

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 OCTOBER 2016 MEETING CLINICAL GUIDELINES

1. [Emollient prescribing guide](#) - updated to include advice on using "leave on" emollients as soap substitutes in response to JAPC's recent decision to no longer recommend the use of bath emollients and shower gels.
2. [The management of non-valvular Atrial Fibrillation](#) - updated guidance to include the non-vitamin k antagonist edoxaban
3. [Pregnant women and neonates in contact with measles](#) - New guidance/information to support GPs on actions to take and useful contact numbers.
4. [Management of Lower UTI in Chronic Kidney Disease](#) - Updated guidance reminding prescribers of 1st and 2nd line treatment options in the stages of CKD 3-5.

PATIENT GROUP DIRECTIONS

[Pneumococcal polysaccharide vaccine \(PPV\)](#) – updated from Public Health England

SHARED CARE GUIDELINES

1. [The management of ADHD in children and adults](#) - updated to include the re-positioning of second line treatments and monitoring of height and weight to 6 monthly for children and adolescents in line with NICE
2. [Methadone](#), [buprenorphine](#) and naltrexone shared care agreements for opioid dependence updated with no major changes.
3. [Somatropin human growth hormone](#) - updated with no major changes

EMOLLIENTS PRESCRIBING GUIDE

The emollient prescribing guide has been updated to reflect JAPC's recent decision to no longer recommend bath emollients and shower gels and provide advice on suitable soap substitutes. For patients that report stinging with emollients because of a skin sensitiser ingredient can be offered an alternative using the [MIMs](#) online resource

DCHS NHS TRUST AND CCGS POSITION ON THE SUPPLY OF MEDICINES FOR NURSING STAFF

A [position statement](#) has been agreed on the supply of items for administration by DCHS nursing staff. With wide consultation (LMC and prescribing subgroups of the CCGs) and adherence to legal requirements, the position statement outlines the process for how community nurses can obtain medicines from GP practices that they routinely administer to patients in their own homes.

MULTIMORBIDITY: CLINICAL ASSESSMENT AND MANAGEMENT

NICE has produced a new short but useful [guideline](#). This guideline covers optimising care for adults with multimorbidity (multiple long-term conditions) by reducing treatment burden (polypharmacy and multiple appointments) and unplanned care. The content includes validated tools (eF1, PEONY and QAdmissions) to identify adults with multimorbidity who are at risk of adverse effects or hospital admissions or admissions to care homes.

DRUG SAFETY UPDATE

Levonorgestrel-containing emergency hormonal contraception: advice on interactions with hepatic enzyme inducers and contraceptive efficacy. For women unable or unwilling to use a copper intrauterine device, a woman seeking emergency contraception who has used a hepatic enzyme inducer in the past 4 weeks, should double the usual dose of levonorgestrel (from 1.5 milligrams to 3 milligrams, i.e. 2 packs) to compensate for the reduced plasma levonorgestrel levels.

GUIDELINE GROUP UPDATE

The [weekly request form](#) has been revised. Requests to GPs for weekly prescriptions, by pharmacists, should only be made if there is a risk with giving the patient a longer length of supply of medication due to clinical or pharmaceutical issues. Having medicines dispensed into a compliance aid alone is not an indication for 7 day prescriptions.

Drug	BNF	Date considered	Decision	Details
Asparaginase recombinant (Spectrila)	8.1.5	October 2016	Red	Acute lymphoblastic leukaemia in infants and adolescents- NHSE
Selexipag (Uptravi)	Not listed	October 2016	Red	Pulmonary arterial hypertension in adults- NHSE
Susoctocog alfa (Obizur)	Not listed	October 2016	Red	Treatment of bleeding episodes in patients with acquired haemophilia caused by antibodies to Factor VIII- NHSE
Crizotinib	8.1.5	October 2016	Red	For untreated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer in adults as per NICE TA 406- NHSE
Secukinumab	Not listed	October 2016	Red	For treating active ankylosing spondylitis in adults as per NICE TA 407
Pegaspargase	Not listed	October 2016	Red	For treating acute lymphoblastic leukaemia as per NICE 408- NHSE
Aflibercept	11.8.2	October 2016	Red	For treating visual impairment caused by macular oedema after branch retinal vein occlusion as per NICE 409
Talimogene laherparepvec	Not listed	October 2016	RED	For treating unresectable metastatic melanoma as per NICE 410
Radium-223 dichloride	Not listed	October 2016	Red	For treating hormone-relapsed prostate cancer with bone metastases as per NICE 412- NHSE
Necitumumab	Not listed	October 2016	Black	For untreated advanced or metastatic squamous non-small-cell lung cancer as per NICE 411- 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 in line with discharge policies and
- The patient response to the treatment is predictable and safe