLP1 agonist.
Vacuum pumps	Not listed	May 2014	Red	Requires assessment of condition and training on use of device for erectile dysfunction as per SLS criteria
Penile constrictor rings (for use with vacuum pump)	Not listed	May 2014	Green after specialist initiation	Used in the treatment of erectile dysfunction in patients meeting SLS criteria
Sildenafil	7.4.5	May 2014	Green	Preferred drug choice to treat erectile dysfunction as per SLS criteria
Tadalafil/vardenafil/avanafil	7.4.5	May 2014	Brown	Sildenafil is the drug of choice to treat erectile dysfunction as per SLS criteria. 2 nd line options should be chosen on cost
Pregabalin	4.8.1	May 2014	Green specialist initiation for GAD	Specialist initiation where SSRIs or venlafaxine are ineffective, poorly tolerated or considered clinically inappropriate
Brimonidine gel	Not listed	May 2014	Red	Indicated for the symptomatic treatment of facial erythema of rosacea in adults where quality of life is severely impaired by the rosacea, and alternative treatments are not suitable
Dapsone	5.1.10	May 2014	Red	Remains under dermatologist care and requires blood monitoring
Diazoxide	6.1.4	May 2014	Red	Indicated for chronic intractable hypoglycaemia
Mexiletine	2.3.2	May 2014	Red	Use for life-threatening ventricular arrhythmias
Sofosbuvir/Ledipasvir/Dalatasvir	5.3	May 2014	Red	Hep C treatment
Fentanyl (lozenges/tablets/ buccal film and sublingual tablets)	4.7.2	May 2014	Brown after specialist palliative care initiation	Non transdermal preparations BROWN recognising limited use in cancer patients. Requires specialist initiation and a titration process. Not classified as RED to allow access in primary care if needed.
Lubiprostone	1.6.7	May 2014	Black	New drug class (chloride channel activator) to treat chronic idiopathic constipation and associated symptoms
Indacaterol and glycopyrronium combination inhaler (Ultibro)	Not listed	May 2014	Black	Indacaterol inhaler is non-formulary. Glycopyrronium inhaler not 1 st line LAMA. Limited clinical benefit over active comparators
Vibro- Pulse (disposable covers)	Not listed	May 2014	Black	Medical device with limited evidence used in the treatment of cellulitis and venous leg ulcers
Permetrexed	Not listed	May 2014	Black	As per TA 309
Afatanib and Bortezomib	8.1	May 2014	Red	As per TA 310 and 311
Macitentan and Riociguat	2.5	May 2014	Red	High cost drugs PBR excluded
Aripiprazole (depot)	4.2.2	May 2014	Red	

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

Comments? Contact the JAPC secretary – Slakahan.dhadli@southernderbyshireccg.nhs.uk