Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

April 2015

Derbyshire Joint Area Prescribing Committee (JAPC)
This is a countywide group covering NHS North Derbyshire, Southern 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 April 2015 Meeting

Clinical Guidelines

DTHFT has updated its NSTEMI dual antiplatelet guideline with the minor addition of prasugrel into the treatment pathway.

Shared Care Guidelines

1. The nebulised shared care of colistimethate (Colomycin) for pseudomonas aeruginosa lung infections in adults with non-cystic fibrosis has been updated. Consultant responsibilities include clearer monitoring requirements in relation to sputum samples and long term management.
2. The shared care protocols for acetylcholinesterase inhibitors (donepezil, rivastigmine and galantamine) and memantine have been extended to March 2016 with no changes whilst a service review takes place.

Clozapine

Clozapine is an effective drug treatment for resistant schizophrenia. It is a **RED** drug prescribed and monitored by DHcFT. To support safe prescribing and avoid interacting drugs GPs are asked to record patients taking clozapine onto their clinical systems. DHcFT has undertaken a piece of work to identify all of their clozapine prescribed patients. The medicines management teams will work with practices in Derbyshire shortly to validate this list and ensure all patients are correctly recorded on clinical systems as being on clozapine.

Exenatide prefilled pen

A new weekly exenatide form is now available as a pre-filled pen that is easier and simpler to use and administer than the current weekly formulation of powder and solvent. The weekly prefilled pen costs the same as the current powder and solvent preparation and similarly could be advantageous in patients where compliance is a problem or in homes that require regular visits from a nursing team just to administer this drug.

Considerations for anticoagulants in non valvular atrial fibrillation

The Derbyshire AF guidance has been updated to include a useful algorithm to help implementation for anticoagulation at the request of GPs. This flowchart summarises when one anticoagulant may be used in preference to another. The algorithm addresses both practical issues for the patient e.g. those requiring a compliance aid and clinical considerations e.g. in renal impairment or at higher risk of bleeding. Please note that there have been no head to head studies of the newer oral anticoagulants. All the new oral anticoagulants are supported by positive NICE technology appraisals; this locally agreed algorithm should only be considered after the patient and prescriber have discussed all treatment options and only if they have no preference about which medicine they want to use.

Homeopathy

JAPC noted and endorsed the statement from Australia's National Health Medical and Research council following an evidence review of effectiveness for homeopathy. The approach to this review was taken in a similar fashion to a health technology assessment. They concluded that no good-quality, well designed studies with enough participants for a meaningful result reported either that homeopathy caused greater health improvements than placebo, or caused health improvements equal to those of another treatment. JAPC does not recommend the prescribing of homeopathic treatments.

Patient Group Directions

The following locally agreed patient group directions have been extended by six months.

- Hepatitis A (adult and child)
- Hepatitis A and typhoid
- Hepatitis B (adult and child)
- Typhoid

Drug	BNF	Date considered	Decision	Details
Escitalopram	4.3.3	April 2015	**BROWN**	Reclassified from BLACK to allow continued use in those that are responding to treatment and those that have had a good response from a previous episode and now require an antidepressant following recommendation from a tertiary centre
Exenatide MR prefilled pen	6.1.2	April 2015	**GREEN**	Reclassification from BROWN. A new weekly pre-filled pen formulation
Lamotrigine	4.8.1	April 2015	**GREEN after consultant/ specialist initiation**	Allows use in recognised extended clinical areas outside of epilepsy (e.g. bipolar disorders)
Empagliflozin	6.1.2.3	April 2015	**BROWN after consultant/ specialist initiation**	As per NICE TA315: in combination therapy for treating type 2 diabetes. Place in local guidance after DPP4s considered inappropriate
Pomalidomide	Not listed	April 2015	**BLACK**	As per NICE TA338: Pomalidomide, in combination with dexamethasone, is not recommended within its marketing authorisation for treating relapsed and refractory multiple myeloma in adults who have had at least two previous treatments, including lenalidomide and bortezomib, and whose disease has progressed on the last therapy

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.

Definitions:

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** routinely* recommended or commissioned (*unless agreed through the individual funding request route)

CONSULTANT/SPECIALIST INITIATION: consultant/specialist issues the first prescription usually following a consultation because:

a. The patient requires specialist assessment before starting treatment and/ or
b. Specialist short term assessment of the response to the drug is necessary.

GPs will be asked to continue prescribing when the patient is stable or predictably stable

CONSULTANT/SPECIALIST RECOMMENDATION: consultant/specialist requests GPs prescribe initial and on-going prescriptions, but ensures:

a. There is no immediate need for the treatment and is line with discharge policies and
b. The patient response to the treatment is predictable and safe