

## 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 2017 MEETING

### CLINICAL GUIDELINES

1. **Bariatric surgery**- This is a new guideline that supports the monitoring and prescribing responsibilities of primary care following patients that have undergone surgery at both Sheffield and Derby Teaching Hospitals. Patients post-surgery are normally discharged from the bariatric surgery after two years. There are slight variations between the providers because there is no national guidance and these are largely based on the British Obesity & Metabolic Surgery Society guidance. Important advice includes blood monitoring, treatment of deficiencies, supplementation and self-care and the place of liquid formulations.
2. Varenicline – Update with no major changes. This guidance is for smoking cessation advisors to follow before requesting to GPs to prescribe.

### SHARED CARE GUIDELINES

1. Penicillamine- Not featured in the recent British Society of Rheumatology update this shared care has been updated locally in consultation with secondary care clinicians. Some changes have been made in alignment to the pathology values but in the main the monitoring schedule that includes urine testing remains the same.
2. Riluzole- for the treatment of the Amyotrophic Lateral Sclerosis (ALS) form of Motor Neurone Disease – updated with no major changes

### PATIENT GROUP DIRECTIONS

NHS England have authorised the use of the following PGDs:

- Revised Influenza PGDs (inactivated influenza- subcut/IM and nasal spray suspension)
- Locally approved PGDs with now three year expiry dates:  
Hepatitis A (adult), Hepatitis A (child), Hepatitis B, Typhoid, Hepatitis A with Typhoid and Vitamin K that supports the warfarin INR local monitoring service.

### FreeStyle Libre (Black)

FreeStyle Libre is a flash glucose monitoring (FGM) system which monitors glucose levels using interstitial fluid levels rather than capillary blood glucose from finger prick testing. Its intended place is as an alternative to routine blood glucose monitoring in people with type 1 and 2 diabetes that use insulin injections or insulin pumps in a more convenient and acceptable way to patients. Its addition to the drug tariff has generated much interest and pressure from patients asking GPs to prescribe. In response JAPC undertook a review using the recently updated NICE publication. With limited evidence, no studies on cost-effectiveness and large patient numbers that could be eligible it has been classified as BLACK until these issues are addressed.

### Azithromycin 1% eye drops (Green second line option to chloramphenicol)

Azithromycin is a preservative free single use eye drop for the treatment of bacterial conjunctivitis that is significantly cheaper than fusidic acid, which is normally reserved when chloramphenicol and gentamicin is contra-indicated e.g. pregnancy or not tolerated. Its licenced application is twice daily for three days and shorter than fusidic acid which is seven days. Prescribers are reminded that most cases of bacterial conjunctivitis are self-limiting and resolve within 5–7 days without treatment.

### RAISING AWARENESS

JAPC would like to raise the awareness of the following information relevant to primary care:

- PHE has written to GPs highlighting shortage of Pneumococcal polysaccharide vaccine (PPV23), not to be confused with the PCV13 used in infants and toddlers. Advising that the PPV23 should be planned to be given throughout the year rather than linking it to the flu programme.
- The [DoH has issued advice](#) following MHRA regulation changes to allow schools to buy adrenaline auto-injectors without prescription, for emergency use in children who are at risk of anaphylaxis but their own medication is not available or not working (e.g. broken or out of date).

### QIPP OPPORTUNITIES

- ✓ In consultation with local gastro-consultants the use of prednisolone foam enema has been classified as BLACK. It is no longer considered a cost effective treatment option in ulcerative colitis and proctitis (£187 for 14 doses compared to hydrocortisone foam aerosol enema £9.33 for 14 doses).
- ✓ Beclometasone+formoterol+glycopyrronium (Trimbow) is a pMDI inhaler which can be used with Aerochamber Plus spacer device in the treatment of COPD. Prescribers are reminded of the limited use and place of triple therapy in COPD ([see local guidance](#)) however in patients that gain benefit on triple therapy (LABA+LAMA+ICS) this inhaler has been classified as BROWN for patients supporting compliance and is cost effective to separate inhalers.

### GUIDELINE GROUP KEY POINTS

- Sodium Chloride 7% nebulas BROWN after a suitable trial in patients with bronchiectasis and the presence of thick sputum that optimised fluid intake and oral mucolytics (e.g. carbocisteine) are either ineffective or not tolerated
- Capsaicin cream 0.025% BROWN for use in osteoarthritis as per NICE CG177. For use after self-care using rubefacients and oral analgesia.
- Eye bags/ eye compress- BLACK e.g. Clinitas, Meibopatch, MGDRx, Optase
- Vitamin D (Colecalciferol) 800 units (e.g. Fultium; Desunin) BLACK-For maintenance (following treatment of deficiency) or insufficiency, JAPC recommends that the patient is encouraged to make lifestyle changes and to purchase a supplement over the counter from a local pharmacy, health food shop or supermarket

Eye chapter has been updated to include cost effective options for dry eye.

CKD detailing updated with minor changes

The [Falls guidance](#) updated to align with PrescQIPP 'Medication and falls' resource and [Deprescribing](#) guidelines updated to make more concise with information relating to specific medicines already on website under IMPACT tool

### MHRA

1. Bleeding risk of warfarin and over the counter oral miconazole gel. Prescribers are reminded that for patients taking prescription-only miconazole oral gel and warfarin that if they experience signs of over-anticoagulation, such as sudden unexplained bruising, nosebleeds, or blood in urine, they should stop using miconazole and seek immediate medical attention
2. Loperamide- reports of serious cardiac adverse reactions with [high doses](#) of loperamide associated with abuse or misuse

Comments? Contact the JAPC secretary – [slakahan.dhadli@nhs.net](mailto:slakahan.dhadli@nhs.net)

Drug	BNF	Date considered	Decision	Details
Fusidic acid 1% eye drops	Eye	Oct 2017	Brown	No longer cost effective. For patients intolerant or contraindicated to chloramphenicol, azithromycin for bacterial conjunctivitis
Azithromycin eye 1% drops (Azyter)	Eye	Oct 2017	Green (3 <sup>rd</sup> line)	Bacterial conjunctivitis if chloramphenicol and gentamicin is contraindicated (e.g. pregnancy) or not tolerated.
Prednisolone foam enemas	GI	Oct 2017	Black	Not cost effective. Hydrocortisone foam form is a cost effective alternative.
Beclometasone+formoterol+glycopyrronium (Trimbow) pMDI inhaler	Respiratory	Oct 2017	Brown	Cost effective option in limited patients that require triple therapy (LABA+LAMA+ICS) in COPD
Sodium Chloride solution 7% nebulas	Not listed	Oct 2017	Brown after initiation	7% BROWN after specialist recommendation only after a suitable trial in hospital. 7% nebulas (preferred cost effective brand Resp-Ease).
Capsaicin cream 0.025%	MSK and joint diseases	Oct 2017	Brown	0.025% for use in osteoarthritis as per NICE CG177. For use after self-care with rubefaciants and oral analgesics
Sorafenib	Malignant disease and immunosuppression	Oct 2017	Red	As per NICE TA474: Sorafenib for treating advanced hepatocellular carcinoma. NHSE
Cetuximab			Red	Cetuximab for treating recurrent or metastatic squamous cell cancer of the head and neck as per NICE TA 473. NHSE
Dimethyl Fumarate			Red	As per NICE TA475: for treating moderate to severe plaque psoriasis (CCG commissioned indication)
Paclitaxel			Red	As per NICE TA 476 paclitaxel as albumin-bound nanoparticles (nab-paclitaxel) with gemcitabine for untreated metastatic pancreatic cancer- NHSE
FreeStyle Libre	Not listed	Oct 2017	Black	Flash glucose monitoring (FGM) system which monitors glucose levels using interstitial fluid levels
Vitamin D (chloaciferol) 800 IUs	Nutrition and blood	Oct 2017	Black	800 units for maintenance (following treatment of deficiency) or insufficiency
Glecaprevir + pibrentasvir (Maviret)	Not listed	Oct 2017	Black	NHSE Treatment of chronic hepatitis C virus infections in adults. Awaiting NICE TA - due April 2018
Ribociclib (Kisqali)	Not listed	Oct 2017	Black	Use in combination with an aromatase inhibitor for the treatment of postmenopausal women with hormone receptor-positive, human epidermal growth factor receptor 2-negative, locally advanced or metastatic breast cancer as initial endocrine based therapy. NHSE await NICE TA
Eyebags / Eye Compress	Not listed	Oct 2017	Black	e.g Clinitas Hot Eye Compress (Formerly Hot Eye Compress) Meibopatch, MGDRx EyeBag, Optase Moist Heat Mask

#### 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

#### 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.