

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 Service Foundation Trust, Derbyshire Healthcare Foundation Trust, Derby Teaching Hospital and Chesterfield Royal Hospital foundation trusts. It provides recommendations on the prescribing and commissioning of drugs.

See <http://www.derbyshiremedicinesmanagement.nhs.uk/home>

KEY MESSAGES FROM THE JAPC SEPTEMBER 2015 MEETING

CLINICAL GUIDELINES

1. Refractory [constipation in men and women](#) – this algorithm shows the positioning of lubiprostone for men and women and prucalopride for women only as per NICE TAs 211 and 318 respectively. In the case of prucalopride when GPs can take over prescribing following consultant/specialist initiation.
2. [Management of dyspepsia and gastro-oesophageal reflux disease](#) – a new guideline replacing the existing dyspepsia guidance. Endorsed by local gastroenterologists it is based on the recent recommendations from both NICE Dyspepsia and GORD guidance (CG184) and NICE suspected cancer guidance (NG12). Referral criteria, management of dyspepsia, ulcer treatment and H pylori eradication are included.
3. [Guidance on management of C difficile infection in primary care](#) – extended expiry to September 2016 with no changes.

PATIENT GROUP DIRECTIONS

Meningitis B vaccination – in line with the new national immunisation programme. Fever is more common with Men B vaccine when given with other routine vaccines (at 2 and 4 months of age). PHE has published [resources](#) that recommend paracetamol after the first dose should be purchased over the counter. N.B very premature babies born before 32 weeks will require an individual dose prescribed by the GP in line with cBNF.

DEMENTIA AND ANTICHOLINERGICS

Consultant urologists in Derbyshire have highlighted to JAPC a dementia study from the US involving patients taking strong anticholinergics which were widely reported in the media early this year. This prospective population-based cohort study found that higher cumulative anticholinergic use is associated with an increased risk of dementia. This study has not prompted any specific changes to national or [local guidance](#). However JAPC advises prescribers to be aware of this potential complication when prescribing anticholinergics for older patients and to consider alternative approaches where possible. Where anticholinergics are necessary the lowest dose should be used with review to stop the treatment if treatment is ineffective.

ORPHENADRINE DISCONTINUATION

Orphenadrine 50mg tablets will be discontinued on the 1st December 2015. No new patients are being given this medication by DHcFT, and the Trust has issued prescribing advice to their clinicians and primary care prescribers. The relevant advice from the DHcFT is included in September's [Derbyshire Medicines Management Newsletter](#).

ADDRESSING ANTIMICROBIAL RESISTANCE THROUGH IMPLEMENTATION OF AN ANTIMICROBIAL STEWARDSHIP PROGRAMME

A joint National Patient Safety Alert has been sent to all providers of NHS care in England to highlight the increasing challenge of antimicrobial resistance and the need for antimicrobial stewardship. JAPC were informed that a stewardship programme across the Derbyshire health community is being developed.

MHRA DRUG SAFETY UPDATE

Simeprevir with sofosbuvir: risk of severe bradycardia and heart block when take with amiodarone. This combination should be avoided unless other antiarrhythmic agents cannot be given.

US FDA- DPP4 INHIBITORS

The U.S. Food and Drug Administration (FDA) has issued a warning that the DPP4 inhibitors (sitagliptin, saxagliptin, linagliptin, vildagliptin and alogliptin) may cause joint pain that can be severe and disabling. Symptoms can present from one day to years after starting treatment, but are relieved by discontinuing treatment and usually in less than a month of doing so.

DERBYSHIRE MEDICINES MANAGEMENT SHARED CARE AND GUIDELINE GROUP (SCAGG)

The Derbyshire Medicines Management website now includes a new section for [care homes and social care](#). This section of the website will be used to share good practice local guidelines for use by prescribers and social care staff. These documents cover the provision of medicines management in both care homes (nursing and residential) and service users in their own homes who are receiving social care.

QUICK START OF HORMONAL CONTRACEPTION AFTER ULIPRISTAL ACETATE (UPA)

The Faculty of Sexual & Reproductive Healthcare has issued a [statement](#) on the quick starting of hormonal contraception that may potentially affect the efficacy of UPA. The statement includes advice on additional contraception that may be required.

Drug	BNF	Date considered	Decision	Details
Demeclocycline	6.5.2 5.1.3	September 2015	BROWN after consultant/specialist initiation	Treatment of hyponatraemia caused by syndrome of inappropriate ADH secretion. Disease monitoring requirements are patient individualised by the specialist/consultant.
Naloxogol	Not listed	September 2015	BROWN after consultant/ specialist recommendation	Treatment of opioid induced constipation as per NICE TA345 Oral treatment reclassified from RED allowing palliative care patients timely access to drug
Edoxaban	Not listed	September 2015	GREEN after consultant/specialist initiation	As per NICE TA354. Treating and for preventing DVT and PE
Tolvaptan	6.3.2	September 2015	RED	NHSE for autosomal-dominant polycystic kidney disease in adults
Glatiramer	8.2.4	September 2015	RED	Multiple sclerosis. NHSE
Raltegravir	5.1.3	September 2015	RED	HIV. NHSE
Verdolizumab	1.5.3	September 2015	RED	As per NICE TA352 for moderate to severe Crohn's disease after prior therapy
Bevacazimub	8.1.5	September 2015	BLACK	As per NICE TA353
Men B (Bexsero)	14.4	September 2015	BLACK	Available only as part of the national immunisation programme, obtained from centrally purchased stock.
Edoxaban	Not listed	September 2015	Unclassified	For stroke prevention in adults with AF. Await NICE TA
Ivermectin	Not listed	September 2015	Unclassified	Await clinician request
Tafloprost+ timolol (Tapiqom)	Not listed	September 2015	Unclassified	Await clinician request
Tiotropium + olodaterol (Spiolto Respimat)	Not listed	September 2015	Unclassified	Await clinician request

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