

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 2018 MEETING CLINICAL GUIDELINES

1. Management of hypertension using ABPM - updated with no changes.
2. JAPC annual report – 2017/18 will be uploaded to the Medicines Management website

SHARED CARE GUIDELINES

The DMARD shared care protocols from Stepping Hill hospital, for use by GP's in the High Peak and Buxton area have been agreed at JAPC. GPs wishing to access these SCP will find a link on the [Derbyshire Medicines Management website](#). These shared care protocols require primary care clinicians to prescribe and monitor the DMARDs from the beginning with support and guidance from secondary care.

PATIENT GROUP DIRECTIONS

PHE meningococcal group B vaccine uploaded to the Derbyshire Medicines Management website.

THE MANAGEMENT AND TREATMENT OF COMMON INFECTIONS – NEW DERBYSHIRE GUIDELINES

Public Health England document - quick reference summary for CCGs and primary care on the management and treatment of common infections, has been ratified by JAPC and will supersede the local antimicrobial treatment guideline. The guidance has been adapted to include local issues/messages in blue (e.g. recommendation of self-care where appropriate) and includes a comprehensive range of indications.

DIAGNOSIS AND MANAGEMENT OF LOWER UTI – AN UPDATE ON CURRENT ISSUES

The guidance has been updated and includes new details on risks for increasing resistance and the risks of developing *E. coli* bacteraemia. It includes details from NICE Quality Standards for UTI's in adults and new key messages on preventing gram-negative bloodstream infections.

DIAMORPHINE SHORTAGE

Due to a manufacturing issue from one of the suppliers of diamorphine 5mg and 10mg injection, we are expecting a complete out of stock situation of these strengths for the foreseeable future. Production of morphine 10mg injection is being increased to cover the diamorphine 5mg and 10mg gap in June. Note: We have been advised that diamorphine 30mg injection should NOT be used to cover the short-fall.

Actions have been taken locally to address this issue and there are some differences in advice being given to GP practices in SDCCG vs. GP practices in Erewash/Hardwick/NDCCG according to how Syringe Drivers are prepared for End of Life patients.

Please refer to the relevant copy of the email sent out to GP practices according to the CCG they are in, for information and advice provided.

LIOTHYRONINE - RED TRAFFIC LIGHT

In light of the national position on drugs of low clinical value, JAPC has reclassified liothyronine as RED for all indications including hypothyroidism, depression and cancer indications. The Derbyshire position statement has been updated to reflect this change and the shared care agreement for depression has been removed. The classification will facilitate the implementation of the NHS England guidance on liothyronine by ensuring that NHS specialists review these patients at their earliest convenience. To ensure the smooth repatriation of these patients, the medicines management team will be supporting practices with this work.

LIPID AND FAMILIAL HYPERCHOLESTEROLAEMIA

JAPC has relaxed the traffic light classification of rosuvastatin following loss of exclusivity which has resulted in a decrease in the NHS listed price by approximately 86%. Rosuvastatin is now classified as BROWN 3rd line (from BROWN specialist initiation). GP's may initiate treatment with rosuvastatin in patients who have complete intolerance of simvastatin, atorvastatin and pravastatin due to myalgia or the patient fails to achieve target lipid reduction with maximum tolerated dose of other generic statins. Further details can be found in the [lipid modification](#) guidance and the [familial hypercholesterolemia](#) guidance.

GUIDELINE GROUP KEY POINTS

Endocrine BNF chapter updated with

- Preferred insulin needles – GlucoRx or consider any needle less than £6 per 100
- Safety needles should NOT be used by patients who self-administer insulin. Mylife Clickfine AutoProtect is the preferred brand for safety needles if indicated.
- Preferred lancets include AgaMatrix Ultra-thin & TRUE plus or consider any lancet less than £3 per 100.

Treatment for migraines has been updated with guidance from SIGN 155 (2108). For the prophylaxis of migraines:

- Propranolol 1st line and topiramate or amitriptyline for use as 2nd line.
- Valproate has been removed as a second line option following MHRA warning.

MHRA NOTICES

Valproate medicines must no longer be used in women or girls of childbearing potential unless a Pregnancy Prevention Programme is in place. This is designed to make sure patients are fully aware of the risks and the need to avoid becoming pregnant. The MHRA have produced a toolkit, which includes a set of resources to support healthcare professionals in implementing this programme.

GP practices must identify and recall all women and girls 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. Methods of contraception considered 'highly effective' in this context include the long-acting reversible contraceptives (LARC), copper intrauterine devices, levonorgestrel intrauterine system and progestogen-only implant. Specialists must book in review appointments at least annually with women and girls under the Pregnancy Prevention Programme and re-evaluate treatment as necessary; explain clearly the conditions as outlined in the supporting materials; and complete and sign the Risk Acknowledgement Form - copies of the form must be given to the patient or caregiver/responsible person and sent to their GP. Further details and all material can be found on the [MHRA](#) website.

Braltus (tiotropium) – risk of inhalation of capsule.

The MHRA reminded all healthcare professionals to ensure patients are trained in the correct use of Braltus and the Zonda haler. The MHRA have received reports of patients who have inhaled a Braltus capsule from the mouthpiece into the back of the throat, resulting in coughing and risking aspiration or airway obstruction.

Drug	Date considered	Decision	Details
Citalopram	June 2018	BROWN after initiation	BROWN after consultant/specialist initiation. 2nd line use in children as per NICE
Sertraline	June 2018	BROWN after initiation	BROWN after consultant/specialist initiation. 2nd line use in children as per NICE
Sucralfate Liquid	June 2018	BLACK	Sucralfate liquid - not recommended. The tablets readily disperse in water
Sucralfate tablets	June 2018	BROWN after recommendation	Tablets remain BROWN after consultant/specialist recommendation: for empirical management of patients with severe GORD, or post-cholecystectomy, alongside use of PPIs.
Rosuvastatin	June 2018	BROWN	For 3rd line use in patients who have complete intolerance of simvastatin, atorvastatin and pravastatin due to myalgia or for patients who fail to achieve target lipid reduction with maximum tolerated dose of other generic statins.
Liothyronine	June 2018	RED	For all indications
Emicizumab	June 2018	RED	As per NHSE commissioning intentions
Gemtuzumab ozogamicin	June 2018	RED	As per NHSE commissioning intentions
Midostaurin	June 2018	RED	As per NHSE commissioning intentions
Ospemifene	June 2018	BLACK	Treatment of moderate-to-severe symptomatic vulvar and vaginal atrophy in post-menopausal women who are not candidates for local vaginal oestrogen therapy [not commercially launched but is available to order]
Anakinra	June 2018	BLACK	Stills disease.
Atezolizumab	June 2018	RED	Treatment of locally advanced or metastatic non-small-cell lung cancer after chemotherapy. As per NICE TA520 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, 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

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.