

**Derbyshire Joint Area Prescribing Committee (JAPC)**

This is a countywide group covering NHS North Derbyshire, South Derbyshire, Hardwick and Erewash clinical commissioning groups, Derbyshire Community Health Services Trust, Derbyshire Healthcare Foundation Trust, Derby and Chesterfield Royal Hospitals. It provides recommendations on the prescribing and commissioning of drugs.

See <http://www.derbyshiremedicinesmanagement.nhs.uk/home>

**KEY MESSAGES FROM THE JAPC AUGUST 2013 MEETING**

**GUIDELINES ([link](#))**

- Guidance on the management of Clostridium Difficile infection in primary care (further updated to clarify GP role on first and subsequent infection recurrence)
- Antipsychotics- Recommended Physical Monitoring (updated with clarity on ECG monitoring)

**SHARED CARE GUIDELINES ([LINK](#))**

- GLP-1 agonists in the treatment of Type 2 Diabetes shared care (updated to include lixisenatide as preferred GLP-1 agonist for new patients)
- Acetylcholinesterase inhibitors (updated – no major changes)
- Liothyronine for treatment resistant depression (updated with clarity on ECG monitoring)

**EPILEPSY AND ANTI-EPILEPTICS**

Recent new anti-epileptics drugs have prompted JAPC to review and agree a preferred formulary list (**GREEN** following specialist initiation) and those suited to specialist and tertiary care centres (**RED**). [Full Traffic Light database](#) and the local formulary [BNF Derbyshire formulary \(CNS - Chapter 4\)](#) have been updated to reflect the advice (see also list in the table below). JAPC advises that requests for non-formulary drugs from tertiary centres are considered in a similar way to [out of area requests](#) advice; the prescriber is required to check the request is in line with the host area prescribing committee's decision. All new anti-epileptic's will be considered to be **RED** in Derbyshire until formal classification at JAPC.

**PROBIOTICS**

Probiotics are not a licensed medicine but are sometimes requested to be used in the treatment of diarrhoea or other conditions. Trial evidence and a Cochrane review demonstrate their clinical effectiveness, however it's noted that marked clinical variability between studies does not support the development of evidenced based treatment guidelines. All probiotics are therefore classified as black with the exception of VSL#3 for the maintenance of remission of ileoanal pouchitis in adults induced by antibiotics in line with ACBS prescribing criteria.

**ZOSTAVAX**

Zostavax is the shingles vaccine recommended as part of the national immunisation programme. The programme currently is to vaccinate the routine cohort (70 year old) and one catch up cohort (79 year old). Centrally purchased vaccines are provided free to NHS organisations and are available to order via ImmForm. To ensure practices use national stock and only vaccinate the at risk groups JAPC leaves its classification as **BLACK**.

**VARICOSE VEINS IN THE LEGS (NICE CG 168) ([LINK](#))**

NICE has published its clinical guideline "Varicose veins in the legs – the diagnosis and management of varicose veins". Advice is not to offer compression hosiery to treat varicose veins unless interventional treatment is unsuitable, if offering compression bandaging/hosiery after interventional treatment then limit use to less than seven days. Compression hosiery can be considered for symptom relief of leg swelling associated with varicose veins in pregnancy.

**LIXISENATIDE AND DAPAGLIFLOZIN**

The "Glucose control in type 2 diabetes" guideline is being updated to reflect recent additions of lixisenatide and dapagliflozin. Lixisenatide is now our preferred first line GLP-1 agonist and similar to other available GLP1s has a dual traffic light classification; **GREEN** for prescribers who have completed local training for GLP-1 use and for the non GLP-1 specialist trained under **shared care** following diabetes specialist initiation. Last month NICE approved the use of dapagliflozin (novel SGLT2 inhibitor) as a treatment option in type 2 diabetes. JAPC has safety concerns with the use of this drug with reports of higher incidences of breast and bladder cancer and studies reporting increased symptoms of genital and urinary tract infections. Efficacy of dapagliflozin is reduced in patients with moderate renal impairment and not recommend if eGFR<60ml/min.

**ORAL THRUSH AND DUCTAL THRUSH**

To encourage mothers to breastfeed for longer, JAPC has agreed to an updated position statement for treating oral thrush and ductal thrush in lactating women. The statement includes advice for prescribing medicines off-label to independent prescribers (medical and non-medical) and also community practitioners and nurse prescribers.

**DRUG SAFETY UPDATE- CODEINE ([LINK](#))**

MHRA July Drug Safety Update advises that codeine should now only be used to relieve acute moderate pain in children older than 12 years and only if it cannot be relieved by other painkillers such as paracetamol or ibuprofen alone.

Drug	BNF	Date considered	Decision	Details
Rivaroxaban	2.8.2	August 2013	Green (following specialist initiation)	NICE TA 287 for treating pulmonary embolism and preventing recurrent venous thromboembolism
Oral Aripiprazole	4.2	August 2013	Red	For NICE TA 292 treating manic episodes in adolescents with bipolar disorders in children. Note other classifications in database (Injection red and oral tablets over 18s green on consultant initiation)
Eltrombopag	9.1	August 2013	Red	NICE TA 293 - for treating chronic immune (idiopathic) thrombocytopenic purpura
Aflibercept	11.8	August 2013	Red	NICE TA 294- injection for treating wet age related macular degeneration
Lixisenatide	6.1.2.3	August 2013	Green Amber	Preferred GLP1 in formulary. Initiation and continuation follow NICE TA criteria of exenatide and liraglutide. Green for trained specialists Amber for non-trained
Probiotics	Not listed	August 2013	Black	With the exception of VSL for pouchitis with ACBS criteria
Zostavax	14.4	August 2013	Black	Available only as part of the national shingles programme and obtained from centrally purchased stock.
Anti-epileptics	4.8.1	August 2013	Green (following specialist initiation)	Clonazepam, carbamazepine, ethosuximide, gabapentin, pregabalin, lacosamide, lamotrigine, levetiracetam, oxcarbazepine, phenobarbital (and other barbituates), phenytoin, topiramate, sodium valproate, zonisamide
Anti-epileptics	4.8.1	August 2013	Red	Eslicarbazepine, perampanel, retigabine, rufinamide, stiripentol, tiagabine and vigabatrin

### 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.

- 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 are not recommended or commissioned