

## 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 SEPTEMBER 2014 MEETING

#### SHARED CARE GUIDELINES AND PGDs

#### NHS England Derbyshire and Nottinghamshire Area Team has updated the following PGDs

1. Adsorbed low dose diphtheria, tetanus, acellular pertussis and Inactivated Polio Vaccine (dTaP/IPV - Boostrix-IPV for pregnant women only)
2. Combined low dose diphtheria, tetanus and inactivated polio vaccine (Td/IPV – Revaxis)
3. Haemophilus influenza Type B (Hib) / Neisseria meningococcal serogroup C (Men C) conjugate vaccine (Menitorix)
4. Diphtheria, tetanus, acellular pertussis and Inactivated polio combined vaccine (Infanrix-IPV or Repevax)
5. MMR vaccine (Priorix and M-M-RVAXPRO)
6. Pneumococcal Polysaccharide Vaccine (PPV)
7. Shingles (herpes zoster) vaccine (Zostavax)
8. Inactivated influenza vaccine

#### Shared care agreements

1. Apomorphine in the treatment of Parkinson's disease (PD) – updated with minor changes e.g. providing clear information to GPs on the product to prescribe.

Note: This shared care makes reference to the co-prescribing of domperidone which is standard practice in patients with PD taking apomorphine to treat side effects. The recent [MHRA](#) drug safety update makes reference to Parkinson's disease as an area where doses and duration outside the licensed recommendations may be clinically needed after consideration of benefits versus risk.

2. Somatropin (human growth hormone) – updated with minor changes to the hospital contacts list

#### CLINICAL GUIDELINES

A new Derbyshire wide JAPC guideline for the management of **non-valvular atrial fibrillation** has been agreed following [NICE CG 180](#) and is endorsed by both CRH and RDH cardiologists. The guideline represents major changes to current practice that clinicians will need to be aware of. The guideline includes for example prescribing advice for existing patients outside of NICE, when clinicians may be asked to prescribe anticoagulants with antiplatelets and consideration of patient factors when choosing between anticoagulants.

#### HYPERTENSION – THIAZIDE AND THIAZIDE LIKE DIURETICS

Since JAPC adopted the NICE hypertension guideline the drug tariff price of indapamide immediate release formulation has increased and decreased significantly. JAPC has pragmatically decided that given the volatility of pricing, bendroflumethiazide is our preferred thiazide diuretic with second line choice from the thiazide-like diuretics based on cost.

#### NORTRIPTYLINE

In agreement with Derbyshire pain consultants our neuropathic pain guideline has been updated. Second line choice of tricyclic antidepressants (TCAs) should be based on cost. Nortriptyline is significantly more expensive than similar drugs from the same class of TCAs, such as imipramine. Recommendation from consultants of nortriptyline for facial neuralgia and migraine is under review.

#### ONDANSETRON

##### BROWN

Ondansetron is currently classified **BROWN** for licensed indications, but now also includes established off-label use for hyperemesis gravidarum after specialist initiation after other therapeutic options have been considered. The length of treatment and dose should be specified by the specialist in communication to the GP.

#### ACTINIC KERATOSIS (AK)- CLARIFICATION

Last month JAPC agreed its [AK Guideline](#). For consistency across the traffic lights all topical treatments in the Derbyshire AK guideline are **GREEN prescribe-able following specialist initiation**; this includes GPSI and GPs who have attended the Derbyshire AK pathway training (which will be available in Southern Derbyshire soon).

#### ALPROSTADIL TOPICAL CREAM

##### BROWN AFTER SPECIALIST INITIATION AS PER SLS CRITERIA

Alprostadil topical cream is a synthetic vasodilator used in the treatment of erectile dysfunction. Similar to intracavernosal formulations administration requires patient training. Prescribers are reminded that the PDE5 inhibitor sildenafil is **GREEN** 1<sup>st</sup> line use for ED; all other products are brown and are to be prescribed in line with SLS criteria.

#### FLUTICASONE PROPIONATE NASAL DROPS (NASULES)

##### GREEN AFTER SPECIALIST/CONSULTANT INITIATION

JAPC debated the safety aspect of using fluticasone nasal drops long term for the management of patients with chronic rhinosinusitis with polyps over the commonly used and cheaper betamethasone nasal drops. Limited evidence suggests potential clinical benefit; however there is no long term comparison data. Fluticasone nasal drops are now included into formulary following specialist/consultant initiation.

Drug	BNF	Date considered	Decision		Details
Alprostadil topical cream	Not yet listed	September 2014	Brown after consultant/ specialist initiation		As per SLS criteria usually 2 <sup>nd</sup> line treatment to PDE% inhibitor
Caverject	7.4.5	September 2014	Brown after consultant/ specialist initiation		Reclassified to rationalise intracavernosal injections as second line treatment options,
Viridal Duo	7.4.5	September 2014	Brown after consultant/ specialist initiation		Reclassified to rationalise intracavernosal injections as second line treatment options
Fluarix tetra	14.4	September 2014	Green	Black	Fluarix tetra is <b>GREEN</b> 2nd line to nasal preparations, as per national immunisation programme for children aged 3 up to 18 years. Fluarix tetra is <b>BLACK</b> for adults aged 18 years and above.
Fluticasone propionate nasal drops (nasules)	12.2.1	September 2014	Green after consultant/specialist initiation		For the management of chronic sinusitis with polyps
Dimethyl fumarate	8.2.4	September 2014	Red		NHSE NICE TA 230: treatment option for adults with active relapsing-remitting multiple sclerosis
Ondansetron	1.6.7	September 2014	Brown after consultant/ specialist initiation		For its licensed indication and off-licence use in hyperemesis gravidarum (specialist to specify the dose and length of treatment for the patient)

#### 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