

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 APRIL 2016 MEETING

CLINICAL GUIDELINES

Managing Behavioural Problems in Patients with Dementia – updated with no major changes

PATIENT GROUP DIRECTIONS

The following patient group directions from Public Health England and NHS England have been updated:

- Administration of measles, mumps and rubella (MMR) vaccine
- Pneumococcal polysaccharide vaccine (PPV)

TWO NEW LIPID-REGULATING DRUGS

JAPC through its annual horizon scan identified a new class of lipid lowering drugs called PCSK9 inhibitors, currently UK launched are alirocumab and evolocumab, which could potentially impact on how we manage cardiovascular disease potentially in a large cohort of patients not suited to statins. The evidence to support licensing is primarily a surrogate based (LDL-C) outcome and the treatments are very expensive in comparison to statins. JAPC awaits the recommendations from NICE technology appraisals which are underway and will then seek the advice of local lipid and cardiology consultants on implementation should they be positive.

DIABETES AND HEART FAILURE GUIDELINES

Both the diabetes and heart failure guidelines are being updated and are currently out for consultation. The diabetes guidance has been re-drafted to broadly follow recent NICE guidance and the heart failure guidance aligned to SIGN recommendations.

NORTH MIDLANDS CONTROLLED DRUGS NEWSLETTER

NHSE has published its [March](#) newsletter which is available on the [medicines management website](#). A secure online reporting tool is now available for raising any patient, prescribing, dispensing, theft and fraud concerns.

NICE MEDICINES OPTIMISATION KEY THERAPEUTIC TOPICS

An update to the NICE guideline and our Derbyshire [prescribing specification](#) has been made: 11 topics have been retained from 2015. Two topics have been retired (laxatives and minocycline) and 3 topics have been added (biosimilar medicines, non-vitamin K antagonist oral anticoagulants (NOACs) and acute kidney injury (AKI)).

NEONATAL HEPATITIS B IMMUNISATION PROGRAMME

NHS England has commissioned GP practices to deliver the neonatal hepatitis B immunisation programme. The numbers of affected babies in Derbyshire is expected to be low but will of course vary in numbers from practice to practice. To clarify and support the programme a new pathway has been developed by NHS England which has recently been shared with practices.

In short this means that practices should;

- On notification of a baby being born to a hepatitis B mother this information should be inputted on to their records.
- The practice should arrange appointments for vaccination at 1 month, 2 month, 12 months and with the pre-school booster. Any DNA's should be chased as this is a post exposure prophylactic course of vaccinations
- Arrange blood test at 12 months to check for hepatitis B surface antigen (HBsAg). This can be via a dried blood spot (DBS) test or through paediatric phlebotomy services. Please ensure the correct test (HBsAG) is requested if using phlebotomy services. Practices can contact the Screening and Immunisation team for support if doing the DBS in the surgery
- Child Health Records Department should be notified of all vaccinations and of a blood result at 12 month
- All babies are monitored by the Screening and Immunisation team and any un-vaccinated babies will be followed up

Drug	BNF	Date considered	Decision	Details
Lurasidone	4.2.1	April 2016	BLACK	Re-classified from RED to BLACK. Not cost effective against current treatment options
Brivaracetam	Not yet listed	April 2016	RED	For partial-onset seizures
Etanercept biosimilar – Benepali	Not yet listed	April 2016	RED	Cost effective treatment of entanercept
Guanfacine	Not listed	April 2016	Unclassified	ADHD disorder in patients aged 6-17 pending a review of the shared care agreement
Ruxolitinib	8.1.5	April 2016	RED	As per NICE TA386 for treating disease-related splenomegaly or symptoms in adults with myelofibrosis
Alirocumab	Not yet listed	April 2016	RED	Reclassified from BLACK pending NICE TAs and if positive local pathway
Evolocumab	Not yet listed	April 2016	RED	Reclassified from BLACK pending NICE TAs and if positive local pathway
Nitisinone (Orfadin)	Not yet listed	April 2016	RED	NHSE- hereditary tyrosinaemia

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