

## 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 2018 MEETING CLINICAL GUIDELINES

Guideline for the prescribing of stoma appliances, including a formulary of preferred choices for related stoma products such as adhesive removers and skin protectors – new guidance agreed

Derbyshire commissioning guidance on biologic drugs for the treatment of rheumatoid arthritis – commissioning pathway updated

## SHARED CARE GUIDELINES

No shared care this month

## PATIENT GROUP DIRECTIONS

Public Health England, have updated the following PGDs:

1. Administration of Haemophilus influenzae type b and meningococcal C conjugate vaccine (Hib/MenC) to individuals from their first birthday to under 10 years of age in accordance with the national immunisation programme.
2. Administration of live attenuated influenza vaccine nasal spray suspension (Fluenz Tetra®▼), OR supply only in well-defined local circumstances, to children and adolescents from 2 years to under 18 years of age.

## Actipatch - BLACK traffic light classification

Actipatch is a wearable medical device that uses electromagnetic fields to regulate irregular nerve activity and help relieve chronic pain. The device is taped over the affected area and stimulation at a high frequency is reported to alleviate pain with no sensation. The clinical evidence for Actipatch is based on 2 small studies. The results from the first study suggest that although pulsed electromagnetic field (PEMF) is effective for pain management in knee osteoarthritis, future larger studies, including head-to-head studies comparing PEMF therapy with standard pharmacological approaches in osteoarthritis, are warranted.

The second study signed up subjects via the company website (self-selection) and was not a randomised controlled trial. JAPC has classified Actipatch as BLACK – not recommended or commissioned due to the limited evidence base.

## Guideline for the prescribing of stoma appliances

New JAPC guideline for prescribing of stoma appliances has been approved for use across Derbyshire. The guideline guides the prescriber with respect to the appropriate quantities used per month for stoma bags and includes a formulary of preferred choices for related stoma products such as adhesive removers and skin protectors. Adherence to the guideline could produce an estimated £160k savings across Derbyshire, through use of the more cost effective choice of related stoma products recommended by the guidance.

## Commissioning guidance for Rheumatoid arthritis

Following the publication of a series of positive NICE technology appraisals for biologics in the treatment of rheumatoid arthritis, and consultation across Derbyshire with our Provider Trusts, the commissioning guidance has been approved for use. Essentially the guidance details the use of excluded from tariff high cost drugs (biologics) for the treatment of RA, following treatment failure with conventional DMARDs. The commissioning guidance is for use by the rheumatology specialists within secondary care.

## BLACK drugs policy

The BLACK drugs policy has been approved by JAPC. The purpose of the policy is to provide GPs with an overview of how to deal with requests to prescribe a BLACK drug for new patients and how to deal with existing patients already on a BLACK drug. The policy defines the Individual Funding Request (IFR) process and the meaning of clinical exceptionality. There is also a handy Q&A section which informs clinicians what their options are: whether to stop the BLACK drug, to submit an IFR or a JAPC review.

## Pulmonary rehabilitation referral – COPD guidance

The MRC dyspnoea scale describes patients with a score of 2 as short of breath when hurrying or walking up a slight hill. BTS pulmonary rehabilitation guideline (2013) states patients with MRC dyspnoea score of 2 who are functionally limited by breathlessness should be referred for pulmonary rehabilitation. Consultation with rehabilitation specialists revealed that patients with an MRC score of 2 are already currently being referred and delaying referral could lead to worse health outcomes. The pulmonary rehabilitation section of the Derbyshire COPD guidance has been updated. The new guidance now includes referral of patients with an MRC score 2 or above.

## PRIMARY CARE PATHWAY FOR PATIENT REFERRALS IN LINE WITH THE VALPROATE PREGNANCY PREVENTION PROGRAMME.

In light of recent MHRA advice regarding use of valproate medicines in women and girls of childbearing potential and requirement for conditions of the Pregnancy Prevention Programme to be met, Derbyshire has produced a primary care pathway to support prescribers in prioritising patient referrals to specialists for immediate and ongoing review. The pathway reminds GPs to identify and recall all women and girls who maybe of childbearing potential, provide the patient guide and check they have been reviewed by a specialist in the last year and are on highly effective contraception.

## ULIPRISTAL (ESMYA) - RED

Ulipristal acetate has been reclassified from BLACK to RED following the recent MHRA update, pending review of the Derbyshire symptomatic fibroid guidance by Guideline Group and JAPC (September). Liver function monitoring restrictions apply before, during and after treatment.

## GUIDELINE GROUP KEY POINTS

- Mometasone (cream/ointment) and co-careldopa classified as GREEN and GREEN specialist recommendation respectively with message to prescribe generically. The brands of both drugs have been classified as BLACK.
- The following NHSE drugs have been classified as RED – tafamadis, autologous chondrocyte implantation, paritaprevir, albumin bound paclitaxel. (Daclizumab changed to BLACK following withdrawal from the market)
- Chapter 9 – Evacal D3 replaces Natecal D3 as a cost effective calcium & Vitamin D chewable tablet. Galfer & Sytron brands have been removed – to be prescribed generically.
- Freestyle Libre traffic light classification and JAPC briefing has been updated with the message that practices will be provided with individual patient information to confirm Freestyle Libre eligibility and removal of the ABCD forms to be sent to the GP.

## MHRA NOTICES

Advice for healthcare professionals to remind patients to remove the mouthpiece cover fully, shake the inhaler to remove loose objects that may not be visible and check the inside and outside of the mouthpiece are clear before inhaling a dose, this is following reports of patients who have inhaled objects into the back of the throat resulting in coughing.

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

Drug	Date considered	Decision	Details
Actipatch	August 2018	BLACK	Wearable medical device.
Anakinra	August 2018	RED	RED when used for periodic fevers and autoinflammatory diseases. BLACK for all other conditions. To be used in line with NHSE commissioning intentions
		BLACK	
Anakinra/Tocilizumab	August 2018	RED	Adult's onset stills disease. To be used in line with NHSE commissioning intentions.
Lomitapide	August 2018	RED	Homozygous familial hypercholesterolemia. To be used in line with NHSE commissioning intentions.
Dolutegravir/Rilpivirine (Juluca)	August 2018	RED	Treatment of HIV-1 infection in adults. To be used in line with NHSE commissioning intentions.
Niraparib	August 2018	RED	NICE TA528: maintenance treatment of relapsed, platinum-sensitive ovarian, fallopian tube and peritoneal cancer.
Crizotinib	August 2018	RED	NICE TA529: treating ROS1-positive advanced non-small-cell lung cancer.
Nivolumab	August 2018	BLACK	NICE TA530: treating locally advanced unresectable or metastatic urothelial cancer after platinum-containing chemotherapy
Pembolizumab	August 2018	RED	NICE TA531: untreated PD-L1-positive metastatic non-small-cell lung cancer
Cenegermin	August 2018	BLACK	NICE TA532: treating neurotrophic keratitis.
Ocrelizumab	August 2018	RED	NICE TA533: treating relapsing–remitting multiple sclerosis.
Ulipristal (Esmya)	August 2018	RED	Treatment of uterine fibroids.

#### **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, treatments or medical devices are **not** 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.