# **Derbyshire JAPC Bulletin**

www.derbyshiremedicinesmanagement.nhs.uk



## **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 <a href="http://www.derbyshiremedicinesmanagement.nhs.uk/home">http://www.derbyshiremedicinesmanagement.nhs.uk/home</a>

## **KEY MESSAGES FROM THE JAPC JULY 2014 MEETING**

### **CLINICAL GUIDELINES AND PGDS**

- 1. Domperidone position statement (new) on long-term use in gastro-paresis. This is a similar type statement to the metoclopramide issued a few months ago in response to MHRA advice. It lists a defined group of patients limiting long term use of domperidone in gastro-paresis. GPs are also advised to stop and asses existing patients on long for nonspecific indications other than gastro-paresis
- 2. Meningococcal group C vaccine PGD has been updated by NHS England.

#### **ATRIAL FIBRILLATION**

In June NICE published its updated Atrial Fibrillation guideline. Adoption and implementation of this guideline requires significant change to practice in primary care and local guidelines are being revised. JAPC has though made the immediate decision to amend the TTR (time in therapeutic range) value to <65% for patients on warfarin over a 6 month period as a criteria before considering one of the newer oral anticoagulants. Work is underway to develop a primary care guideline with updated changes, anticipated September 2014.

### LEVENORGESTREL 13.5MG IUD (JAYDESS)

#### BLACK

Levonorgestrel 13.5mg (Jaydess) is a new long acting reversible contraception (LARC) formulation. It is of lower dose compared to Mirena (52mg), smaller in size and used for up to 3 years. JAPC noted that LARCs uptake is low nationally and an increase could help reduce unintended pregnancy but were not convinced that the theoretical advantages over Mirena (and net annual increase in cost) would translate into clinical practice. Across Derbyshire LARCs are commissioned by Derbyshire County and Derby City Council Public Health. Under their guidance this has provisionally been classified as BLACK.

## EMERADE - ADRENALINE IM INJECTION

Emerade is an IM adrenaline new product that has been added to the formulary alongside Epipen and Jext. The advantages of Emerade over its competitors are its longer shelf life (30 months versus 18 months) making it more cost effective and its compliance with the UK Resuscitation Councils guidelines by way of availability of 500mcg dose and 25mm needles (300/500mcg). Prescribers should note that the three IM preparations of adrenaline are administered differently and each one requires patient education and training at the point of first prescribing.

### **VAGINAL PH CORRECTION PRODUCTS**

### **BLACK**

Vaginal PH correction products (gels and pessaries) are used to treat 'bacterial vaginosis' (BV). The evidence for these products in treating BV is inconclusive suggesting they are either ineffective or less effective than treatment with antibiotics.

## CANAGLIFLOZIN

## **Brown After Specialist Initiation**

This is the second selective sodium-glucose co-transporter (SGLT2) inhibitor given a positive NICE technology appraisal (TA 315). Although canagliflozin has a wider scope for use (e.g. Use with insulin, triple therapy) compared to dapagliflozin its role is limited requiring specialist input. Concerns remain over the short term studies, increased incidence of urinary tract infections, genital tract infections and hypotension and a potential association with breast and bladder cancer.

## SULFASALAZINE - REVISED MONITORING (SEE SHARED CARE GUIDELINES)

The monitoring schedule of sulfasalazine has been updated to reflect SPC changes to salazopyrin. The increase in monitoring applies affects both primary and secondary care clinicians following the shared care agreement.

# **COMBINATION GLIPTINS**

#### BROWN

JAPC has taken the step to classify all combination gliptins as **Brown**. JAPC does not normally recommend the routine prescribing of oral combination products that are available as the separate constituents, the following reasons may apply:

- the dose of each individual medicines doses cannot be tailored to the patient's needs, potentially leading to risk of over or under dose
- in the event of an allergic /adverse drug reaction/ inefficacy to the combination product then it would be difficult to ascertain the drug molecule which has caused this reaction
- may not be cost effective

#### **JAPC ANNUAL REPORTS**

JAPC has published its annual report for April 2013 to March 2014. This report summarises the functions of JAPC, its membership and attendance, drug decisions and ratification of clinical guidelines, shared care agreements and PGDs.

Drug	BNF	Date considered	Decision	Details
Emerade	3.4.3	July 2014	Green	Emerade has a longer shelf life than Epipen and Jext. Emerade also has a 25mm needle and available as a 500mcg dose, both of which are recommended by the UK Resuscitation council for IM administration.
EpiPen	3.4.3	July 2014	Green	
Alfuzosin MR	7.4.1	July 2014	Green	Third line alpha blocker for BPH.
Vaginal PH correction products (Balance Activ BV, Multi-Gyn ActiGel, Relactagel)	7.2.2	July 2014	Black	All vaginal PH products are classified as BLACK.
Canagliflozin	6.1.2	July 2014	Brown after consultant/ specialist initiation	After specialist initiation as per NICE TA315: in combination therapy for treating type 2 diabetes. Place in local guidance after DPP4s considered inappropriate
Levonorgestrel 13.5mg intrauterine device (Jaydess)	7.3.2. 3	July 2014	Black	Commissioned by Public Health
5 - Fluorouracil cream (Efudix)	13.8.2	July 2014	Green	
Gliptin and metformin combination products	6.1.2	July 2014	Brown	Gliptin combination products include saxagliptin/metformin (Komboglyze), sitagliptin/ metformin (Janument), Vildagliptin/metformin (Eucreas), linagliptin/metformin (Jentadueto) and alogliptin/metformin (Vipdomet).
Elosulfase Alfa	Not listed	July 2014	Red	For the treatment of mucopolysaccharidosis type IV (Morquio A syndrome)
Simeprevir	Not listed	July 2014	Red	For Chronic hepatitis C infection (genotype 1 and 4) in adults

### 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:

- a. The patient requires specialist assessment before starting treatment and/or
- b. 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 <u>RECOMMENDATION</u>: consultant/specialist requests GPs prescribe initial and ongoing prescriptions, but ensures:

- a. There is no immediate need for the treatment and is line with discharge policies and
- b. The patient response to the treatment is predictable and safe