

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS Derby & Derbyshire Clinical Commissioning Groups, Derbyshire Community Health Service Foundation Trust, Derbyshire Healthcare Foundation Trust, University Hospital of Derby and Burton 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 Meeting Clinical Guidelines

- North Derbyshire Outpatient Parenteral Antimicrobial Therapy pathway for primary care (setup for GPs to avoid hospital admissions) – updated with minor changes throughout. The teicoplanin dose remains as previous guidance.
- Oxygen has been updated regarding do not use long term oxygen for smokers, but the risk of provision lies with the provider with patients assessed on an individual basis.
- COPD guidance – update to the local COPD guidance as per NICE NG115. See below for further details.

Patient Group Directions

- Administration of inactivated influenza vaccine to individuals in accordance with the national immunisation programme¹ for active immunisation against influenza.
- Supply and 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 in accordance with the national flu immunisation programme for active immunisation against influenza

Shared Care Agreements (SCA)

- Methotrexate SCA – update of existing SCA. Update includes information for GPs regarding use of live vaccinations for patients taking up to 25mg methotrexate. Consultant responsibilities include transferring monitoring to GP once the condition is stable or predictable, following at least 6 weeks of treatment and replying to any GP queries regarding live vaccinations. Dose and route of administration section has been split to show licenced and unlicensed indications. Adverse effects have been updated to be in line with the SPC and BNF and contact details have also been updated with for Burton hospitals.
- Oral sulfasalazine SCA – update of existing SCA. Update includes clarification regarding hand over to GP's, once monthly monitoring is achieved in line with other SCA. Recommendation for GP's on the use of live vaccinations for patients taking standard doses of DMARDS and a clarification of what constitutes a standard dose. Adverse effects, contra-indications and cautions have been updated to be in line with SPC and consultant and GP monitoring requirements have amended to include AST levels.
- Sodium aurothiomalate SCA – amended to state only for use in existing patients. No new patients to be commenced on sodium aurothiomalate due to discontinuation of the product.

COPD guidance

COPD guidance has been updated to be in line with NICE NG115, including new advice regarding dual and triple therapy. The guidance recommends initiating on dual therapy based on whether the patient presents with asthmatic features or not. Evidence shows that compared with other dual therapy combinations and with monotherapy, LABA/LAMA combinations provide the greatest benefit to overall quality of life and are cost effective options. NICE recommend triple therapy as a cost effective strategy compared to dual inhalers for patients with asthmatic features and raised blood eosinophil count, who continue to exacerbate or remain breathless on dual therapy (LABA/LAMA or LABA/ICS combinations). Caution is advised when recommending triple therapy for patients currently on dual therapy and whose day-to-day symptoms adversely impact their quality of life. Consider a 3-month trial with a step down to dual therapy if no improvement at 3 months. All patients require a clinical review before commencing triple therapy and an annual review documenting the reason for continuation of the ICS. Other recommendations include azithromycin (GREEN specialist recommendation) as prophylactic antibiotic therapy for COPD patients and managing exacerbations using oral prednisolone 30mg daily for 5 days and short course of oral antibiotics as per NICE NG114 – antimicrobial prescribing for acute exacerbations of COPD.

Branded medicines

Certain branded medicines have been assigned a black traffic light classification; this is where the brand is clearly more expensive than the generic version. Also Lecaent and Neurontin have been classified as BLACK for non-epilepsy conditions. See traffic light list on the next page for complete list of medicines.

QRISK 3

QRISK/QRISK2 is a 10 year cardiovascular risk tool, which has been used in UK general practices since 2007. QRISK3 is a newer version of the risk assessment tool, which has been validated through prospective open cohort study (Hippisley-Cox, 2017). QRISK3 takes additional risk factors into account such as chronic kidney disease and corticosteroid usage and therefore has a greater potential to identify at risk patients. A link to QRISK3 has been included in the local lipid guidance, but it is not currently available through GP clinical systems and the national screening program continues to use QRISK2.

Safety needles

Following a review of the formulary choices for safety needles, JAPC has classified GlucoRx safety needles as GREEN first line choice and Mylife Clickline Autoprotect as GREEN, only to be used by DCHS staff, pending release of training material for GlucoRX safety needles. All safety needles with an acquisition cost more than £20 for 100 needles, have been classified as BLACK, those with an acquisition cost less than £20 per 100 needles are GREEN 2nd line option.

Melatonin 1mg/ml (Colonis) oral SF solution – BLACK

Melatonin 1mg/ml solution is currently the only licenced preparation available for short-term treatment of jet-lag disorder in adults. The solution has been classified as BLACK. In the meantime the solution should not be used off-label in children due to safety concerns regarding the propylene glycol content level.

Self-care resources

Derbyshire medicines management website has been updated with a new 'self-care' tab under clinical guidelines section. The self-care policy and items which should not be routinely prescribed across Derbyshire can be found in this section. Also included is a summary of the conditions and a link to resource that GPs can hand out.

GUIDELINE GROUP KEY POINTS

- Ethinylestradiol 30mcg/Desogestrel 150mcg - Cimizt replaces Gedarel 30/150 as preferred brand.
- Yacella and Yisnell replace Dretine as preferred brand.
- Oxycodone (OxyPro/Oxeltra) classified as GREEN. OxyPro/Oxeltra replace Longtec as preferred brand for modified release preparations (2nd line use only)
- Prescribing of Stoma Accessories. Medi Derma-S replaces Cavilon as per Derbyshire wound care formulary/ prescribing formulary. Specialist contact details also updated.

MHRA NOTICES

- Febuxostat (Adenuric): increased risk of cardiovascular death and increased all-cause mortality in clinical trial in patients with a history of major cardiovascular disease.
- Tocilizumab (RoActemra): rare risk of serious liver injury including cases requiring transplantation for rheumatological indications.
- Rivaroxaban (Xarelto ▼): reminder that 15 mg and 20 mg tablets should be taken with food
- Myocrisin permanent discontinuation – letter sent to healthcare professionals

Drug	Date considered	Decision	Details
Azithromycin	August 2019	GREEN specialist recommendation for COPD prophylactic therapy	Green specialist recommendation for prophylactic antibiotic therapy for COPD patients. Usual dose 250mg three times a week.
GlucoRX safety needles	August 2019	GREEN	Preferred 1 st line safety needles
Mylife safety needles	August 2019	GREEN	To remain GREEN with the exceptionality that Mylife Is for use by DCHS staff only, pending release of training material for GlucoRX safety needles.
All safety needles (except GlucoRx & Mylife)	August 2019	BLACK GREEN 2 nd line option	Safety needles with an acquisition cost >£20 per 100 – BLACK Safety needles with an acquisition cost <£20 per 100 – GREEN 2nd line option .
Nonacog beta pegol (Refixia)	August 2019	RED	Treatment and prophylaxis of bleeding in patients aged ≥ 12 years with haemophilia B To be used as per NHSE commissioning intentions.
Melatonin oral solution 1mg/ml	August 2019	BLACK	BLACK for jetlag disorder in adults. Not suitable for children due to safety concerns regarding propylene glycol content.
Nusinersen	August 2019	RED	NICE TA588 – for treating spinal muscular atrophy.
Blinatumomab	August 2019	RED	NICE TA589 – for treating acute lymphoblastic leukaemia in remission with minimal residual disease activity
Fluocinolone	August 2019	RED	NICE TA590 – intravitreal implant for treating recurrent non-infectious uveitis
Letermovir	August 2019	RED	NICE TA591 – for preventing cytomegalovirus disease after a stem cell transplant.
Branded drugs	August 2019	BLACK	Includes alphagan, amias, arcoxia, avodart, bondronat, cialis, cozaar, crestor, cymbalta, ezetrol, femara, fosamax, istin, lustral, movicol, naramig, pariet, procoralan, serc, seroxat, singulair, tylex, travatan, zestril, zyprexa.
Lecaent and Neurontin	August 2019	BLACK	These two brands classified as black for non-epilepsy conditions.

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.