

## 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 2014 MEETING

#### CLINICAL GUIDELINES AND PGDs

1. Actinic keratosis (AK) guideline is a new Derbyshire wide guideline produced by GPwSIs and consultant dermatologists to help GPs who have undergone training to manage AK effectively and reduce referrals to secondary care. GPs in the North have already received training and dermatology training for GPs in the South is being planned.
2. Antimicrobial treatment guideline has been updated clarifying the role of pivmecillinam and includes a new section on management of lower urinary tract infections in chronic kidney disease.
3. Meningococcal Group C and Human Papillomavirus (HPV) PGDs have been updated.

#### SHARED CARE

1. Acamprosate and disulfiram for alcohol abstinence updated with minor changes to contact details
2. Low molecular weight heparin (enoxaparin and tinzaparin) updated making it clearer for GPs on the conditions covered by the shared care agreement and the treatment length.

#### LEVONORGESTREL 13.5MG IUD (JAYDESS) BLACK

Consultants from public health Derbyshire County and Derby City Council who are responsible for commissioning contraceptive services asked JAPC to re-classify Jaydess (the new IUD device) as black (not recommended or commissioned) pending their own detailed evaluation.

#### CLARITY ON TRAFFIC LIGHT CLASSIFICATION OF INITIATION AND RECOMMENDATION

JAPC has clarified the definitions of initiation and recommendation following specialist or consultant prescribing requests.

- Initiation is when a consultant/specialist issues the first prescription because:
  - the patient requires assessment before starting treatment and/or short term assessment of the response to the drug is necessary and GPs will only be asked to continue prescribing when the patient is stable or predictably stable
- Recommendation is when a consultant/ specialist asks GPs to prescribe the initial and on-going prescriptions, but ensures that
  - there is no immediate need for the treatment and is in line with the [prescribing specification](#) and the patient's response to treatment is predictable and safe

#### COMBINATION PRODUCTS BROWN

Derbyshire JAPC does not recommend the routine prescribing of oral combination products which are available as separate constituents. The rationale for this decision is based on:

- The dose of each individual medicine cannot be tailored to the patient's needs, potentially leading to over or under treatment,
- In the event of an allergic/adverse drug reaction/ inefficacy to the combination product it would be difficult to ascertain the drug molecule responsible,
- May not be cost effective compared with individual drug prescribing.

#### NICE- CHRONIC KIDNEY DISEASE AND LIPID MODIFICATION

NICE has updated;

1. The [Chronic kidney disease](#) guideline. Albumin Creatinine Ratios are now included for further categorisation of CKD and gives guidance on the frequency of monitoring.
2. [Lipid modification](#) guideline which recommends significant changes to current practice. There is no urgent need to change practice; local [lipid](#) guidelines are still applicable.

#### LEVONORGESTREL AND ULIPRISTAL- MHRA ADVICE

The MHRA has written to all healthcare professionals concluding that evidence suggests that emergency contraceptives are suitable for all women regardless of bodyweight or BMI.

#### SILDENAFIL –REGULATORY CHANGES

Restrictions on the prescribing of generic sildenafil for erectile dysfunction (ED) have been lifted following new legislation, meaning that generically written prescriptions for sildenafil no longer require the annotation "SLS" and patients do not need to meet the SLS criteria. However, SLS regulations still apply to the other products for the treatment of ED including the brand Viagra. Prescribers will need to review their practice of issuing private prescriptions of generic sildenafil to their NHS patients; patients receiving other products privately may prefer to receive generic sildenafil on NHS prescription. The medicines management team's recommendation of four tablets per month for ED remains appropriate for sildenafil unless there is clear patient need.

#### GUIDELINE GROUP

JAPC noted the work undertaken by the guideline group. The [endocrine chapter](#) has been updated to include: cost effective choices of HRT preparations and the [type 2 diabetes guideline](#) to clarify that the use of GLP1s although licensed are not recommended locally for use with insulin.

#### DOMPERIDONE – POSITION STATEMENT (LINK)

The domperidone position statement has been updated to include advice on off-label use in children and nursing mothers to promote lactation.

Drug	BNF	Date considered	Decision	Details
Levonorgestrel 13.5mg intrauterine device (Jaydess)	7.3.2.3	Aug 2014	Black	Awaiting public health commissioning intentions
Colesevelam	2.12	Aug 2014	Brown after consultant/ specialist initiation	2nd line following gastro consultant initiation and assessment for chronic diarrhoea secondary to bile salt malabsorption in those who cannot tolerate colestyramine. Off licence use.
Colestyramine	1.9.2	Aug 2014	Brown after consultant/ specialist initiation	For chronic diarrhoea secondary to bile salt malabsorption following gastro consultant initiation and assessment.
Pentoxifylline	2.6.4	Aug 2014	Red	for osteonecrosis of the jaw due to radiation therapy
Sucralfate tabs	1.3.3	Aug 2014	Brown after consultant/ specialist recommendation	For empirical management of patients with severe GORD, or post-cholecystectomy, alongside use of PPIs. <i>Supply problems are expected until late 2014, in the interim new patients should not be commenced, existing patients should be reviewed and specialist advice sought</i>
Sucralfate enema	Not listed	Aug 2014	Red	
Yohimbine	Not listed	Aug 2014	Black	Not recommended for the treatment of erectile dysfunction.
Fluorouracil 0.5% & salicylic acid 10% (Actikerall)	13.8.2	Aug 2014	Green after consultant/ specialist initiation*	*Specialist initiation includes GPSI and GPs who have attended the Derbyshire AK pathway training.
Imiquimod 3.75% (Zyclara)	13.7	Aug 2014	Black	
Diclofenac 3% (Solaraze)	13.8.1	Aug 2014	Green after consultant/ specialist initiation*	* Specialist initiation includes GPSI and GPs who have attended the Derbyshire AK pathway training.
Fluorouracil 5% (Efudix)	13.8.2	Aug 2014	Green after consultant/ specialist initiation*	1 <sup>st</sup> line choice. * Specialist initiation includes GPSI and GPs who have attended the Derbyshire AK pathway training.
Enzalutamide	8.3.4.2	Aug 2014	Red	As per NICE TA316 for metastatic hormone-relapsed prostate cancer previously treated with a docetaxel-containing regimen.
Lubiprostone	1.6.7	August 2014	Red	As per NICE TA3181, treatment of chronic idiopathic constipation
Ipilimumab	8.1.5	Aug 2014	Red	NICE TA319 - Ipilimumab for previously untreated advanced (unresectable or metastatic) melanoma
Bedaquiline (Seruro)	Not listed	Aug 2014	Red	For pulmonary multi-drug resistant TB in adults
Factor VIII and Von Willebrand factor	2.11	Aug 2014	Red	Treatment and prevention of bleeding
Vedolizumab	Not listed	Aug 2014	Black	Pending publication of NICE appraisal

#### 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 are not recommended or commissioned

**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