

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 AUGUST 2016 MEETING CLINICAL GUIDELINES

1. [Diabetes guideline](#)- This is a new clinical guideline based on NICE recommendations. This comprehensive guideline will be useful to a wide ranging audience in the management of type 2 diabetes in adults.
2. [Management of pregnant women & neonates in contact with chickenpox & shingles](#)- Information sheet provides useful advice on testing for varicella zoster IgG, actions required and sign posting to local resources.

PATIENT GROUP DIRECTIONS

[Supply and administration of live attenuated influenza vaccine nasal spray suspension \(Fluenz Tetra®▼ or FluMist® Quadrivalent\) OR supply only in well-defined local circumstances. Children and adolescents aged 2–17 years in accordance with the national flu immunisation programme](#) - Updated

GUIDANCE ON THE PREVENTION, DIAGNOSIS AND MANAGEMENT OF VITAMIN D DEFICIENCY IN PRIMARY CARE

Public Health England has updated its vitamin D advice following an evidence review by the Scientific Advisory Committee on Nutrition. In turn JAPC has updated its advice with changes primarily related to the purchase of product for supplementation. JAPC also took this opportunity to add a liquid treatment formulation for the treatment/ maintenance of deficiency for children into the guidance.

IBANDRONATE 50MG TABLETS BROWN FOR POST-MENOPAUSAL WOMEN WITH BREAST CANCER

The dual traffic light classification allows the off-licence prescribing of ibandronate 50mg tablets by primary care clinicians in the management of post-menopausal women with breast cancer after initiation by secondary care specialist to improve breast cancer survival. A clinical guideline produced by Sheffield Teaching Hospital and Sheffield CCG has been ratified by the Sheffield Area Prescribing Group. The guideline includes information on GP monitoring requirements when taking over prescribing and intended duration of treatment.

ADRENALINE INJECTIONS

JAPC were informed of some confusion over which adrenaline injection strength (300mcg or 500mcg) should be offered to adults at risk of anaphylaxis for self-administration. Advice from UKMI and an allergy specialist informed JAPCs advice. JAPCs advice: the 500mcg adrenaline dose (Emerade pre-filled pen) should only be prescribed for self-administration on the advice of a specialist for example where a repeated second dose of adrenaline (300mcg) was necessary or in obese patients where a larger dose is necessary.

DOMPERIDONE IN LACTATION

The domperidone position statement has been amended to state that a maternal dose of 30mg (10mg three times daily) usually given for a week is a commonly accepted dosing regimen to promote lactation in women who are breastfeeding, but in exceptional circumstances the feeding specialist may recommend a longer duration (never longer than three weeks) at a tapering dose of 10mg twice daily to 10mg daily.

MHRA – WARFARIN: REPORTS OF CALCIPHYLAXIS

Warfarin is associated with a very rare but serious condition of calciphylaxis with a high mortality rate. Patients should be advised to consult their doctor if they develop a painful skin rash.

GUIDELINE GROUP UPDATE

Key messages include: [Chapter 7](#) (Obs, Gynae and urinary tract) has been updated including cost effective choices of Combined hormonal contraceptives, trospium should now be prescribed generically and Binosto effervescent tablets as a cost effective option over alendronic acid oral solution for patients with swallowing difficulties.

JAPC ANNUAL REPORT

JAPC annual report April 2015 to March 2016 is now available. The report gives background to the Derbyshire wide strategic group between commissioners and providers and summarises the decisions made over this period.

Drug	BNF	Date considered	Decision	Details
EyeBag	Not listed	August 2016	BLACK	Treating patients with Meibomian Gland Dysfunction (MGD)
Ibandronate 50mg	6.6.2	August 2016	Brown RED	Dual classification Brown for off-licence use in post-menopausal women with breast cancer from Sheffield Teaching Hospital only. RED for use with other provider trusts and for other indications
Pioglitazone	6.1.2	August 2016	Brown	
Blinatumomab (Blincyto)	Not listed	August 2016	RED	Philadelphia chromosome-negative relapsed or refractory B-precursor acute lymphoblastic leukaemia in adults- NHSE
Daratumumab (Darzalex)	Not listed	August 2016	RED	Multiple myeloma, recurrent or refractory – monotherapy- NHSE
Elotuzumab (Empliciti)	Not listed	August 2016	RED	Multiple myeloma in adults- NHSE
Ferric Maltol (Feraccru)	Not listed	August 2016	RED	Iron deficiency anaemia in adults with inflammatory bowel disease
Human coagulation factor X (Coagadex)	Not listed	August 2016	RED	Hereditary factor X deficiency
Ixekizumab (Taltz)	Not listed	August 2016	BLACK	Moderate-to-severe plaque psoriasis in adults who are candidates for systemic therapy- awaiting NICE TA
Emtricitabine + tenofovir alafenamide (Descovy)	Not listed	August 2016	RED	HIV-1 infection in treatment-experienced patients aged 12 years and older
Levofloxacin (Quinsair) nebuliser solution	Not listed	August 2016	RED	Cystic fibrosis-associated chronic Pseudomonas aeruginosa infection in adults
Ataluren	Not listed	August 2016	RED	Duchenne muscular dystrophy with a nonsense mutation in the dystrophin gene- HST3
Lumacaftor–ivacaftor	Not listed	August 2016	BLACK	As per NICE TA398 for treating cystic fibrosis homozygous for the F508del mutation
Azacitidine	8.1.3	August 2016	BLACK	As per NICE TA399 treating acute myeloid leukaemia with more than 30% bone marrow blasts
Nivolumab in combination with ipilimumab	Not listed	August 2016	RED	As per NICE TA400 for treating advanced melanoma

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