

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 July Meeting Clinical Guidelines

- IBS guidance- minor update including link to a NICE endorsed patient information leaflet by British Dietetic Association.
- Management of emergency contraception (EC) – updated with no changes.
- A co-ordinated audit of liothyronine across the Derbyshire STP will soon be underway, checking if existing patients have been reviewed in line with NHSE and specialist review completed. Based on the finding of this audit, JAPC will reconsider the current traffic light classification for liothyronine.

Patient Group Directions

- Rotavirus vaccine (live) to infants aged 6 weeks to 23 weeks and 6 days
- Human papillomavirus vaccine [Types 6, 11, 16, 18] (Recombinant, adsorbed) (HPV) to individuals from 12 years of age or from school year 8 in accordance with the national immunisation programme

Shared Care Guidelines

Lithium - minor amendment including reference to the lithium mobile phone App as an alternative to the purple book.

Glaucoma guidance

Following consultation with local specialists, the glaucoma guidance has been updated to include new cost effective 1st line and alternative treatment options. Travoprost is positioned as 1st line prostaglandin analogue; latanoprost is now 2nd line prostaglandin analogue for the treatment of glaucoma. Brinzolamide is 1st line carbonic anhydrase inhibitor and dorzolamide becomes 2nd line carbonic anhydrase inhibitor for the treatment of glaucoma. Selective laser trabeculoplasty is included as a NICE recommended treatment option for people with ocular hypertension.

Hyperprolactinaemia (bromocriptine – Brown specialist initiation)

The hyperprolactinaemia prescribing advice document has been updated to include bromocriptine as an option for patients wishing to become pregnant or for those patients who are intolerant of 1st line options. Cabergoline remains the preferred option due to its greater therapeutic efficiency, better tolerance, adherence to treatment and more convenient administration regimen (weekly dosage regimen compared to daily dosage regimen for bromocriptine). Company literature for bromocriptine advises that due to previous experience with the drug, maintenance of bromocriptine treatment during pregnancy may be considered where there is a large tumor or evidence of expansion. Additional information regarding repeat transthoracic ECG after 5 years of treatment with cabergoline and then repeated on a 5 yearly basis for patients taking a total weekly dose ≤ 2 mg. For patients on >2 mg weekly dose, annual ECG is recommended.

Vitamin D guidance and position statement

The guidance has been updated with clarification for daily and weekly cost-effective formulary choices for the treatment of Vitamin D deficiency. Adult options remain as fultium D3 for daily use and Invita D3 for weekly regimens. Paediatric option remains as Thorens oral drops. The position statement for self-care with Vitamin D has been updated with no significant changes.

Items which should not routinely be prescribed in primary care

NHSE guidance was first published in 2017 and included recommendations for 18 items. In 2018 the guidance was further reviewed and following consultation, an update was published. In June 2019, NHSE has published the next update on items which should not routinely be prescribed in primary care. The latest guidance includes – aliskiren (used to treat blood pressure); amiodarone (used to treat abnormal heart rhythms); dronedarone (used to treat atrial fibrillation); minocycline (used to treat acne); needles for pre-filled and reusable insulin pens for diabetes; bath and shower emollient preparations and silk garments. JAPC has classified aliskiren as BLACK from its current classification of brown. No further actions were required for the other items, as they are all currently classified as BLACK, except amiodarone which will go back to a future JAPC for consideration of shared care and needles for pre-filled and reusable pens are included as a formulary choice if the cost is below £5 per 100 needles, therefore advice remains.

SPS- lidocaine 5% plasters

SPS has reviewed the evidence for lidocaine plasters, which are included in the NHSE document - items which should not routinely be prescribed in primary care. Overall the evidence base for lidocaine plasters is limited and there is no robust evidence for their use in post-herpetic neuralgia. However there may be a place for use in patients with post-herpetic who are intolerant of 1st line systemic and topical therapies or where these therapies have been ineffective. Local classification remains as BROWN: for post herpetic neuralgia.

GUIDELINE GROUP KEY POINTS

- Metolazone – GREEN consultant/specialist recommendation. 2nd line to bendroflumethiazide for heart failure. Combination with loop diuretic should be initiated by specialist only. Clarification of traffic lights
- AF- Edoxaban crushing information (suitable for swallowing difficulty and enteral tube administration) inserted; MHRA warning against using NOAC in antiphospholipid syndrome added.
- Ertugliflozin included into diabetes guidance
- Allergic rhinitis (AR) - flowchart updated to include antihistamine as an option for moderate/severe AR as per BASCI rhinitis guidance.
- Chlamydia- treatment option updated as per PHE/ NICE antimicrobial prescribing guideline. Doxycycline first line; Azithromycin 2nd line as 3 days course.
- UTI- diagnosis & management- replaced with link to PHE UTI diagnosis guideline

MHRA NOTICES

- Direct-acting oral anticoagulants (DOACs): increased risk of recurrent thrombotic events in patients with antiphospholipid syndrome. A clinical trial has shown an increased risk of recurrent thrombotic events associated with rivaroxaban compared with warfarin, in patients with antiphospholipid syndrome and a history of thrombosis. Other direct-acting oral anticoagulants (DOACs) may be associated with a similarly increased risk.
- GLP-1 receptor agonists: Serious and life-threatening cases of diabetic ketoacidosis have been reported in association with exenatide, liraglutide, and dulaglutide, particularly after rapid reduction or discontinuation of concomitant insulin.
- Lartuvo ▼ (olaratumab): withdrawal of the EU marketing authorisation due to lack of efficacy.
- Oral retinoid medicines ▼: revised and simplified pregnancy prevention educational materials for healthcare professionals and women

Drug	Date considered	Decision	Details
Bromocriptine	July 2019	BROWN con/spec initiation	Specialist initiation for the treatment of hyperprolactinaemia, 2 nd line to cabergoline. (Indicated for patients wishing to become pregnant or for patients who are intolerant to cabergoline)
Gentamicin (nebules)	July 2019	RED	For Adult non-cystic bronchiectasis.
Aliskiren	July 2019	BLACK	For treatment of resistance hypertension.
Risankizumab	July 2019	BLACK	Treatment of moderate-to-severe plaque psoriasis
Travoprost	July 2019	GREEN con/spec initiation	After consultant/specialist initiation, 1 st line prostaglandin for the treatment of glaucoma.
Latanoprost	July 2019	BROWN con/spec initiation	After consultant/specialist initiation, 2 nd line prostaglandin for the treatment of glaucoma
Brinzolamide	July 2019	GREEN con/spec initiation	After consultant/specialist initiation, 1 st line carbonic anhydrase inhibitor for the treatment of glaucoma
Dorzolamide	July 2019	BROWN con/spec initiation	After consultant/specialist initiation, 2 nd line carbonic anhydrase inhibitor for the treatment of glaucoma
Inotersen	July 2019	RED	HST9: for treating hereditary transthyretin amyloidosis
Cabozantinib	July 2019	BLACK	NICE TA582: previously treated advanced hepatocellular carcinoma (terminated appraisal)
Ertugliflozin	July 2019	BROWN	NICE TA583: Ertugliflozin with metformin & DPP4i for treating type 2 diabetes
Atezolizumab	July 2019	RED	NICE TA584:Atezolizumab in combination for treating metastatic non-squamous non-small-cell lung cancer
Ocrelizumab	July 2019	RED	NICE TA585: treating primary progressive multiple sclerosis
Lenalidomide	July 2019	RED	NICE TA586: Lenalidomide plus dexamethasone for multiple myeloma after 1 treatment with bortezomib
Lenalidomide	July 2019	RED	NICE TA587:Lenalidomide plus dexamethasone for previously untreated multiple myeloma
Lenalidomide	July 2019	RED	NICE TA171: Lenalidomide for the treatment of multiple myeloma in people who have received at least 2 prior therapies.

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.