

## 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 APRIL 2018 MEETING CLINICAL GUIDELINES

1. Domperidone 'off-licence' use for the following indications: Gastroparesis and other gastric outlet physiological impairment, Babies and children (normally prescribed by specialists), Nursing mothers to promote lactation has been updated with no major changes
2. Metoclopramide use for long-term conditions: Use in gastro-paresis and other gastric outlet physiological impairment has been updated with no major changes
3. Advisory guidance on the prescribing of midodrine in the treatment of orthostatic hypertension has been updated with no major changes.

### SHARED CARE GUIDELINES

None this month

### PATIENT GROUP DIRECTIONS

None this month

### Omega 3

Omega 3 classification remains BROWN for the prevention of acute pancreatitis in a small cohort of patients. BROWN after consultant/specialist lipidologist recommendation in patients with severe hypertriglyceridaemia (triglycerides >10mmol/L) after a trial of fibrates with or without statins. JAPC recognises that this indication was excluded from the NHSE publication 'Items which should not routinely be prescribed in primary care'. Any patient whose use is outside this indication should have their treatment reviewed and stopped in line with NHSE guidance.

### Hydroxychloroquine

The Royal College of Ophthalmologists has now issued guidance on the eye monitoring of hydroxychloroquine and chloroquine which JAPC supports. DTHFT and CRHFT are working with commissioners to support the implementation of this activity. The current advice of an enquiry about any visual impairment annually by the GP is likely to change with ocular monitoring to be done under secondary care supervision.

### Responsibility for prescribing between Primary & Secondary/ Tertiary care

NHSE in partnership with the BMA, RCN, RCGP and N.A.P.P has updated its previous guidance from 1991 'Responsibility for prescribing between hospitals and GPs'. The Derbyshire JAPC already has the principles and themes from the [new guidance](#) embedded into practice. This includes for example; having standardised shared care agreements into a consistent a framework, decision making at Area Prescribing level and the seamless care (of suitable quantity of drugs and information) across the interface through the [Derbyshire Prescribing Specification](#).

### CONDITIONS FOR WHICH OVER THE COUNTER ITEMS SHOULD NOT ROUTINELY BE PRESCRIBED IN PRIMARY CARE

NHS Clinical commissioners and NHSE has published guidance to curb the routine prescribing for minor, self-limiting conditions, many of which cure themselves or cause no long term effect on health to free up resources within the NHS. Many of the recommendations and principles reflect the recently approved [Derbyshire prescribing self-care policy](#). Work is underway to look at how the policies are aligned and understand what further resources can support primary care and providers to implement the recommendations.

### REGIONAL MEDICINES OPTIMISATION COMMITTEES

The [Specialist Pharmacy Service](#) host the work of the Regional Medicines Optimisation Committees (RMOCs). Free to register, users can access the work plan of the RMOCs and resources that can support CCGs e.g. the planning of resources for the biosimilar adalimumab.

### GUIDELINE GROUP KEY POINTS

1. Emollient guidance- As cost effective options, Excetra cream replaces Cetaban cream and Epimax ointment replaces Epaderm ointment. Aproderm colloidal oat cream has now been added as paraffin free option.
2. Fluticasone/salmeterol combination inhaler (Seretide) has changed to GREEN for Children and BROWN for adults.
3. Mirtazapine orodispersible tablets (GREEN) are cheaper than mirtazapine oral solution (now classed as BROWN)
4. Sodium Oxybate traffic light classification has been clarified as DUAL, BLACK for adults and RED in children
5. Sumatriptan 100mg strength has been added to the migraine section of the BNF
6. There is now a licensed Epistatus PFS formulation as 10mg/ml (licensed in 10-18yr olds)

### MHRA NOTICES

1. Daclizumab (Zinbryta ▼): suspension and recall for safety reasons; review patients as soon as possible and start alternative therapy
  2. Reminder of Esmya (ulipristal acetate) for uterine fibroids: do not initiate or re-start treatment; monitor liver function in current and recent users
  3. Head lice eradication products: risk of serious burns if treated hair is exposed to open flames or other sources of ignition, e.g. cigarettes
  4. Confidential prescribing and patient safety reports on key indicators now available free for GPs
- [EMA- sends out NEW measures to avoid exposure in pregnancy](#). A ban on the use of such medicines for migraine or bipolar disorder during pregnancy, and a ban on treating epilepsy during pregnancy unless there is no other effective treatment available. Medicines must not be used in any woman or girl able to have children unless the conditions of a new [pregnancy prevention programme](#) are met

Drug	Date considered	Decision	Details
Cyanocobalamin	April 2018	BLACK	B12 deficient patients should be treated with IM hydroxycobalamin. Self-care should be promoted to patients with low or borderline B12 deficiency
Ocrelizumab (Ocrevus)	April 2018	BLACK	NHSE – await NICE TAs
Trimovate (clobetasone/nystatin/oxytetracycline)	April 2018	BLACK	Discontinued item. BLACK to prevent sourcing as a 'special'
Regorafenib	April 2018	BLACK	for previously treated advanced hepatocellular carcinoma as per NICE TA 514 (NHSE commissioned)
Eribulin	April 2018	BLACK	for treating locally advanced or metastatic breast cancer after 1 chemotherapy regime as per NICE TA 515 (NHSE commissioned)
Opicapone	April 2018	BROWN (2 <sup>nd</sup> line)	After consultant/ specialist initiation and stabilisation. A once daily COMT inhibitor in the treatment of Parkinson Disease. Second line in patients in those contraindicated or not tolerated to entacapone
Dexamethasone (Neofordex)	April 2018	RED	Treatment of symptomatic multiple myeloma in adults in combination with other medicinal products Likely NHSE funded
Maraviroc (Celsentri)	April 2018	RED	Use in combination with other antiretroviral medicinal products Likely NHSE funded
Pertuzumab with trastuzumab and docetaxel	April 2018	RED	For treating HER2-positive breast cancer. As per NICE TA 509 and NHSE commissioning intentions
Daratumumab monotherapy	April 2018	RED	for treating relapsed and refractory multiple myelom. As per NICE TA 510 and NHSE commissioning intentions
Brodalumab	April 2018	RED	for treating moderate to severe plaque psoriasis as per NICE TA 511
Tivozanib	April 2018	RED	for treating advanced renal cell carcinoma as per NICE TA 512 and NHSE commissioning intentions
Obinutuzumab	April 2018	RED	for untreated advanced follicular lymphoma as per NICE TA 513 and NHSE commissioning intentions
Cabozantinib	April 2018	RED	for treating medullary thyroid cancer as per NICE TA 516 and NHSE commissioning intentions.

#### 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.