

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 JULY 2017 MEETING

CLINICAL GUIDELINES

1. Refractory Constipation guideline. Updated with no clinical changes. The algorithm shows the place in the treatment pathway of prucalopride and lubiprostone for refractory symptomatic chronic constipation and is compliant with NICE Technology Appraisals.
2. Emergency contraception- New guidance that replaces the ellaOne guidance (see below for key messages)
3. Irritable Bowel Syndrome- Guidance updated to include the use of linaclotide in IBS with constipation following gastroenterologist initiation and assessment
4. Melatonin – for the treatment of sleep disorders in children with neurodevelopment disorders. Updated with no changes. Prescribers are reminded to use the branded Circadin MR tablets off-label in children instead of expensive generic melatonin products. Its use in adults over 55s to treat insomnia is not recommended
5. Antimicrobial guidance. Updated to include a section on treatments for UTIs for children.

SHARED CARE GUIDELINES

None

PATIENT GROUP DIRECTIONS

None

EMERGENCY CONTRACEPTION (EC) AND QUICK START CONTRACEPTION

The Faculty of Sexual and Reproductive Healthcare has recently updated its advice on EC. JAPC has revised and replaced its ellaONE (ulipristal acetate 30mg tablets) guidance with general advice how to decide on whether to use ulipristal acetate or levonorgestrel. Key messages in the guidance are: copper IUD remains the most effective method of EC, evidence suggests that oral EC after ovulation is ineffective; ulipristal acetate is more effective than levonorgestrel if unprotected sexual intercourse occurs up to 5 days before estimated ovulation. Advice now includes consideration of a patient's weight and hepatic enzyme inducing medication. The updated guidance includes how to quick start contraception following EC dependent on the type of hormonal contraception chosen.

Primary care management of Irritable Bowel Syndrome (IBS)

The IBS guidance remains largely unchanged. Prescribers are reminded on the use of the faecal calprotectin inflammatory test as a marker of differential diagnosis with inflammatory bowel disease. After a reminder of the evidence that supports linaclotide therapeutically through local audit and experience JAPC has taken the decision to allow primary care prescribing of linaclotide for IBS with constipation following gastroenterologist patient selection, initiation and assessment of efficacy within a 4 week period. The restricted use follows on from local audit that shows high dropout rates and weak evidence against placebo and lack of an active comparator.

Strontium ranelate (Protelos)

Servier the manufacturer of Protelos will cease production and distribution of strontium ranelate at the end of August 2017. For patients receiving treatment, local advice is for a clinical review and fracture risk assessment in primary care. Examples where stopping treatment may be appropriate include if the fragility fractures were from long ago or the mechanism of the fracture dubious and other risk factors considered were lacking at least in the short term. The concept of fracture risk and tools to assess fracture risk is a recent development and some people may have been started on strontium years ago and newer treatments (other than bisphosphonates) such as denosumab and zoledronic acid are now available.

Hepatitis A vaccine

Public Health England has published advice following an outbreak of Hepatitis A in England and the shortage of the vaccine. Whilst specific advice has gone out to relevant providers and NHS organisations, clinicians need to be vigilant for patients presenting with signs and symptoms of the infection. In addition to help preserve stocks NATHNAC ([National Travel Health Network and Centre](http://www.nathnac.org)) is updating its country-specific guidance where travellers may no longer need the vaccine.

High Risk Drugs

A drug list compiled by PrescQIPP has shown prescribing in primary care of drugs either excluded from tariff or cytotoxics from chapter 8 of the BNF, which are deemed 'high risk drugs'. A review of these has led JAPC to make a collective drug traffic classification of RED based on the specialties they are being used in or familiarity of use in primary care. The following drugs are now RED; aztreonam, bacillus calmette-guerin (B.C.G.), calc folinate, colestilan, dactinomycin, desferrioxamine, mesilate, fampridine, filgrastim, icatibant acetate, lamivudine, lenograstim, lipegfilgrastim, mecasermin, mesna, micafungin, nitazoxanide, paritaprevir/ritonavir/ombitasvir, pazopanib, pegfilgrastim, ponatinib, sodium benzoate, sodium phenylbutyrate, telbivudine and tretinoin.

MHRA Drug Safety update

1. Denosumab- although still rare the possibility of osteonecrosis of the external auditory canal should be considered in patients receiving denosumab who present with ear symptoms including chronic ear infections or in those with suspected cholesteatoma. Patients should be encouraged to report pain, discharge or infection whilst on treatment.

GUIDELINE GROUP KEY POINTS

Chapter 7 has been updated with cost effective options for oral hormonal contraception, given the constant changing prices, new entries and familiarity of the treatments, this part of the BNF will only be updated annually. For restrictive indications of lidocaine 5% plasters, Ralvo is the preferred brand and Relevtec is the preferred brand when a high strength buprenorphine patch is necessary. Noted also is the requirement for follow up LFTs and TFTs necessary for up-to 12 months of amiodarone cessation, which has been added to the protocol.

Drug	BNF	Date considered	Decision	Details
Follitropin delta (Rekovelle)	Not listed	July 2017	Red	Multifollicular stimulation in superovulation for assisted reproductive technologies such as IVF or ICSI.
Rolapitant (Varuby)	Not listed	July 2017	Red	Prevention of delayed nausea and vomiting associated with highly and moderately emetogenic cancer chemotherapy in adults- NHSE
Eliglustat	Not listed	July 2017	Red	For treating type 1 Gaucher disease. NICE as per HST5 and NHSE commissioning intentions.
Brentuximab vedotin	Malignant disease	July 2017	Red	For treating CD30-positive Hodgkin lymphoma. As per NICE TA 446 and NHSE commissioning intentions.
Pembrolizumab	Malignant disease	July 2017	Red	For untreated PDL1-positive metastatic non-small-cell lung cancer. As per NICE TA 447 and NHSE commissioning intentions.
Etelcalcetide	Not listed	July 2017	Red	For treating secondary hyperparathyroidism. As per NICE TA 448.
Everolimus and sunitinib	Malignant disease	July 2017	Red	For treating unresectable or metastatic neuroendocrine tumours in people with progressive disease. As per NICE TA 449 and NHSE commissioning intentions.
Blinatumomab	Malignant disease	July 2017	Red	For previously treated Philadelphia-chromosome-negative acute lymphoblastic leukaemia. As per NICE TA 450 and NHSE commissioning intentions.
Ponatinib	Malignant disease	July 2017	Red	For treating chronic myeloid leukaemia and acute lymphoblastic leukaemia. As per NICE TA 451 and NSHE commissioning intentions.
Idebenone	Not listed	July 2017	Red	Early Access to Medicines scheme (EAMS)
Dupilimumab	Not listed	July 2017	Red	EAMS status for severe atopic dermatitis. A NICE TA is expected in 2018
High Cost Drugs excluded from Tariff and Cytotoxics (see above)	Various	July 2017	Red	See list above
Linaclotide	GI	July 2017	Brown	After consultant gastroenterologist initiation and assessment (after 4 weeks)
Liraglutide (Saxenda)	Endocrine system	July 2017	Black	GLP1 receptor agonist in the treatment of obesity. BLACK for the 6mg/ml solution and its 3ml pre-filled disposable devices

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