

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 SEPTEMBER 2018 MEETING CLINICAL GUIDELINES

Derbyshire Health United (DHU) - out of hour's formulary - list of medication stocked by the out of hour's service - updated.

SHARED CARE GUIDELINES

- Apomorphine Shared Care Agreement (SCA) - updated with no major change
- Riluzole SCA - updated with minor changes to include Riluzole 25mg in 5ml oral suspension (Teglutik); a licensed formulation. JAPC noted that this is significantly more expensive than riluzole tablets, which can be crushed and mixed with food (off-license). The SCA has been updated to include riluzole suspension for use in exceptional circumstances when recommended by Motor Neurone Disease specialists.
- Somatropin SCA – updated with no major change.
- ADHD in children and adults SCA - this has been updated to be in line with the recently published NICE CG87. To note the inclusion of guanfacine as an AMBER drug (changed from RED); as a 3rd line option for children aged 5 years and over and young adults. Third line use alongside atomoxetine and dexamfetamine. Consultant/specialist responsibilities and monitoring sections have been made clearer between specialists and GPs.

PATIENT GROUP DIRECTIONS

Public Health England, have updated the following PGDs:

1. 23-valent pneumococcal polysaccharide vaccine (PPV) for individuals from 65 years of age and individuals from 2 years of age.
2. Intramuscular (subcutaneous) inactivated influenza vaccine to individuals in accordance with national immunisation programme.

Insulin Lispro Sanofi - BLACK traffic light classification

This is a new Insulin Lispro biosimilar to enter the market. It is a biosimilar for Humalog (insulin lispro) which has a current traffic light classification of GREEN. JAPC noted that in addition to insulins, biosimilars too should be prescribed by the brand name. There is uncertainty of the clinical risk of inadvertently switching to the biosimilar product due to lack of a clear brand name for the biosimilar; therefore JAPC has assigned a BLACK traffic classification for Insulin lispro Sanofi until the views of local consultants are sought.

Commissioning guidance for Atopic Dermatitis

JAPC biosimilar working group has ratified the commissioning algorithm for dupilumab for the treatment of moderate to severe atopic dermatitis, following publication of NICE guidance through the Early Access to Medicines Scheme. The guidance covers treatment with dupilumab after failure of topical treatments, phototherapy and immunosuppressant's. The commissioning guidance is for use by the Dermatology specialists within secondary care.

BREXIT - NO DEAL SCENARIO.

The Department of Health and Social care have issued a letter detailing the Governments recommendations for a 'no deal' scenario for March 2019 and the actions to be taken by the health and care system.

It is recommended that pharmaceutical companies should ensure they have an additional six weeks supply of medicines in the UK on top of their own normal stocks, in the unlikely event of a 'no-deal' Brexit.

There is specific advice that hospitals, GPs, and community pharmacies throughout the UK do not need to take steps to stockpile additional medicines, beyond their business as usual stock levels. There is also no need for clinicians to write longer NHS prescriptions.

FAMILIAL HYPERCHOLESTEROLAEMIA (FH)

Public Health England in collaboration with NICE, NHS England, Heart UK and British Heart Foundation have published a Familial Hypercholesterolaemia guide for implementing a systems approach to detection and management. The purpose of the guide is to support commissioners and service providers in implementing the recently updated NICE guideline (CG71) Familial Hypercholesterolaemia: identification and management. Through early detection of FH and commencement of treatment, patients have the same life expectancy as the general population. The guide recommends systematic searching of GP records for case findings as an important way of identifying affected individuals and key to early diagnosis and treatment.

This document was noted by JAPC as a useful; public health initiative.

GUIDELINE GROUP KEY POINTS

- Chronic Kidney Disease detail aid – updated no major change.
- Prescribing in primary care document – updated to include links to local Black Drug Policy and Self-care
- Recording medicines prescribed and issued by other Healthcare Providers on GP clinical systems – updated with no change

MHRA NOTICES

Esmya (ulipristal acetate) and risk of serious liver injury: new restrictions to use and requirements for liver function monitoring before, during, and after treatment.

More than one treatment course is authorised only in women who are not eligible for surgery, and liver function monitoring is to be carried out in all women treated with Esmya. Before initiation, discuss with women the rare risk of liver damage and advise them to seek urgent medical attention if they develop any symptoms or signs of liver injury. Esmya is classified RED locally therefore prescribing and monitoring will be undertaken in secondary care.

Drug	Date considered	Decision	Details
Insulin Lispro Sanofi	Sep 2018	BLACK	Biosimilar to Humalog (insulin lispro)
Methylphenidate (including MR)	Sep 2018	AMBER	For use as 1 st line option for the treatment of ADHD
Lisdexamfetamine	Sep 2018	AMBER	For use as 2 nd line option for the treatment of ADHD
Dexamfetamine	Sep 2018	AMBER	For use as 3 rd line option for the treatment of ADHD
Atomoxetine	Sep 2018	AMBER	For use as 3 rd line option for the treatment of ADHD
Guanfacine	Sep 2018	AMBER	For use as 3 rd line option for the treatment of ADHD in children aged 5 years and over and young adults.
Parathyroid Hormone (Natpar)	Sep 2018	RED	Adjunctive treatment of adults with chronic hypoparathyroidism who cannot be adequately controlled with standard therapy alone.
Carbetocin (Pabal)	Sep 2018	RED	Prevention of uterine atony following delivery of the infant by Caesarean section under epidural or spinal anaesthesia.
Dupilumab	Sep 2018	RED	NICE TA534: moderate to severe atopic dermatitis.
Lenvatinib/Sorafenib	Sep 2018	RED	NICE TA535: Differentiated thyroid cancer after radioactive iodine.
Alectinib	Sep 2018	RED	NICE TA536: untreated ALK-positive advanced non-small-cell lung cancer
Ixekizumab	Sep 2018	RED	NICE TA537: active psoriatic arthritis after inadequate response to DMARDs
Dinutuximab beta	Sep 2018	RED	NICE TA538: High-risk neuroblastoma
Lutetium (177Lu) oxodotreotide	Sep 2018	RED	NICE TA539: unresectable or metastatic neuroendocrine tumours.

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, 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