

## 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 MAY 2017 MEETING

#### CLINICAL GUIDELINES

1. Clostridium Difficile Infection (CDI) management in primary care- No changes and extended expiry to October 2017 pending a consultant microbiologist review.
2. Adult lipid modification in non-familial hyperlipidaemia- updated to include advice on when to consider referral to specialists, the restricted role of omega-3 fatty acid compounds and the place in the pathway of PCSK9 inhibitors (only to be prescribed by secondary care)
3. Identification and management of familial hypercholesterolemia- similar to the lipid policy includes the positioning of PCSK9 inhibitors
4. ACS dual antiplatelet treatment- STEMI guidance for Southern Derbyshire – minor update to include secondary care advice of cangrelor. Primary care is reminded of stop dates following 12 months of dual antiplatelet treatment.
5. Asthma- adult and children guidelines- Expiry date has been extended until November 2017, whilst awaiting NICE publications

#### SHARED CARE GUIDELINES

1. Cinacalcet in primary hyperparathyroidism- extended expiry for two years with no major changes. Prescribers are reminded of the 6 monthly calcium monitoring agreement with local endocrinologists and actions that may be necessary following calcium levels reports.
2. Colomycin for pseudomonas lung infection in adults with bronchiectasis (non-cystic fibrosis), extended for one year only pending a publication from the British Thoracic Society.

#### PATIENT GROUP DIRECTIONS

1. Revised Pertussis PGD published by NHSE

#### NON-FAMILIAL HYPERCHOLESTEROLEMIA AND FAMILIAL HYPERCHOLESTEROLEMIA

Both local guidelines have been updated to include the use of PCSK9 inhibitors (alirocumab and evolocumab) which are RED drugs. They include lipid levels after primary care drug and health optimisation for consideration of referral to a lipidologist.

#### Drugs and Therapeutic Bulletin (DTB) reviews

The JAPC was updated with two April DTB reviews and were assured of the BLACK classifications of lidocaine/prilocaine spray for premature ejaculation (Fortacin) and bazedoxifene (Duavive) for Hormonal Replacement Therapy. Lidocaine/ prilocaine spray evidence derived from short term studies, the exclusion of erectile dysfunction patients and active comparator and long term benefits unknown. Duavive with lack of direct comparison with HRT options, single series studies and concerns over long term endometrial safety.

#### Changes to NICE Technology Appraisals (TA)

NICE has recently [consulted on changes](#) to the arrangements for evaluating and funding drugs and other health technologies appraised through NICE's Technology Appraisal (TA) and Highly Specialised Technologies (HST) programmes. To introduce a 'fast track' process for drugs less than £10,000 per QALY and a 'budget impact threshold' of £20m.

#### REGIONAL MEDICINES OPTIMISATION COMMITTEE (RMOC)

Four regional RMOCs across England have been established, which will operate together as part of a single system. Its purpose is to support commissioners and providers in medicines optimisation to share resources and to eliminate duplication of work done many times across the NHS. The [operating model](#) has been published that includes details of the RMOCs and its interface with CCGs and provider trusts.

#### SILK GARMENTS

Silk garments have been re-classified from BROWN to BLACK following the long awaited [CLOTHES trial](#). This concluded there was "no evidence of clinical or economic benefit of using silk garments compared with standard care in children with moderate to severe atopic eczema.

#### SELF-CARE

JAPC and the wider CCG(s) of Derbyshire are actively promoting the concept of self-care which is an important solution to managing demand, keeping the NHS sustainable and protecting essential services. Work is underway to supporting people to self-manage common conditions such as coughs and colds. Encouraging patients to purchase items over the counter for items like rubefacients and bath emollients.

#### MHRA Drug Safety update

Valproate and neurodevelopmental disorders: new alert asking for patient reviews and further consideration of risk minimisation measures. Following a European review organisations are asked to identify systematically and review all women and girls taking valproate medicines and arrange a review of medication and contraception advice. Evidence suggests that as many as 1 in 5 women taking valproate are still not aware of the risks in pregnancy.

#### GUIDELINE GROUP KEY POINTS

- Oral glycopyrronium (BROWN) also a treatment option for adults after specialist/consultant initiation for hypersalivation or drooling after a trial of hyoscine. Note- for the off-license use in adults, the 1mg/5mls formulation is more cost effective than tablets
- Capsaicin (BROWN) is the preferred topical preparation (if needed, as more expensive than TCAs) over lidocaine 5% plaster. Note these topical forms are only to be used in post herpetic neuralgia patients.
- Aerivio spiromax (salmeterol/fluticasone combination) inhaler is available as a dry powder LABA/ICS option in COPD.
- Soltel is a cost effective salmeterol MDI inhaler. Soltel is NOT suitable for patients with peanut or soya allergy. Serevent remains an option in peanut or soya allergy.

Drug	BNF	Date considered	Decision		Details
Silk Garments	Not listed	May 2017	<b>BLACK</b>		Re-classification from BROWN
Sodium Oxybate	4.1	May 2017	Red	Black	RED: in line with NHSE commissioning policy for symptom control of narcolepsy with cataplexy in children. Black: currently for all indications in adults
Ceftazidime & avibactam (zavicefta)	Not yet listed	May 2017	Red		IV antibiotic for treating complicated infections
C1-esterase inhibitor (Cinryze)	5.3.1	May 2017	Red		Hereditary angioedema, RED as per NHSE commissioning intentions
Aminolevulinic acid hydrochloride (Ameluz)	13.8.1	May 2017	Red		Basal cell carcinoma, RED as per NHSE commissioning intentions
Alectinib	Not yet listed	May 2017	<b>BLACK</b>		As per NICE TA 438- for previously treated anaplastic lymphoma kinase-positive advanced non-small-cell lung cancer NHSE
Cetuximab and panitumumab	8.1.5	May 2017	Red		As per NICE TA 439 for previously untreated metastatic colorectal cancer- NHSE
Pegylated liposomal irinotecan	Not yet listed	May 2017	Black		As per NICE TA 440 for treating pancreatic cancer after gemcitabine- NHSE
Daclizumab	Not yet listed	May 2017	Red		As per NICE TA 441 for treating relapsing–remitting multiple sclerosis- NHSE
Ixekizumab	Not yet listed	May 2017	Red		As per NICE TA 442- for treating moderate to severe plaque psoriasis- CCG
Obeticholic acid	Not yet listed	May 2017	Red		As per NICE TA 443- for treating primary biliary cholangitis- NHSE

#### 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