

## 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 2017 MEETING

#### CLINICAL GUIDELINES

1. Hyperprolactinaemia - cabergoline and quinagolide. No major changes. The responsibility for the baseline monitoring, counselling and dose titration remains with the specialist.
2. Fosfomycin for uncomplicated lower UTI – updated with the preferred licensed brand 'Monuril' included as the cost effective choice when prescribing fosfomycin.
3. Glaucoma guidance updated with Ganfort (bimatoprost/timolol) replaced with **Taptiqom (tafluprost/timolol)** as the preservative free UDV prostaglandin and beta-blocker combination treatment option of choice.
4. Two new primary care resource documents. The first for antimicrobial prescribing, the signposting to local primary and secondary antimicrobial formularies and national resources from Public Health England and NICE Clinical Knowledge Summaries has been agreed and uploaded. The second an Opioid and alcohol misuse.

#### SHARED CARE GUIDELINES

1. Acamprosate - updated with new contact details. For use in Derbyshire County only provided by Alcohol Recovery Partnership
2. Disulfiram - updated with new contact details and specialist monitoring extended to 6 months prior to transfer to primary care. For use in Derbyshire County only provided by alcohol recovery partnership
3. Ciclosporin and sulfasalazine - see below

#### PATIENT GROUP DIRECTIONS

PGDS have been approved for One Medical Group on behalf of Derby Urgent Care Centre includes: amoxicillin, flucloxacillin, penicillin, trimethoprim, nitrofurantoin, codeine phosphate and paracetamol. DCHS PGD for levonorgestrel emergency contraception has also been updated and approved for use following recent advice from the Faculty of Sexual Health.

#### CICLOSPORIN AND SULFASALAZINE SHARED CARE AGREEMENTS

As stated in a previous JAPC bulletin - The British Society of Rheumatology (BSR) guidance on the prescribing of DMARDs was published in March 2017. Its aims include an update to the evidence supporting such treatment options and also standardising the monitoring required for safe prescribing. The next wave of SCA's to be updated in line with the BSR guidance includes ciclosporin and sulfasalazine. Ciclosporin shared care has been amended notably with monthly monitoring requirements for duration of treatment. The Sulfasalazine shared care guidance has been updated with the standard monitoring requirements and locally agreed that the monitoring schedule can be relaxed after 12 months to 6 monthly intervals.

#### Liothyronine position statement – BLACK, AMBER and RED

Liothyronine has been classified as BLACK for hypothyroidism, based on the lack of cost-effectiveness and robust clinical evidence. A position statement on liothyronine has been agreed by JAPC in consultation with local endocrinologists. The position statement includes practical advice for GPs on reviewing and managing existing patients on treatment with a view to stopping treatment. Liothyronine remains AMBER for treatment resistance depression and is classified as RED for exceptional acute use in oncology treatment when used for diagnostic purposes in line with the British Thyroid cancer guidelines.

#### OPAT STEP UP SERVICE

Outpatient Parenteral Antimicrobial Therapy (OPAT) Pathway for Primary Care (Step-Up Pathway/Admission Avoidance) has been agreed for North Derbyshire and Hardwick CCG. The OPAT services provide intravenous antibiotics to patients outside of the acute hospital inpatient setting in addition to the previous cellulitis this now includes respiratory tract infections and urinary tract infections. In North Derbyshire, this is achieved by Chesterfield Royal Hospital Foundation Trust working in partnership with Derbyshire Community Health Services Rapid Response Team. The GP maybe asked to prescribe any of the following antibiotics on an FP10 for their patients: ceftriaxone, ertapenem, flucloxacillin, meropenem, piperacillin –tazobactam, ceftazidime or teicoplanin (all classified as GREEN - only as part of the OPAT service between DCHS and CRHFT).

#### DICYCLOVERINE, CIPROFIBRATE AND VITAMIN B COMPOUND - BLACK

Dicycloverine, ciprofibrate and Vitamin B compound have received a BLACK traffic light classification, following an evidence review and views of local clinicians.

Ciprofibrate - Fibrates are not routinely recommended by NICE for use in primary/secondary CVD prevention limiting use when other options are inappropriate e.g. statins are not tolerated or contraindicated. Other cost effective fibrate options are available. Local lipidologists agree ciprofibrate should no longer be initiated in new patients. The cost of dicycloverine has increased exponentially, rendering it the least cost effective treatment choice for smooth muscle spasm associated with IBS. Hyoscine, mebeverine and alverine are examples of alternatives. Vitamin B compound tablets have been highlighted in the PrescQIPP drop-list as not a cost effective choice. Based on the current NHS listed price and the fact that that Vitamin B compound do not feature in any current Derbyshire guidance, a BLACK classification has been attributed. Vitamin B co Strong may be a suitable alternative.

#### GUIDELINE GROUP KEY POINTS

Chapter 9 has been updated – ferrous fumarate liquid should be prescribed as 'sugar free'; Calci-D replaces TheiCal as the preferred once daily preparation and Vitamin D advice in chapter is now in line with Vitamin D deficiency guidance. For consistency and clarity Indacaterol & glycopyrronium inhaler (Ultibro) traffic light has been amended to GREEN 1<sup>st</sup> line LABA/LAMA combination.

#### MHRA

None relevant for primary care

Drug	BNF	Date considered	Decision	Details
Ciprofibrate	CVS	August 2017	BLACK	Reclassification based on current cost effectiveness
Dicycloverine	GI	August 2017	BLACK	Reclassification based on current cost effectiveness
Vitamin B compound tablets	Nutrition	August 2017	BLACK	Reclassification based on current cost effectiveness
Liothyronine	Endocrine	August 2017	BLACK	Not recommended for use in hypothyroidism due to lack of cost-effectiveness and robust clinical evidence.
			AMBER	For treatment resistant depression.
			RED	For oncology treatment and for diagnostic purposes in line with the British Thyroid Cancer guideline.
Fosfomycin (Monuril)	Infections	August 2017	BROWN consultant/specialist recommendation	Oral fosfomycin sachets should be prescribed as <b>Monuril</b> - the preferred cost effective brand; on microbiologist advice only
Calcium folinate	Malignant disease	August 2017	RED	IV preparation: for anaemia, neutropenia and poisoning
			BROWN	Oral tablets: to be used as an alternative for a small number of patients who cannot tolerate weekly oral folic acid (used to reduce methotrexate side effects).
Ceftazidime	Infections	August 2017	GREEN	only as part of the OPAT service between DCHS and CRHFT
Tafloprost/timolol (Taptiqom) UDV p/f	Eye	August 2017	GREEN after consultant initiation	1 <sup>st</sup> line cost effective - preservative free prostaglandin analogue and beta-blocker combination, used for the treatment of glaucoma.
Bimatoprost/timolol (Ganfort) UDV p/f	Eye	August 2017	BROWN after consultant initiation	Alternative preservative-free prostaglandin analogue and beta-blocker combination, used for the treatment of glaucoma.
Bezlotoxumab (Zinplava)	Not listed	August 2017	BLACK	Used for the prevention of recurrence of clostridium difficile infection in adults at high risk of recurrence.
Meningitis B vaccine (Trumenba)	Not listed	August 2017	BLACK	Except where used as part of the national immunisation programme
Bupropion/naltrexone	Not listed	August 2017	BLACK	Weight management in adults who are obese or those who are overweight and have one or more complications related to their weight.
Ibrutinib	Malignant disease	August 2017	BLACK	Untreated chronic lymphocytic leukaemia without a 17p deletion or TP53 mutation. (Terminated appraisal) As per NICE TA452.
Bortezomib	Malignant disease	August 2017	BLACK	Bortezomib for treating multiple myeloma after second or subsequent relapse. (Terminated appraisal). As per NICE TA453:
Daratumab, lenalidomide and dexamethasone	Multiple categories	August 2017	BLACK	For treating relapsed or refractory multiple myeloma. (Terminated appraisal). As per NICE TA454.
Adalimumab, Etanercept, ustekinumab	Multiple categories	August 2017	RED	For treating plaque psoriasis in children and young people. As per NICE TA455. (NHSE commissioner)
Ustekinumab	Skin	August 2017	RED	Ustekinumab for moderately to severely active Crohn's Disease after previous treatment. As per NICE TA456.
Carfilzomib	Not listed	August 2017	RED	For previously treated multiple myeloma. As per NICE TA457.
Trastuzumab Emtansine	Malignant disease	August 2017	RED	For treating HER2-positive advanced breast cancer after treatment with trastuzumab and a taxane. As per NICE TA458.
Collagenase clostridium histolyticum	MSK and joint disease	August 2017	RED	For treating Dupuytren's contracture, recommended as part of an on-going clinical trial. As per NICE TA459.
Adalimumab and dexamethasone	Multiple categories	August 2017	RED	For treating non-infectious uveitis. As per NICE TA460.
Roflumilast	Respiratory	August 2017	RED	For treating chronic obstructive pulmonary disease. As per NICE TA461.
Nivolumab	Malignant disease	August 2017	RED	For treating relapsed or refractory classical Hodgkin lymphoma. As per NICE TA462.

## 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