

Derbyshire JAPC Annual Report

April 2012- March 2013

www.derbyshiremedicinesmanagement.nhs.uk

Introduction

The purpose of the committee

JAPC is an important strategic network with the responsibility for promoting cost-effective use of medicines and supporting functional integration in healthcare delivery. Each of its stakeholder organisations/bodies will gain benefit from working in a co-ordinated manner.

Aims of JAPC

JAPC is a strategic committee with responsibility for promoting appropriate, safe, rational, and cost-effective use of medicines in Derby and Derbyshire. JAPC has delegated decision-making responsibility for pharmaceutical governance on behalf of Integrated Governance for the four Clinical Commissioning Groups (CCG) within Derbyshire. Decisions will represent standards of good practice, and are normally expected to be implemented. JAPC has no delegated responsibility for resource allocation.

JAPC's key aims are:

1	To ensure high standards of pharmaceutical governance
2	To maintain an area drug formulary
3	To maintain the traffic light classification for prescribing responsibility
4	To develop local clinical guidelines and shared care guidelines for amber drugs
5	To advise on implementation of NICE guidance/guidelines that concern drug use
6	To advise on the commissioning and provision of new drugs and new indications
7	To review key clinical trials and advise on their implications

Membership

The JAPC serves the following participating organisations:

- NHS Southern Derbyshire CCG
- NHS North Derbyshire CCG
- NHS Hardwick CCG
- NHS Erewash CCG
- Derbyshire Community Health Services NHS Trust (DCHS)
- Chesterfield Royal Hospital NHS Foundation Trust (CRH)
- Royal Derby Hospitals NHS Foundation Trust (RDH)
- Derbyshire Healthcare NHS Foundation Trust (DHcFT)

Membership of the committee comprises a wide variety of professional, clinical, commissioning, managerial, and organisational backgrounds.

Attendance

Throughout the year JAPC achieved full quoracy, and therefore no meetings were cancelled.

Drugs classified under the Traffic Lights System (April 2012 – March 2013)

BLACK (21/79)	BROWN (17/79)	RED (22/79)	AMBER (2/79)	GREEN (17/79)
<i>Not recommended or commissioned</i>	<i>Not recommended for use except in exceptional circumstances</i>	<i>Hospital/specialist only</i>	<i>Shared care</i>	<i>Suitable for primary care</i>
Insujet	linagliptin	Ibandronate 50mg	Rivaroxaban (for use in VTE in IV drug users)	Prasugrel (cardiologist initiation – to be stopped after one year)
Glucosamine (re-classified from Brown)	Preflucel (for people with confirmed egg allergy)	Rifaximin (for hepatic encephalopathy)	Denosumab	Ticagrelor (cardiologist initiation – to be stopped after one year)
Rifaximin (for traveller diarrhoea)	Eribulin	Telaprevir		Fenticonazole
Zoster vaccine live (Zostavax)	Azilsartan medoximil	Boceprevir		Pro D3
Anitoxidants for AMD	Liothyronine for endocrinology. (specialist initiation)	Fingolimod		Fultium
Cabazitaxel	Fluitform	Ulipristal acetate (ESMYA)		Metolazone (specialist initiation only)
Hyaluronic acid injections	Acenocoumarol	Rivaroxaban (for all indications other than AF)		Rivaroxaban (for AF, see local guidance)
Ivacftor	Aclidinium	Fidaxomicin		Dabigatran (for AF, see local guidance)
Pelvic Toner	Prucalopride (reclassified. Gastro specialist initiation as monotherapy)	Imiquimod cream		HydroCaine
Sodium Oxybate	Tiotropium (Spiriva) Respimat (re-classified)	Alteplase (for stroke)		Intra-nasal triptans for paediatric use (specialist initiation)
Bevacizumab (for first-line treatment of metastatic breast cancer)	Glycopyrronium bromide inhaler (second line LAMA)	Denosumab (for skeletal metastases)		Bicalutamide (specialist initiation)
Capecitabine (for first-line treatment of metastatic breast cancer)	Aclidinium inhaler (third line LAMA)	Pyrimethamine with sulfadiazine		Ivabradine for heart failure (specialist initiation)
Adalimumab (for ulcerative colitis)	Ezetimibe (as per NICE TA132)	Mannitol dry powder		Fluoxetine in children licensed in 8-18 years (specialist initiation)
Hydrocortisone MR (plenadren)	Omega 3	Ivacftor (reclassified from Black)		Atorvastatin 10mg (second line to simvastatin 40mg)
Racecadotril	Fosfomycin (on recommendation of a consultant microbiologist)	Ipilimumab (as per TA268)		Atorvastatin 80mg for ACS
Intrinsa (testosterone patch)	Circadin (Metatonin 2mg MR) (specialist initiation for off licence use in disabled children and CAMHs patients)	Vemurafenib (as per TA269)		Cerelle (first line desogestrel preparation)
Decitabine (as per TA270)	Saxagliptin	Degarelix		Rivaroxaban (specialist initiation for DVT/PE)
Fluocinolone (for NICE TA 271)		Bromfenac		
Vinflunine (for NICE TA 272)		Loteprednol		
Tadalafil (for NICE TA 273)		Apixaban		
Co-enzyme Q10 (for all indications except FA)		Ranibizumab		
		Co-enzyme Q10		

Clinical guidelines ratified:

- Rivaroxaban for DVT/PE (March 2013)
- Clozapine (February 2013)
- Adult asthma management (November 2012)
- Amiodarone monitoring policy (November 2012)
- Chlamydia and management of infection in Derbyshire (November 2012)
- Continence appliance prescribing guidelines (October 2012)
- Insulin management in type 2 diabetes (October 2012)
- Prescribing guidelines (October 2012)
- Glaucoma (September 2012)
- Atrial Fibrillation (September 2012)
- Dyspepsia (September 2012)
- Pregnant women and neonates in contact with chicken pox and shingles (August 2012)
- Prevention of stroke and systemic embolism in AF with warfarin and new oral anticoagulants (July 2012)
- Guideline flowchart for anti-platelet therapy in non-ST elevation ACS (July 2012)
- Oxygen guidelines (July 2012)
- ADHD for adults (June 2012)
- Apomorphine (June 2012)
- Use of suppressive aciclovir in patients with recurrent genital herpes (May 2012)
- Cost effective prescribing of oral Vitamin D (May 2012)
- Antipsychotics – physical monitoring (May 2012)

Shared care agreements ratified:

- Melatonin (March 2013, extended to September 2013)
- Acamprosate (March 2013)
- Nebulised Colomycin (March 2013)
- Denosumab for prevention of osteoporotic in post-menopausal women (December 2012)
- Phosphate binders (December 2012)
- Rivaroxaban for the treatment of DVT and prevention of recurrent VTE events in IV users (November 2012)
- Bicalutamide (November 2012)
- Somatostatin analogues (lanreotide and Octreotide) (November 2012)
- Somatropin (November 2012)
- Management of ADHD in childhood (August 2012)
- Paediatric buccal midazolam (August 2012)

Other recommendations and decisions

Shared care template – updated

Patient group directions ratified:

- PGD for meningococcal Group C vaccine (September 2012)
- PGD for measles, mumps and rubella vaccine (live) (September 2012)
- PGD for pneumococcal conjugate vaccine (September 2012)
- PGD pneumococcal polysaccharide vaccine (September 2012)
- PGD for Hib/Meningococcal Group C combined vaccine (September 2012)
- PGD for combined diphtheria, tetanus, acellular pertussis, inactivated polio (September 2012)
- PGD for combined diphtheria, tetanus, acellular pertussis, inactivated polio vaccine and Hib (September 2012)

- PGD for combined low-dose diphtheria, tetanus, acellular pertussis and inactivated polio vaccine (September 2012)
- PGD for combined low-dose diphtheria, tetanus, and inactivated polio vaccine (September 2012)
- PGD for human papillomavirus vaccine (cervarix) (August 2012)
- PGD for human papillomavirus vaccine (Gardasil) (August 2012)
- PGD for trivalent seasonal influenza vaccine (August 2012)
- Levonelle 1500mg (June 2012)

Expiry dates of County PGDs extended to May/June 2012 allowing guidelines to be updated and merged with City for Derbyshire wide.

NICE

NICE Technology Appraisals

JAPC actively assigned traffic light classification for all new NICE TA drugs. All positive TAs were classified as RED; all negative or terminated drug appraisals for TAs were classified as BLACK. All TA published between April 2011 and October 2012, were assessed and appropriate classifications assigned to the drugs.

Evidence summaries: Unlicensed/off label use of medicines by NICE

NICE began producing evidence summaries on unlicensed and off label medicines. The guideline group are to decide which summaries are brought to JPAC.

- Hypomagnesaemia and unlicensed/off label use of oral treatments - brought to JAPC for review.

Monthly horizon scan

All new drug launches were highlighted to JAPC, with drugs being either classified on a temporary basis or not classified until requested from an appropriate clinician.

Use of licensed liquids

JAPC was informed about the increasing use of licensed liquids in place of crushing equivalent tablets or using unlicensed liquid special. The cost of these licensed liquids is extremely expensive and the MHRA guidance does not support crushing of tablets. JAPC acknowledged the cost pressure; clinicians would decide the choice of formulations after an informed discussion with the patient.

QIPP switching of dipyridamole to clopidogrel following TIA.

JAPC approved the QIPP switching of dipyridamole to clopidogrel following TIA. This approach was expected to produce significant cost saving.

Osteoporosis risk tools – FRAX/Qfracture

NICE have endorsed the use of two risk tools - FRAX and Qfracture for osteoporosis. JAPC agreed to the risk fracture tools for decision making on scanning but not for treatment.

Guidance on prescribing in primary care

The guidance brought together all the possible prescribing situations/issues into one document and was ratified by JAPC.

Driver and vehicle licensing agency and blood glucose monitoring

JAPC noted the increase in glucose monitoring requirements. The document was incorporated into the diabetes guidance.

Never events

Never events were very serious, largely preventable patient safety incidents that should never happen to NHS patients. Providers and commissioners made aware of the list of 'never events'

Generic prescribing of pioglitazone

JAPC approved the prescribing and dispensing of generic pioglitazone.

Luteinising hormone releasing hormone analogue.

Rebate scheme accepted for leuprorelin for prostate cancer for three years, producing £368k saving back to the PCT.

Drugs of limited clinical value

It was proposed that all DLCV would include generic reasons for their classification in the list. Some drugs were reclassified to allow restricted access.

Perindopril

RDH has requested a classification for perindopril for stroke patients. Due to weakness of evidence, JAPC decided to leave perindopril as unclassified and RDH would add to their formulary.

Buccal midazolam

JAPC assessed risk of prescribing two different products and formulations for adults and children and also the risk associated with any change. JAPC decide on no change in the current status.

Co-codamol 8/500 and co-dydramol 10/500

Although these drugs are of limited clinical value, they are useful in a select number of patients. Therefore JAPC unclassified these drugs

Communications

All the JAPC recommendations and publications are available at www.derbyshiremedicinesmanagement.nhs.uk/home. This is a public website. A JAPC Bulletin is issued every month highlighting that month's decisions.

Structural Changes and Terms of reference

As part of the changes to the NHS brought about by the Health and Social Care Act 2012, Primary Care Trusts and Strategic Health Authorities ceased to exist on 31 March 2013. Their responsibilities were taken over by Clinical Commissioning Groups and the NHS Trust Development Authority.

Summary

The Derbyshire Joint Area Prescribing Committee continues to make good progress in bringing together clinical decision making and promoting the cost-effective use of medicines across the Derbyshire health economy. It has had excellent primary and secondary care representation, has been well attended, and delivers a significant improvement in governance associated with medicines use for all the participating organisations.

Recommendation

The CCG Boards (or equivalent) of member organisations are requested to acknowledge the details of this report.

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