

## 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 DECEMBER 2016 MEETING CLINICAL GUIDELINES

1. [Amiodarone monitoring protocol](#) - updated with clearer table of drug interactions and monitoring checklist.
2. Communications document for the Supply of [Bowel cleansing products](#) with DTHFT- updated with minor changes. To ensure appropriate use of preparations prior to referrals for surgery and/or investigative procedures
3. [Clozapine](#)- DHcFT guidance (minor update) giving GPs advice on the recording of clozapine into their clinical systems (without issuing), to monitor for drug interactions and physical health of the patient.
4. [Compression Hosiery guideline](#) - no major changes. Includes advice on indications for use, quantities to issue and a reminder that in 95% of cases, measurements are likely to fall within standard size garments thereby reducing out of pocket expenses from ordering made to measure hosiery.
5. [Emergency Contraception with EllaOne](#) (ulipristal acetate) - Minor update. Reminder of its limited place in emergency contraception.
6. [Hypertension](#) –no major changes. Includes advice on when to treat, BP targets and treatment options.
7. [Tacrolimus](#)- no major changes. Advice on using tacrolimus in patients with severe to moderate atopic eczema under a treatment plan.
8. [Wound care formulary](#)- A regional formulary adopted by Derbyshire and developed following extensive collaboration across numerous stakeholders.

### PATIENT GROUP DIRECTIONS

NHSE / Public Health England - Haemophilus influenzae type b and meningococcal C conjugate vaccine (Hib/MenC) with an underlying medical condition.

Triamcinolone Acetonide, 40 mg/ml – Extended scope physiotherapist use in MSK pathway for patients registered at practices in Hardwick Federation.

### OTITIS EXTERNA

Both hydrocortisone and gentamicin ear drops (e.g. Gentisone HC) and flumetasone and clioquinol ear drops have been classified as BROWN following a long period of high cost. For cost effective first line options for empirical treatment see [local formulary chapter](#).

### NEFOPAM- POSITION STATEMENT

With nefopam already classified as BLACK, JAPC has now issued a [position statement](#) to support prescribers in reviewing patients on chronic treatment and the rationale for its decision.

### ALIMEMAZINE- BLACK

After consultation with local providers JAPC no longer supports the prescribing of alimemazine. It is no longer cost effective in adults or children for either of its indications. No new patients should be started on alimemazine and existing patients should be considered for switching to a suitable alternative sedating antihistamine such as promethazine.

### NORTRIPTYLINE

JAPC identified a significant savings opportunity if nortriptyline use was restricted in neuropathic pain to patients unable to tolerate amitriptyline and when other tricyclic antidepressants are considered first. Existing patients on treatment should be reviewed to see if a trial of amitriptyline can be undertaken.

### WOUND CARE FORMULARY

A Derbyshire wide community wound care formulary has been agreed following a bidding exercise and e-auction. A regional level collaboration between; CCGs, NHS supplies, procurement teams, providers and community services to use the most cost effective dressings to the health community. GPs will find the quick reference guide particularly useful as a general reference.

### BUPRENORPHINE PATCHES

Buprenorphine patches have a very limited place in local guidelines with lower strengths no more effective than tramadol or codeine. Brand prescribing permits the use of cost effective prescribing and avoids confusion between the 7 day and the 3 or 4 day patches without compromising patient care. The CCGs of Derbyshire have already undertaken or plan to undertake work in this area. For the preferred brand prescribing of buprenorphine in your CCG please speak to your prescribing advisor.

### PRESCRIBING SPECIFICATION

The Derbyshire [prescribing specification](#) has been updated as it does annually. This document outlines the role and responsibilities of our provider trusts in ensuring a transparent and collaborative approach to the safe and effective management of medicines, seamless care of patients between NHS organisations and ensuring high quality prescribing. It is a useful reference for all primary care providers in knowing how providers work with commissioners and their roles in patient transfer.

Drug	BNF	Date considered	Decision	Details
Cilodex ear drops (ciprofloxacin 0.3%/ dexamethasone 0.1%)	Not yet listed	December 2016	Green	For acute otitis media in patients with tympanostomy tubes(grommets) or tympanic perforation in adults and children over 6 months of age
Dequalinium vaginal tablets	Not listed	December 2016	Brown	Treatment of recurrent bacterial vaginosis as a 2 <sup>nd</sup> line option in patients intolerant or unable to take metronidazole.
Nortriptyline	4.3.4	December 2016	Brown	For use in neuropathic pain (2 <sup>nd</sup> line to amitriptyline). Significantly more expensive than other TCAs
Alimemazine	3.4.1	December 2016	Black	Not cost effective and limited clinical evidence over suitable alternatives (e.g. promethazine)
Opicapone (Ongentys)	Not listed	December 2016	Black	Lack of cost effectiveness. NICE expected February 2017
Reslizumab (Cinqaero)	Not yet listed	December 2016	Red	Severe eosinophilic asthma- as per NHSE commissioning intentions
Cabozantinib (Cabometyx)	8.1.5	December 2016	Red	Advanced renal cell carcinoma- as per NHSE commissioning intentions
Factor IX recombinant (Rixubis)	Not yet listed	December 2016	Red	Treatment and prophylaxis of bleeding in patients with Haemophilia B- as per NHSE commissioning intentions.
Buprenorphine patches (brand prescribing)	4.10	December 2016	Brown	See notes earlier on cost effective brands
Hydrocortisone and gentamicin ear drops (e.g. gentisone HC)	12.1.1	December 2016	Brown	Not cost effective as empirical first line treatment options for otitis externa.
Flumetasone and clioquinol ear drops	12.1.1	December 2016	Brown	
Dapagliflozin	6.1.2.3	December 2016	Brown	For treating type 2 diabetes as per NICE TA 417 and 288
Nivolumab	8.1.5	December 2016	Red	As per NICE TA 417- as per NHSE commissioning intentions
Apremilast	10.1.3 13.5.3	December 2016	Red	As per NICE TA 419 for severe plaque psoriasis (note- BLACK classification for psoriatic arthritis)

### 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 in line with discharge policies and
- The patient response to the treatment is predictable and safe