

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 SEPTEMBER 2016 MEETING CLINICAL GUIDELINES

1. [Infant feeding guidelines](#)-Updated guidance that includes advice on diagnosing cow's lactose and protein allergy, referral pathways and cost effective choices for prescribing.
2. [Heart failure with reduced ejection fraction](#)- Updated to include the positioning of sacubitril/valsartan. The drug remains RED pending clinical experience of use by specialists/consultants. If prescribed by the consultant/specialist, GPs may wish to update their clinical systems with this drug for their patients to stop inadvertent supplies of ACE or ARBs.
3. [Prescribing of ulipristal acetate for symptomatic fibroids in pre-menopausal women](#). New guideline that supports the GP in the use of ulipristal acetate as pre-operative treatment of moderate to severe symptoms of uterine fibroids following a first course supplied by a specialist/ consultant.

The following guidelines with no changes have been given short term extensions; [Derbyshire County NRT formulary](#) (pending protocol updates- October 2016) and [management of C Difficile infection](#) (pending national guidance- March 2017)

PATIENT GROUP DIRECTIONS

1. [Influenza vaccine \(Intanza\) - Individuals from 60 years of age](#) in accordance with the national immunisation programme.
2. [Influenza vaccine \(IM /SC\) Adults and Children](#) in accordance with the national immunisation programme.
3. [HIB and Men Group C](#) (1st birthday to <10 years of age) vaccine in accordance with the national immunisation programme.
4. [Shingles \(Herpes Zoster\) Vaccine \(Zostavax\)](#)

SHARED CARE GUIDELINES

The following shared care guidelines have been extended with no significant changes; acamprosate and disulfiram (July 2017 whilst the service is under review), management of ADHD in children and adults (November 2016), acetylcholinesterase inhibitors and memantine (May 2017 whilst the service is under review). Apomorphine in the treatment of Parkinson's disease (August 2018).

BATH EMOLLIENTS AND SHOWER GELS

JAPC discussed in detail the formulary classification of bath emollients and shower gels. A Derbyshire wide decision has been made to classify all bath emollients and shower gels as BLACK as not recommended or commissioned. The NHS increasingly needs to make difficult but value based decisions on treatments it makes available to the NHS which includes a balance of evidence of clinical effectiveness, patient factors including safety, and value for money. Patients may continue on their current treatment until this is reviewed where their NHS clinician will consider whether it is appropriate to switch to an emollient product that can be used for washing. New and existing patients will continue to have access to emollient creams / ointments and products that can be used for washing to meet their health needs. JAPC routinely reviews treatment decisions dependant on information available including published evidence.

PRE-DIABETES (NON-DIABETIC HYPERGLYCAEMIA) AND METFORMIN

JAPC were asked to consider a policy/guideline for the use of metformin in pre-diabetes as suggested by [NICE PH published in 2012](#). The debate at JAPC focused on the definitions of pre-diabetes, medicalisation and labelling of a condition, therapeutic treatment options and their effectiveness to prevent diabetes and implementation against other competing priorities. In summary JAPC endorses lifestyle advice and diet as first line options. No guideline was deemed necessary and any decision to prescribe should be individualised with reference to an informed discussion with the patient. GPs are reminded of the diabetes prevention programme which is now available across Derbyshire where they can refer patients if clinical criteria are met.

GUIDELINE GROUP UPDATE

Key messages include: update to [Chapter 9- Nutrition and Blood](#) and to the specials database including: donepezil and naproxen as dispersible and orodispersible formulations respectively, although expensive compared to standard formulations they are cheaper than liquids.

LIOTHYRONINE PRESCRIBING

Liothyronine is significantly more expensive than levothyroxine and its place across Derbyshire is very restricted. With the exception of treatment resistant depression currently under a [shared care](#) agreement, JAPC reminds prescribers that liothyronine is not recommended as monotherapy. Combination with levothyroxine is allowed after endocrinologist initiation. A trial of at least 3 months can be used to assess an improved quality of life in hypothyroid patients.

Drug	BNF	Date considered	Decision	Details
Bath emollients and shower gels	13.2.1	Sept 2016	Black	Suitable leave on emollients are a soap substitute. See local emollient guidance
Ulipristal acetate (Esmya)	6.4.1	Sept 2016	Green	Pre-operative treatment of moderate to severe symptoms of uterine fibroids. Supported by local guidance.
Oscillating positive expiratory pressure devices	Not listed	Sept 2016	Red	Re-classification from BLACK. Use in COPD and non-CF patients (DT listed Acapella, Flutter, Lungflute, PARI O-PREP)
Alipogene tiparovec (Glybera)	Not listed	Sept 2016	Red	Lipoprotein lipase deficiency- NHSE
Sofosbuvir+ velpastvir (Epclusa)	Not listed	Sept 2016	Red	Chronic hepatitis C infections in adults- NHSE
Efrtrenoconog alfa (Alprolix)	Not listed	Sept 2016	Red	Treatment and prophylaxis of bleeding in patients with haemophilia B- NHSE
Brentuximab vedotin (Adcetris)	8.1.5	Sept 2016	Red	CD30+ Hodgkin's lymphoma- likely NHSE
Decitabine (Dacogen)	8.1.3	Sept 2016	Red	Acute myeloid leukaemia- as per NHSE commissioning intentions.
Teduglutide	1.5	Sept 2016	Red	Short bowel syndrome in children aged 1 year and older- as per NHSE commissioning intentions.
Bosutinib	8.1.5	Sept 2016	RED	Re-classified from BLACK. Previously treated chronic myeloid leukaemia- as per NHSE commissioning intentions (NICE TA 401)
Permetrexed	8.1.3	Sept 2016	RED	Reclassified from BLACK as per NICE TA 402- as per NHSE commissioning intentions.
Trifluridine-tipiracil	Not listed	Sept 2016	RED	NICE TA 405- as per NHSE commissioning intentions.
Degarelix	8.3.4	Sept 2016	Remains amber	Supported by NICE TA 404 and local shared care
Ramucirumab	8.1.5	Sept 2016	Black	NICE TA 403- as per NHSE commissioning intentions.
Bazedoxifene+conjugate estrogens (Duavive)	Not listed	Sept 2016	Unclassified await clinician request	Oestrogen deficiency symptoms in postmenopausal women with a uterus

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