

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 MAY 2016 MEETING CLINICAL GUIDELINES

- [Domperidone off-license](#) use in gastroparesis, babies and children and nursing to promote lactation – updated with no change.
- [Metoclopramide off-license](#) in gastro-paresis – updated with no change.
- [Management of heart failure](#) with reduced ejection fraction – updated with changes (see below).
- [Midodrine](#) – orthostatic hypotension. New guideline to support the prescribing of the newly licensed drug following specialist initiation and stabilisation.
- [Vitamin D – prevention, diagnosis and management of deficiency](#) – updated to include licensed vitamin D preparations.
- [Fosfomycin](#) – updated as a shorter prescribing guide with advice as per BNF.
- [Antiplatelet treatment for STEMI \(CRHFT\)](#) – updated with no changes.
- Local guidance for [Managing patients with gender dysphoria](#) has been replaced with a link to NHSE Specialised Service circular.

PATIENT GROUP DIRECTIONS

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

- Meningococcal Group C vaccine
- Levonorgestrel (local patient group direction)

SHARE CARE GUIDELINES

[Methotrexate](#) – updated with no major changes other than to consultant/specialist responsibilities and the suitability of herpes zoster vaccine for patients.

MANAGEMENT OF SUB-THERAPEUTIC INR

JAPC has agreed a local position/ consensus statement in the absence of evidence, advising GPs what to do in the event of sub-therapeutic INR with patients taking warfarin and when LMWH may be appropriate outside of shared care arrangements. Local guidelines (shared care, BNF chapter and oral anticoagulation) are being updated with the position statement.

HEART FAILURE GUIDELINE

The Derbyshire heart failure guidance has been updated in consultation with local specialists and cardiologists. The guidance strengthens the monitoring requirement (which includes local guidance for spironolactone) with more detailed advice on assessment, drug titration and target doses.

VITAMIN D GUIDELINE (DIAGNOSIS AND MANAGEMENT OF DEFICIENCY)

The Derbyshire vitamin D guidance has been updated to include the most cost effective licensed preparations. JAPC discussed the incremental cost of treating patients using licensed preparations, the quality assurance process of licensing and the potential on costs/ hidden costs of obtaining unlicensed preparations. JAPC no longer supports the prescribing of unlicensed vitamin D preparations and would remind prescribers that routine testing of vitamin D is not recommend unless patients have symptoms of vitamin D deficiency, are in a high risk patient group or if there is clinical reason to do so. The treatment of vitamin D deficiency as per national guidance requires 300,000 units of vitamin D (adults). Locally it has been agreed over a shorter time of 15 days to aid compliance.

FOSFOMYCIN

Local guidance has been updated to support prescribers in the use of an unlicensed preparation to reflect the wider availability of fosfomycin. The guidance restricts use to the treatment of uncomplicated lower urinary tract infections by multi-resistant bacteria in primary care patients.

TICAGRELOR 60MG FORMULATION

Ticagrelor (as a 60mg formulation) has received a licence extension for the prevention of atherothrombotic events in adults with a previous myocardial infarction, at high risk of developing an atherothrombotic event. Until this is reviewed by NICE (TA in development expected December 2016) and its place in the pathway agreed by the cardiologists GPs should not prescribe. This is not to be confused with the 90mg formulation used in Acute Coronary Syndrome as per [local guidelines](#) for STEMI and NSTEMI.

Drug	BNF	Date considered	Decision	Details
Saline Nasal Sprays	Not yet listed	May 2016	BLACK	Saline nasal sprays e.g. Sterimar, Aquamar, less cost effective than normal saline nasal drops
Benzbromarone	10.1.4	May 2016	RED	Unlicensed UK preparation in the treatment of gout
Sacubitril valsartan	Not yet listed	May 2016	RED	As per NICE TA388 for treating symptomatic chronic heart failure with reduced ejection fraction
Fultium D3	9.6.4	May 2016	GREEN	Preferred formulary choice for treatment of Vit D deficiency. Cost effective choice for maintenance
Invita D3	9.6.4	May 2016	GREEN	Cost effective option in patients with swallowing difficulties for treatment and maintenance
Desunin 800 units	9.6.4	May 2016	GREEN	Alternative cost effective option alongside Fultium for maintenance treatment
Clevidipine	Not yet listed	May 2016	RED	NHSE – rapid reduction of BP in adults in the perioperative setting
Osimeretinib	Not yet listed	May 2016	RED	NHSE – advanced non-small cell lung cancer
Talimogene laherparepvec	Not yet listed	May 2016	RED	NHSE – unresectable metastatic melanoma in adults
Ticagrelor 60mg	2.9.1	May 2016	RED	Licence extension for the prevention of atherothrombotic events in adults with previous MI. The 90mg strength remains GREEN for acute coronary syndromes as per local guidelines prescribe-able for up to 12 months
Abiraterone	8.3.4	May 2016	RED	NHSE as per NICE TA387
Paclitaxel Doxorubicin	8.1.5 8.1.2	May 2016	RED	NHSE as per NICE TA389
Gemcitabine Trabectedin Topotecan	8.1.3 8.1.5 8.1.5	May 2016	BLACK	NHSE as per NICE TA389

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