

## 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 2014 MEETING

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

1. Antimicrobial Treatment Guidelines & Diagnosis and Management of Lower UTI guidance have been updated. Prescribers should note the following; new recommended doses of amoxicillin in children and in severe infection. Pivmecillinam (a penicillin that can be used in patients with renal impairment) is now included as a 2nd line treatment for lower UTIs that are resistant to trimethoprim, nitrofurantoin and amoxicillin.
2. In UTI infection treatment the modified release formulation of nitrofurantoin is now recommended as the most cost effective option (100mg MR bd).
3. Management of *Clostridium difficile* in primary care- updated guideline clarifying the role of vancomycin to treat recurrence and advice on obtaining supplies promptly
4. Diabetes guideline- local guidance has been updated with significant changes. Examples include re-classification of drug choices (see gliptins), and the move away from generalised HBA1c targets with more individual patient focus and general guidance in line with NICE recommendations. This is a Derbyshire wide guideline produced in collaboration with CRH & RDH diabetologists and GPSIs.
5. Compression Hosiery guideline has been produced which prescribers will hopefully find clear guidance in giving appropriate quantities, the differences in classes and avoiding high cost 'made to measure' stockings where appropriate.
6. Guidance on the appropriate use and prescribing of infant formula in primary care has been updated with minor changes. Prescribers will find useful usual quantities given and advice on stop dates/challenge to diagnosis.

#### ADHD SHARED CARE GUIDELINES

A single ADHD shared care now replaces the previous adult and children's. This joint version includes an update with the addition of lisdexamfetamine, doses of dexamfetamine in line with BNF for children and clarity on the monitoring requirements and responsibilities between GP and specialist/consultant.

#### SILK GARMENTS (DERMASILK/ DREAM SKIN) (BROWN ON SPECIALIST INITIATION)

Silk garments are expensive appliances listed in the drug tariff. There is much uncertainty on the cost effectiveness and clinical effectiveness of these and usage is therefore restricted to a limited group of patients with severe eczema after specialist initiation and assessment of efficacy.

#### ANTI-EPILEPTIC MEDICINE PRESCRIBING AND MHRA ADVICE

JAPC were updated on the progress to implement recent [MHRA advice](#) with regards prescribing of anti-epileptics. Whilst GP clinical systems have been updated with the brand and/or generic manufacturer of the patient's usual brand for category 1 drugs, the availability of the many different manufacturer of generics and patients requiring continued supply of the same preparation has proved challenging. This is particularly noted at the interface between primary and secondary care. To help overcome these patients should be encouraged to take with them adequate supplies for their anti-epileptic medicine into secondary care. Implementation of this MHRA guidance is recognised as a local and national problem.

#### Adrenaline auto-injector MHRA advice

Prescribers are asked to take note of the [MHRA advice](#) advising patients prescribed adrenaline auto-injectors to now carry two devices with them at all times and to give a second dose if required.

#### SILICA GELS AND SHEETS BLACK

JAPC considered a 2013 Cochrane review of silicone gel sheets for the prevention of hypertrophic or keloid scarring with newly healed wounds (e.g. post-surgery) and for the treatment of established scarring with existing keloid or hypertrophic scars. Such treatments are supported by weak and biased studies. Prescribing is not recommended and prescribers should be aware of the many listed items in the drug tariff (see below).

#### CLASSIFICATION AND RE-CLASSIFICATION OF DRUGS AND APPLIANCES

JAPC noted concerns from provider organisations with the problems that can sometimes arise by traffic light classification and reclassification between the date of a decision and the time required necessary to implement. JAPC noted this and will continue to make timely decisions and be mindful of the challenges to implement. Decisions to move prescribing from one care setting to another should be done in a seamless way to minimise any impact on patient care.

Drug	BNF	Date considered	Decision	Details
Silk garments	Not listed	June 2014	<b>Brown (specialist initiation)</b>	Silk garments use is restricted in patients with severe eczema (examples include DermaSilk, DreamSkin, Skinnies) after specialist initiation and assessment of efficacy
Elastolabo gel	Not listed	June 2014	<b>Black</b>	Gel appliance indicated for use with antenatal perineal massage.
Linaclotide	1.6.7	June 2014	<b>Red</b>	Re-classified from BLACK to RED. Gastroenterologists see a limited role in hard to treat patients. Restricted to secondary care to assess safety and identify appropriate hard to treat patient group.
Virulite cold sore machine	Not listed	June 2014	<b>Black</b>	Light therapy device for treating herpes labialis
Silica gel/sheets	Not listed	June 2014	<b>Black</b>	Prevention and treatment of hypertrophic and keloid scarring (e.g Advasil, Bapscarare S and T, Cica Care, Ciltech, Dermatix, Mepiform, Newgel, Scar Fx, Silgel, BAP Scar Care, Kelo-cote. NewGel+E, Pro-Sil, ScarSil, Silderm and Zeraderm)
Pivmecillinam	5.1	June 2014	<b>Green (2<sup>nd</sup> line)</b>	2 <sup>nd</sup> line treatment for UTIs that is resistant to trimethoprim, nitrofurantoin and amoxicillin.
Sitagliptin	6.1.2.3	June 2014	<b>Green (preferred 1<sup>st</sup> line DPP4 inhibitor)</b>	Preferred 1 <sup>st</sup> line DPP4 inhibitor as per diabetes guidance
Linagliptin	6.1.2.3	June 2014	<b>Green (alternative 1st line DPP4 inhibitor)</b>	Alternative 1st line DPP4 inhibitor in hepatic/ renal impairment as per diabetes guidance
Other gliptins (saxagliptin, alogliptin and vildagliptin)	6.1.2.3	June 2014	<b>Green</b>	See diabetes guidance- sitagliptin and linagliptin are preferred 1 <sup>st</sup> line choices
Alemtuzumab	Not listed	June 2014	<b>Red</b>	As per NICE TA312- treating active relapsing multiple sclerosis
Ustekinumab	13.5.3	June 2014	<b>Black</b>	As per NICE TA 313- psoriatic arthritis (alone or in combination with MTX)

#### 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