

## 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 JUNE 2017 MEETING

#### CLINICAL GUIDELINES

1. Bisphosphonate treatment holiday. Updated with alignment to the osteoporosis guideline on steroid doses for high risk patients.
2. Continence guidelines and request form- updated with no major changes to formulary choices
3. COPD- updated with changes to the pathway that now includes the prominence of LABA/LAMAs ahead of LABA/ICS combinations.
4. Referral guidance for sublingual immunotherapy (Grazax) has been updated promoting mometasone nasal spray as a cost effective treatment option alongside beclomethasone nasal spray. Other relevant guidelines are being similarly updated.
5. Managing Behaviour Problems in Patients with Dementia- supportive guidance to help primary care prescribes understand treatment choices by DHcFT. Updated to include a section on alternative formulations in patients with dysphagia.
6. Vitamin D deficiency guidance and position statement (see below)

#### SHARED CARE GUIDELINES

1. Lithium shared care- updated to include an assurance framework agreed by DHcFT on identifying patients that remain under specialist assessment and on-going monitoring and those that fall under the shared care agreement
2. Degarelix-for advanced prostate cancer- updated with no major changes
3. Methotrexate-updated with changes (see below)

#### PATIENT GROUP DIRECTIONS

PGDs by Public Health England- Shingle's vaccine, Pneumococcal polysaccharide conjugate vaccine (at risk groups), Meningococcal ACWY conjugate vaccine and Rotavirus vaccine.

#### CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

The COPD local guideline has been updated to include the use of Long acting Beta Agonist (LABA) and Long Acting Muscarinic Antagonist (LAMA) combination inhalers ahead of LABA and inhaled corticosteroids. This step change is in response to emerging evidence and avoiding steroid side effects that include pneumonia. Prescribers are reminded of the COPD value pyramid where pulmonary rehabilitation, stopping smoking and vaccination are the most cost effective interventions.

#### Vitamin D prescribing and supplementation

JAPC continues to recommend the prescribing across Derbyshire of high-dose vitamin D as a short-course treatment, for the correction of diagnosed deficiency for adults and children. Local guidance includes details of vitamin d deficiency diagnosis, treatment length and preferred formulary choices by age category. The majority of the population, evidenced by public health publications, are known to require vitamin D supplementation. This is simply unaffordable to prescribe on the NHS. Similar to other CCGs JAPC has issued a position statement to support clinicians asking the public to purchase these supplements from high street retailers for the prevention of Vitamin D deficiency and also for the maintenance Vitamin D after treatment of deficiency.

#### Immunomodulating drugs- Methotrexate

The British Society of Rheumatology 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 first, methotrexate, in a series of these shared cares has been updated and agreed. Prescribers will now need to familiarise themselves with the standard monitoring schedule as a general principle of follow up but also noting any drug specific ones. The biochemical values in the 'actions to be taken' section has also notably changed from previous publications. These shared care guidelines are being updated and re-written with input from consultants at both acute trusts and across specialties.

#### Drugs and Therapeutic Bulletin (DTB) reviews

The DTB review of dequalinium chloride in the treatment of bacterial vaginosis assures JAPCs decision and positioning as a second line option after treatment failure and or intolerance to metronidazole made in December 2016. Dequalinium vaginal tablets are a cheaper cost option over clindamycin vaginal cream but positioned alongside it. It has though an advantage of a shorter duration of treatment which may be preferred by some women.

The DTB article 'turning the tide on high-dose corticosteroids' highlights the clinical risks associated with steroid inhalers (pneumonia, osteoporosis and suppression in growth caused by adrenal suppression. It adds to the view of wider use of LABA/LAMAs mentioned earlier in COPD and also of trial use in asthma patients rather than the stepped approach commonly known. JAPC is awaiting NICEs asthma guidance before adopting this approach.

#### ANNUAL REPORT

The 2016-17 JAPC annual report is now [published](#). There is a summary of its outputs or key achievements and also who JAPC engages with as its stakeholders and the purpose of the committee.

#### MHRA Drug Safety update

1. Finasteride: rare reports of depression and suicidal thoughts with 1mg formulation (Propecia) for male pattern hair loss
2. New [e-learning modules](#) on reporting suspected adverse drug reactions

#### GUIDELINE GROUP KEY POINTS

JAPC supports the brand prescribing over generics where indicated of : Alzest over rivastigmine patches, Kemadrin over procyclidine and Amoxil capsules over amoxicillin capsules.

Drug	BNF	Date considered	Decision	Details
Indacaterol & glycopyrronium inhaler (Ultibro)	3.1.4	June 2017	Brown	Preferred 1st line LABA/LAMA preparation for COPD.
Acclidinium & formoterol inhaler (Duaklir Genuair)	3.1.2	June 2017	Brown	2 <sup>nd</sup> line option of LABA/LAMA preparation for COPD
Umeclidinium & vilanterol inhaler (Anoro)	3.1.4	June 2017	Brown	2nd line option of LABA/LAMA preparation for COPD
Tiotropium + olodaterol inhaler (Spiolto Respimat)	3.1.4	June 2017	Brown	2nd line option of LABA/LAMA preparation for COPD
Fluticasone+vilanterol (Relvar) inhaler	3.2	June 2017	Brown	Once daily LABA+ ICS inhaler, option after respiratory consultant/specialist recommendation
Insulin Aspart (FiASP)	6.1.1	June 2017	Green	on specialist recommendation. New fast acting insulin aspart with a faster onset of action than novorapid 4mins versus 10-20 minutes, for adults only. Note: FIASP and Novorapid are not directly interchangeable
Mometasone nasal spray	12.2.1	June 2017	Green	1 <sup>st</sup> line nasal spray option alongside beclometasone nasal spray for rhinitis
Tofacitinib (Xeljanz)	Not yet listed	June 2017	Black	Moderate-to-severe active rheumatoid arthritis- awaiting NICE guidance
Baricitinib (Olumiant)	Not yet listed	June 2017	Black	Moderate-to-severe active rheumatoid arthritis in adults- awaiting NICE guidance
Albutrepenonacog alfa	Not yet listed	June 2017	Red	Treatment and prophylaxis of bleeding in patients of all ages with haemophilia B- as per NHSE commissioning intentions
Tenofovir disoproxil + emtricitabine (Truvada)	5.3.1	June 2017	Red	HIV treatment- as per NHSE commissioning intentions
Dabrafenib (Tafinlar)	8.1.5	June 2017	Red	Treatment of adults with advanced non-small cell lung cancer in combination with trametinib as per NHSE commissioning intentions
Afatinib	8.1.5	June 2017	Black	Lung cancer-NHSE and as per NICE TA444
Certolizumab pegol	10.1.3	June 2017	Red	Psoriatic arthritis as per NICE TA445
Secukinumab	10.1.3	June 2017	Red	Psoriatic arthritis as per NICE TA445

### 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