

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 MARCH 2017 MEETING

CLINICAL GUIDELINES

1. Management of infective exacerbation of bronchiectasis in adults in primary care – updated with minor changes. (See below for further details)
2. GORD in children - updated with minor changes. (See below for further details)
3. NSTEMI (North) – updated with no changes
4. Recurrent UTIs in adult females - updated. (See below for further details)
5. Luteinizing hormone-releasing hormone (LHRH) agonists - review of position of the three LHRH agonists (see below for further details)

SHARED CARE GUIDELINES

None this month

PATIENT GROUP DIRECTIONS

None this month

MANAGEMENT OF INFECTIVE EXACERBATION OF BRONCHIECTASIS IN ADULTS IN PRIMARY CARE

The management of infective exacerbation of bronchiectasis in adults has been updated based on NICE CKS and in consultation with local respiratory consultants. Amoxicillin 500mg – 1g three times a day (for 10-14 days) remains treatment of choice for patients where there is no previous culture results and clarithromycin or erythromycin or doxycycline are alternative treatment options for patients with penicillin allergy.

GORD IN CHILDREN

The JAPC guidance for GORD in children has been updated in collaboration with local experts. JAPC discussed the use of powdered anti-regurgitation formulas with the recommendation that parents should be encouraged to buy powdered 'anti-regurgitation' formulas over the counter

MANAGEMENT OF RECURRENT URINARY TRACT INFECTIONS (RUTIs) IN ADULT FEMALES

The guidance was updated using NICE CKS and advice from local specialists. The key points include:

- Nitrofurantoin is first line choice antibiotic and trimethoprim is second line in the management of recurrent urinary tract infections in adult females.
- Prophylactic antibiotic should only be initiated on the advice of a local urologist.
- If recurrent UTI's reoccurs after 6 months of treatment with an antibiotic, then the GP should consider referral to a urologist (as per NICE CKS guidance) for further advice.
- the importance of preventative measures – ensuring patients have adequate hydration & fluid intake, with regular emptying of the bladder especially just before bedtime
- Due to the risk of pulmonary fibrosis or toxicity with long-term use of nitrofurantoin, prescribers should advise patients to report any respiratory symptoms experienced when taking this for UTI prophylaxis. Nitrofurantoin should be discontinued if deterioration in lung function occurs & the patient referred for chest X-ray & further investigations.

LHRH AGONISTS IN PROSTATE CANCER

The position of preferred LHRH agonists for prostate cancer has been reviewed. Currently there are three LHRH agonists (leuprorelin, goserelin and triptorelin) classified as GREEN after consultant/specialist initiation, with leuprorelin as the preferred choice. One month and three monthly preparations are available for all three LHRH agonists, with triptorelin also available as a 6 monthly injection. Based on the fact that there is no conclusive evidence to suggest one LHRH agonist is more effective or has fewer side-effects than the other analogues, and price difference between the products is minimal, JAPC has placed all three analogues on an equal footing. Prescribers are reminded that leuprorelin, triptorelin and goserelin should be used for licenced indications only (however goserelin prescribing in adults off-license in primary care is also permitted as per NHS England specialised services circular, [Primary Care Responsibilities in Prescribing and Monitoring Hormone Therapy for Transgender and Non-Binary Adults](#)). This should be done in close collaboration with the specialists at the Gender Identity Clinics

HIGH COST DRUG COMMISSIONING PATHWAYS

The severe psoriasis and rheumatoid arthritis commissioning pathways have been updated to incorporate the latest NICE technology appraisals for apremilast and certolizumab respectively.

ADULT DRUG AND ALCOHOL PROVIDERS

From the 1st April 2017, adult drug and alcohol treatment will be provided by Derbyshire Recovery Partnership, a formal collaboration between Derbyshire Healthcare NHS Foundation Trust, Derbyshire Alcohol Advice Service, Phoenix Futures and Intuitive Thinking Skills. The new service, commissioned through Derbyshire County Council, will provide interventions ranging from one-off advice through to structured one-to-one interventions and medical prescribing dependent on individual need. Further communication is planned for April/May.

GUIDELINE GROUP KEY POINTS

Message included in glaucoma guideline regarding prescribing travoprost/bimatoprost generically. Prempak C has been discontinued. Replaced with Elleste Duet, cyclo-progynova and femostan. Isotretinoin (isotrex) gel is discontinued; this has been replaced with tretinoin/erythromycin solution (Aknemycin) for moderate acne.

MHRA UPDATE

SGLT2 inhibitors: updated advice. Canagliflozin may increase the risk of lower-limb amputation (mainly toes) in patients with type 2 diabetes. Evidence does not show an increased risk for dapagliflozin and empagliflozin, but the risk may be a class effect.

Drug	BNF	Date considered	Decision	Details
Safinamide	Not yet listed	April 2017	BLACK	Treatment of Parkinson's Disease as add on therapy to levodopa alone or in combination with other Parkinson's Disease medicinal products in mid-to late-stage fluctuating patients.
Idebenone	Not yet listed	April 2017	RED	Leber's hereditary optic neuropathy as per NHSE commissioning intentions
Fibrinogen concentrate (FibCLOT)	Not yet listed	April 2017	RED	Treatment and perioperative prophylaxis of bleeding in patients with congenital hypo- or afibrinogenaemia with bleeding tendency (NHSE)
Elotuzumab	Not yet listed	April 2017	BLACK	TA434 -for previously treated multiple myeloma (terminated appraisal)
Tenofovir alafenamide	5.3.1	April 2017	BLACK	TA435 - for treating chronic hepatitis B (terminated appraisal)
Bevacizumab	8.1.5	April 2017	BLACK	TA436 - for treating EGFR mutation-positive non-small-cell lung cancer (terminated appraisal)
Ibrutinib	8.1.5	April 2017	BLACK	TA437 - Ibrutinib with bendamustine and rituximab for treating relapsed or refractory chronic lymphocytic leukaemia after systemic therapy (terminated appraisal)
Leuprorelin, goserelin, triptorelin	8.3.4	April 2017	GREEN after consultant /specialist initiation	To be used for licenced indications only (with the exceptionality for goserelin prescribing in adults off-license in primary care This should be done in close collaboration with the specialists at the Gender Identity Clinics)

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