

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS North Derbyshire, Southern Derbyshire, Hardwick and Erewash clinical commissioning groups, Derbyshire Community Health Service Foundation Trust, Derbyshire Healthcare Foundation Trust, Derby Teaching Hospital 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 DECEMBER 2015 MEETING

SHARED CARE GUIDELINES

1. Riluzole for the treatment of the amyotrophic lateral sclerosis (ALS) form of motor neurone disease (MND). An update to an existing shared care guideline that includes referral criteria back to the specialist if patients develop respiratory symptoms such as dry cough and/or dyspnoea.
2. Rivastigmine for the drug management of behavioural problems and psychosis in patients with Parkinson's disease Dementia Complex. The shared care agreement for this indication only has been removed and replaced with **GREEN** following specialist/consultant initiation, titration and dose stabilisation. This is in recognition of no biochemical monitoring of the drug. The rivastigmine shared care remains for dementia while the service is under review.

PATIENT GROUP DIRECTIONS

NHSE agreed PGDs as part of the national immunisation programme to be included on the website.

1. Low-dose diphtheria, tetanus and inactivated poliomyelitis vaccine (Td/IPV- Revaxis)
2. Zostavax for shingles (herpes zoster) vaccine.

JAPC TERMS OF REFERENCE

The Joint Area Prescribing Committee is a Derbyshire wide strategic local decision-making committee with responsibility for promoting appropriate, safe, rational and cost-effective medicines. The JAPC terms of reference are updated annually. To see the functions and role of JAPC please visit the [Derbyshire Medicines Management website](http://www.derbyshiremedicinesmanagement.nhs.uk).

DERBYSHIRE PRESCRIBING SPECIFICATION

The prescribing specification has been agreed for 2016/17 between commissioners and providers. This document outlines the role and responsibilities of our provider trusts in ensuring a transparent and collaborative approach to the safe and effective management of medicines, seamless care of patients between NHS and private organisations providing NHS care and ensuring high quality prescribing. It is a useful resource for prescribers to understand the role and relationships between provider and commissioner.

BNF

From September 2015 the BNF (number 70) changed the way it is written with numeric categories no longer being used in the paper edition, instead referenced by the textual descriptive category to which they belong. Given the small increase in errors during the transition prescribers are encouraged to use the online electronic version which is regularly updated.

EFLORNITHINE

JAPC has tightened and made explicit the exceptional criteria for the prescribing of eflornithine for treating facial hirsutism in women, recognising further its limited evidence of efficacy. Advice includes discontinuation of treatment after four months if ineffective and only using it when oral alternative therapy, e.g. co-cyprindiol, is contraindicated, ineffective, or considered inappropriate.

MIDODRINE

Midodrine now has a UK licence and has been classified as **BROWN** for GPs to continue prescribing after consultant/specialist initiation and dose stabilisation for the treatment of orthostatic hypotension. Specialists/consultants will: identify which patient's quality of life can be improved, address any underlying causes, offer non-pharmacological options first line, titrate and stabilise the patient's dose with an individualised agreed target BP. GPs will be requested to monitor standing and supine BP. Patients should be encouraged to report symptoms of supine hypertension immediately such as chest pain, palpitations, shortness of breath, headache and blurred vision. If supine hypertension occurs the dosage should be reduced and if not overcome the treatment stopped.

NICE DIABETES GUIDANCE

NICE has finally published the long awaited type 2 diabetes in adult guideline. The guideline suggests some change in how we could manage diabetes locally. The Derbyshire guideline group will work with local diabetologists to agree a local guideline that is easy for primary care to implement and also affordable to the Derbyshire health economy. Until then existing [local guidelines](#) should be followed for existing and newly diagnosed patients.

DULAGLUTIDE

The price reduction of the weekly GLP1 agonist dulaglutide has prompted JAPC to allow exceptional use of dulaglutide alongside weekly exenatide as a treatment option as per local diabetes guidance. The advantage of using a weekly preparation is if compliance is an issue or if the patient requires regular visits from a nursing team to administer the drug.

HALOPERIDOL INJECTION- POSITION STATEMENT UPDATE

The haloperidol injection position statement should be recognised as an evolving document where advice is being updated and so prescribers should use the version on the website. New advice includes the use of combination treatments in syringe drivers.

Drug	BNF	Date considered	Decision		Details
Eflornithine cream	13.9	December 2015	BROWN		Limited use for facial hirsutism in women with exceptions listed in local BNF chapter
Midodrine	Not yet listed	December 2015	BROWN after specialist/consultant initiation and dose titration.		Newly licensed for orthostatic hypotension. Patient will have individualised BP targets.
Rivastigmine	4.11	December 2015	GREEN after specialist initiation/titration and stabilisation	AMBER for dementia	Green for behavioural problems and psychosis in patients with Parkinson's disease. Note dual classification remains AMBER for dementia.
Alirocumab	Not yet listed	December 2015	BLACK		Primary hypercholesterolaemia or mixed dyslipidaemia. Awaiting NICE TA
Asfotase alfa	Not yet listed	December 2015	RED		NHSE- bone manifestations of paediatric onset hypophosphatemia
Sebelipase alfa	6.3.2	November 2015	RED		NHSE- Lysosomal acid lipase deficiency in all patients of all ages.
Naloxegol	Not listed	December 2015	RED	BROWN	Included RED for non-palliative care use.
Sinecatechins	Not listed	December 2015	BLACK		External genital and perianal warts in immunocompetent adults
Dulaglutide	Not listed	December 2015	BROWN 2nd line to exenatide MR when a weekly preparation is required.		Patients who require a weekly GLP1 preparation, positioned alongside exenatide MR preparation, in line with local guidance.
Aprimelast	13.5.3 10.1.3	December 2015	BLACK		Reclassified from RED as per NICE TA 368
Pembrolizumab	Not listed	December 2015	RED		As per NICE TA 366 for treating advance melanoma

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 routinely* 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 line with discharge policies and
- The patient response to the treatment is predictable and safe