

## 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 March Meeting - [Clinical Guidelines](#)

Managing Actinic Keratoses – updated. Ingenol (Picato) has been removed from the guidance following suspension of the licence. Specialist initiation for 2<sup>nd</sup> line creams have been removed on the advice of JUCD dermatology group and dosage recommendation included management flowchart.  
Midodrine in orthostatic hypotension - updated with a minor change.  
Sayana Press - updated with a minor change.  
Prescribing specification (2020/2021) has been updated to include recent RMOG guidance on free of charge medicines, blueteq/patient level data and sequential use of biologics.  
Hydrogen peroxide 1% cream (which is unlicensed) is recommended in NG153 for use in people with localised non-bullous impetigo.

## Patient Group Directions

Following PGD's have been updated:

- Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed)
- Pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) Risk Groups
- Measles, mumps and rubella vaccine

## Shared Care Agreements (SCA)

None this month

## Bile salt diarrhoea/malabsorption: alternatives to Questran/Cholestyramine

A position statement has been ratified by JAPC, which outlines alternative preparations to Questran for the treatment of bile salt diarrhoea/malabsorption with suggested equivalent dose ranges. Alternative preparations include Colesevelam and Colestipol, but only Questran is currently licensed for diarrhoea associated with ileal resection. However JAPC recognises that use of an alternate product, even though not licenced, maybe warranted due to supply problems with Questran.

## Pioglitazone – [prescribing statement](#)

Following a review of the evidence for safety and benefits of Pioglitazone, JAPC has reclassified from BROWN to GREEN, as per type 2 diabetes guidance. This reclassification is based on NICE's cost effectiveness analysis which concluded pioglitazone was one of the most effective and cost effective treatment options after metformin. Benefits of pioglitazone include prolonged HbA1c, CV benefits observed through the secondary endpoints of the ProACTIVE study. The adverse effects of pioglitazone remain, but the position statement highlights strategies to potentially avoid these effects. Prescribers are reminded the MHRA warning regarding pioglitazone remain in place.

## Management of non-malignant chronic pain in primary care

The non-malignant chronic pain guidance has been updated. A major change in the guidance includes the recommendation for morphine doses. No patients should exceed 120mg per day of oral morphine and if a patients dose does exceed this limit, then efforts should be made to reduce to 120mg/day of oral morphine. Further the guidance recommends patients receiving opioid doses greater than 50mg per day of oral morphine (or equivalent) should be reviewed regularly and specialist advice should be sort for doses greater than 90mg per day of oral morphine or equivalent. Also the non-pharmacological treatment and psychology services have been updated.

## Menopause Management Guideline

The menopause guideline has been updated in collaboration a menopause specialist. The updated guidance includes information regarding the benefits of HRT (as per the British Menopause Society guidance), HRT formulary which lists products, due to the current supply problems.

## Dry Eyes - position statement

A new dry eyes position statement has been produced and ratified by JAPC. Essentially the position statement recommends directing patients with simple dry eye to purchase lubricants over the counter. Prescribing is reserved for new patients where lubrication is essential to preserve sight function. For mild/moderate dry eyes patients should be encouraged to self-care through the purchase of over-the-counter products. For non-emergency/urgent patients GPs may refer to the Minor Eye Conditions Services (MECS) delivered through community optometrists. (List of participating opticians is included in Appendix 1 of dry eye position statement). For patients with severe dry eyes who are not managed on preservative-free lubricants alone should be referred to the hospital eye service.

## Hydroxychloroquine-related retinopathy – statement

A hydroxychloroquine pathway is currently under development. In the interim a holding statement has been developed and approved by the Clinical Improvement Group regarding retinopathy monitoring.

## Guideline Group key messages

Ondansetron- Brown specialist initiation. MHRA warning regarding small increased risk of oral cleft, following use in the first 12 weeks of pregnancy has been included in the traffic lights. Advice added on reducing the carbon impact of (metered dose) inhalers- primary care to facilitate moving patients to lower carbon options (dry powder inhalers or Respimat) where it is clinically appropriate to do so.  
 Insert MHRA safety message on Montelukast- reminder of the risk of neuropsychiatric reactions.  
 Management of type 2 diabetes in adults – Under Blood Pressure (BP) management the following was added:  
 'In people with CKD and diabetes, and also in people with an ACR of 70 mg/mmol or more, aim to keep the systolic blood pressure below 130 mmHg (target range 120–129 mmHg) and the diastolic blood pressure below 80 mmHg (See NICE CG182)'  
 AF guideline- advise on NOAC drug interaction updated to state 'avoid' with strong enzyme inducers for rivaroxaban, dabigatran, and apixaban as per CKS advice. Previous advice was 'avoid/ caution unless patient closely monitored or caution' which is less practical in primary care.

## MHRA NOTICES

Ingenol mebutate gel (Picato ▼): suspension of the licence due to risk of skin malignancy. Prescribers are advised to stop prescribing Picato and consider other treatment options for actinic keratosis as appropriate.  
 Lemtrada ▼ (alemtuzumab): updated restrictions and strengthened monitoring requirements following review of serious cardiovascular and immune-mediated reactions for the treatment of multiple sclerosis.  
 Valproate (Epilem ▼, Depakote ▼) pregnancy prevention programme: updated educational materials. Valproate is contraindicated in girls and women of childbearing potential, unless the conditions of the pregnancy prevention programme are met.  
 Nexplanon (etonogestrel) contraceptive implants: new insertion site to reduce rare risk of neurovascular injury and implant migration. Amended advice on the insertion site for Nexplanon contraceptive implants following concerns regarding reports of neurovascular injury and implants migrating to the vasculature (including the pulmonary artery).  
 Support Yellow Card: report suspected reactions in patients taking multiple medicines. more than one medicine and to report any suspected ADRs to the Yellow Card Scheme.

Drug	Date considered	Decision	Details
Pioglitazone	March 2020	GREEN	Reclassified from BROWN. See pioglitazone prescribing statement.
Diclofenac 3% (Solaraze)	March 2020	GREEN 2 <sup>nd</sup> line	2 <sup>nd</sup> line after Efudix for actinic keratosis
Fluorouracil 0.5% & salicylic acid 10% (Actikerall)	March 2020	GREEN 2 <sup>nd</sup> line	2 <sup>nd</sup> line after Efudix for actinic keratosis
Sodium hyaluronate eye drops	March 2020	GREEN 2 <sup>nd</sup> line	2 <sup>nd</sup> line treatment option for dry eyes after use of self-care
Avatrombopag	March 2020	BLACK	Treatment of severe thrombocytopenia in adults with chronic liver disease who are scheduled to undergo an invasive procedure. Awaiting publication of NICE TA. CCG commissioned drug
Cytomegalovirus immunoglobulin (Cytotect CP Biotest)	March 2020	RED	Prophylaxis of clinical manifestation of cytomegalovirus infections in patients subjected to immunosuppressive therapy. NHSE commissioned drug.
Upadacitinib	March 2020	BLACK	Treatment of moderate to severe RA. Awaiting publication of NICE TA.
Esketamine	March 2020	BLACK	Awaiting publication of NICE TA.
Sotagliflozin with insulin	March 2020	RED	NICE TA622 – sotagliflozin with insulin for treating <b>type 1 diabetes</b>
Patiromer	March 2020	RED	NICE TA623 – for treating hyperkalaemia. CCG commissioned drug.
Peginterferon beta-1a	March 2020	RED	NICE TA624 – treating relapsing-remitting multiple sclerosis. NHSE commissioned drug
Hydrogen peroxide 1% cream	March 2020	GREEN	NICE NG153. Hydrogen peroxide 1% cream (unlicensed) is recommended for use in people with localised non-bullous impetigo.

#### 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 in 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.