

## 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 NOVEMBER 2016 MEETING CLINICAL GUIDELINES

1. [Oxygen guidance](#)- Guidance extended until January 2017 pending a NHSE update.

### PATIENT GROUP DIRECTIONS

PGDs for North Derbyshire MSK service of methylprednisolone approved and PGDs approved for Derbyshire Health United: amoxicillin, codeine, doxycycline, erythromycin, ibuprofen, nitrofurantoin, paracetamol, phenoxymethylpenicillin, chlorphenamine, clarithromycin, flucloxacillin, prednisolone and salbutamol.

### NITROFURANTOIN AND EGFR

JAPC considered whether to endorse the routine use in patients with renal failure, eGFR 30-44ml/min, to help clinicians with the quality premium on antibiotic prescribing. JAPC considered the evidence of nitrofurantoin in renally impaired patients, the accuracy of eGFR in relation to serum creatinine clearance and safety. On balance JAPC was unable to endorse the routine use of nitrofurantoin in patients with an eGFR 30-44ml/min unless there is a recommendation/discussion with an appropriate microbiologist. Local guidance has been updated to include this advice.

### NEFOPAM- CLASSIFIED AS BLACK

The price of nefopam has increased significantly from £10.59 (90 tabs) to £65.54 (90 tabs). Despite its long standing BROWN classification (due to weak evidence) and restricted positioning in local neuropathic pain guidance, 29,000 items were dispensed from February 2015 to January 2016. JAPC has taken the step to classify nefopam as BLACK and should not be initiated in new patients. Existing patients should be reviewed for a suitable alternative. Provider organisations are being active in informing their clinicians and also being asked to draft a Derbyshire wide position statement to support primary care clinicians.

### NYSTAN AND BNF DOSE CHANGE

The manufacturers of Nystan have updated and increased their licensed dose in line with historical USA dosing and the BNF has followed suit. Adults and children over 2 years of age see an increase from 1ml to 4-6mls QDS. JAPC discussed the evidence and rationale for this change and also the national picture where by generic nystatin SPCs still list the lower dosing with the same evidence. Prescribers should also note that while the manufacturer of Nystan has increased the dosing it has not yet considered the consequence of the bottle size or its dispenser. JAPC does not advocate a change from current practice, although patients may need additional counselling on why the prescribed dose may differ from that in the patient information leaflet.

### JAPC TERMS OF REFERENCE AND CONFLICTS OF INTEREST

Annually the JAPC and its working subgroup (Guideline Group) update their terms of reference. Details of how JAPC works and its function can be found on our [Medicines Management Website](#). The groups are required to declare any conflicts of interest (COI) at every meeting. Medical and non-medical staff more often from provider organisations input into our clinical guidelines, they too are also asked to complete the COI with every submission. ([Link](#))

### OSTEOPOROSIS AND BIPHOSPHONATE HOLIDAYS

In September 2016 NICE published its [multimorbidity](#) guidance, within this guidance it states that for low risk patients there is no consistent evidence for continuing bisphosphonates (e.g. alendronate) beyond 3 years which is at odds with local guidance of 5 years and that of the National Osteoporosis Society Guidelines. Local opinion from our endocrinologists is that advice on bisphosphonates holidays is relatively new and until this is accepted by the wider osteoporosis community we should continue to follow [local guidance](#).

### PREGABALIN AND PFIZER UPDATE

A [legal update](#) to the Pfizer and Lyrica case now states that only patents for the treatment of trigeminal pain, postherpetic neuralgia and causalgia, are still valid. In preparation for generic launches clinicians should prescribe generically for all other indications of use. NHSE's guidance is likely to be updated to reflect the legal findings and we should follow these recommendations.

### DRUG SAFETY UPDATE

Etoricoxib has now a lower recommended dose of 60mg daily for patients with rheumatoid arthritis or ankylosing spondylitis. This may prove to be an opportunity to review patients on higher strengths with a view to changing to a formulary NSAID or a more cost effective COX2 such as celecoxib.

### GUIDELINE GROUP UPDATE

Fusidic acid 1% modified-release eye drops (£29.06 for 5g) should in the main be used as a second line option after chloramphenicol in severe conjunctivitis, it may be considered as first line in patients that are; pregnant or have personal or family history of blood dyscrasias, such as aplastic anaemia.

Drug	BNF	Date considered	Decision	Details
Nefopam	4.7.1	November 2016	Black	Not to be initiated in new patients. Not clinically or cost effective.
Pitolisant (Wakix)	Not listed	November 2016	Red	Narcolepsy, with or without cataplexy, in adults- NHSE
Turoctocog alfa (NovoEight)	Not listed	November 2016	Red	Haemophilia A in adults and children- NHSE
Elbasvir–grazoprevir	Not listed	November 2016	Red	For treating chronic hepatitis C as per NICE TA 413- NHSE
Cobimetinib in combination with vemurafenib	Not listed	November 2016	Black	For treating unresectable or metastatic melanoma in adults with a BRAF V600 mutation- as per NICE TA 414- NHSE
Certolizumab pegol	10.1.3	November 2016	Red	For treating rheumatoid arthritis after inadequate response to a TNF-alpha inhibitor as per NICE TA 415
Osimertinib	Not listed	November 2016	Red	For treating locally advanced or metastatic EGFR T790M mutation positive non-small-cell lung cancer- as per NICE TA 416- NHSE

### 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