

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 AUGUST 2015 MEETING

CLINICAL GUIDELINES

1. Antipsychotics: recommended physical monitoring – guideline extended for 1 year with no change whilst a review of the service takes place.
2. Primary care management of irritable bowel syndrome – a new succinct clinical guideline based on NICE CG61 summarised over 3 pages.
3. Melatonin prescribing information – extended for 2 years with no significant changes. Circadin (off-label) remains the 1st line choice preparation for the treatment of sleep disorder in children with neurodevelopment disorders.
4. Dual antiplatelet policy: STEMI for DTHFT – extended for 2 years with no change.

PATIENT GROUP DIRECTIONS

1. Meningococcal group ACWY vaccine (Menveo or Nimenrix)
2. Shingles (Herpes Zoster) vaccine (Zostavax)

SHARED CARE GUIDELINE

1. Degarelix in the treatment of adult male patients with advanced hormone dependent prostate cancer – extended for 2 years with no change
2. Immunomodulating shared care agreements – all extended to end of November 2015 pending a review

CABERGOLINE AND QUINAGOLIDE FOR HYPERPROLACTAEMIA

The **AMBER** shared care status of cabergoline and quinagolide has been altered to **GREEN after consultant initiation**. The shared care guideline has been replaced with a simple prescribing guide produced by local consultant endocrinologists who undertake most if not all of the monitoring explaining the rationale for deviation from the drug monitoring in the SPCs.

LOFEXIDINE

Lofexidine is no longer supported by a shared care agreement and has been classified as **RED**. The short seven day course, speciality skills required and how the service is commissioned make it unsuitable for GPs to prescribe.

MHRA DRUG SAFETY UPDATE

1. Reminder cards are being introduced for patients taking denosumab or intravenous bisphosphonates, informing them of the risk of osteonecrosis of the jaw and precautions to take before and during treatment.
2. Xalatan (branded latanoprost) – there has been an increase in the number of reports of eye irritation possibly due to the lower pH formulation. Generic latanoprost is not affected by this reformulation.
3. A new smart phone app for reporting side effects to the Yellow Card Scheme has been launched.

UMECLIDINIUM –DTB REVIEW

The JAPC reflected on its decision to classify umeclidinium, a once daily LAMA for the treatment of COPD as **BROWN**. A recent DTB review similarly concluded that there is insufficient evidence to recommend it over other LAMAs. Neither of the two studies under review was designed to examine treatment effects on COPD exacerbations. Tiotropium remains the 1st line choice LAMA.

WINTERBOURNE MEDICINES PROGRAMME

Following the Winterbourne View care home abuse, NHSE commissioned three strands of work that looked to understand the scale and appropriateness of the use of antipsychotic, antidepressant, anxiolytic, hypnotic and anti-epileptic medicines in people with learning difficulties. The need for a collaborative approach across organisations was identified to start to address the issues from the report's findings. Work is underway in identifying a lead commissioning organisation to engage with providers.

DERBYSHIRE MEDICINES MANAGEMENT SHARED CARE AND GUIDELINE GROUP (SCAGG)

Key messages:

- A new Derbyshire wide [de-prescribing](#) document has been produced
- The [specials A to Z database](#) has been updated

Drug	BNF	Date considered	Decision	Details
Lenvatinib (Lenvima)	Not listed	August 2015	Unclassified	Likely to be NHSE, await update to cancer drug fund list
Nivolumab	Not listed	August 2015	Unclassified	Likely to be NHSE, await update to cancer drug fund list
Tedizolid	Not listed	August 2015	RED	IV formulation for acute bacterial skin and skin structure infections in adults
Naloxegol	Not listed	August 2015	RED	As per NICE TA345 for treating opioid induced constipation
Aflibercept	11.8.2	August 2015	RED	As per NICE TA346 for treating diabetic macular oedema
Nintedanib	Not listed	August 2015	RED	As per NICE TA347 for previously treated locally advanced, metastatic or locally recurrent non-small cell lung cancer
Everolimus	8.1.5	August 2015	BLACK	As per NICE TA348 for preventing organ rejection in liver transplant
Dexamethasone intravitreal implant	11.4.1	August 2015	RED	As per NICE TA349 for diabetic macular oedema
Secukinumab	Not listed	August 2015	RED	As per NICE TA350 for treating moderate to severe plaque psoriasis
Lofexidine	8.1.1	August 2015	RED	Re-classification from AMBER
Cangrelor	Not listed	August 2015	BLACK	As per NICE TA351 for reducing atherothrombotic events in people undergoing PCI or awaiting surgery requiring interruption of anti-platelet therapy
Cabergoline	6.7.1	August 2015	GREEN After consultant initiation	For hyperprolactinaemia (re-classification from amber)
Quinagolide	6.7.1	August 2015	GREEN After consultant initiation	For hyperprolactinaemia (re-classification from amber)

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:

- The patient requires specialist assessment before starting treatment and/ or
- 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:

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