

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, University Hospital of Derby and Burton 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 NOVEMBER 2018 MEETING CLINICAL GUIDELINES

- Topical tacrolimus guidance for patients with moderate to severe eczema, has been updated with minor amendments.
- Depression and use of antidepressants – review date has been extended by 6 months, whilst awaiting NICE guidance.

PATIENT GROUP DIRECTIONS

The following PGDs have been updated by DCHS to include community pharmacists as professionals to whom the PGD applies:

1. Levonorgestrel (Levonelle) 1500mcg tablets.
2. Ulipristal acetate (EllaOne) 30mgs

SHARED CARE GUIDELINES

Nil

Amiodarone monitoring protocol

The amiodarone monitoring protocol has been updated. Advice regarding continued monitoring for up to a year after stopping amiodarone has been included due to amiodarone's long half-life. Monitoring requirement at baseline and loading phase remain, with further clarification regarding bradycardia and thyrotoxicity included. The protocol is agreed for the interim period, until further advice is forthcoming from NHSE regarding the consultation on the second phase for low value medicines.

PSORIATIC ARTHRITIS - COMMISSIONING ALGORITHM

The Derbyshire-wide psoriatic arthritis commissioning algorithm has been updated to include the NICE approved option - Tofacitinib NICE TA543. This is the first oral JAK inhibitor to be approved for use by NICE. It is classified as RED, for secondary care specialist use only.

PRESCRIBING SPECIFICATION

The Derbyshire prescribing specification has undergone its annual update. 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 organisations and ensuring high quality prescribing. It is a useful reference for all primary care providers in knowing how providers work with commissioners and their roles in patient transfer. The prescribing specification has also been updated with further clarification regarding gain shares and use of biosimilars in secondary care.

RMOC GUIDANCE – PRESCRIBING OF LIOTHYRONINE

RMOCs have provided advice on the prescribing of liothyronine – the recommendation is for strict criteria to be applied to ensure that liothyronine is only prescribed in very rare situations where alternative treatments have been found to be inadequate. In such circumstances, ongoing shared care arrangements may be appropriate if agreed by local commissioners. JAPC/guideline group will revisit our local position on liothyronine February 2019, in consultation with primary and secondary care clinicians.

NHSE – ITEMS WHICH SHOULD NOT ROUTINELY BE PRESCRIBED IN PRIMARY CARE: A CONSULTATION ON FURTHER GUIDANCE FOR CCGs.

Following on from work undertaken by NHSE in 2017 and early 2018 regarding items which should not routinely be prescribed in primary care; further proposed national guidance for CCGs on low priority for NHS funding has been circulated for consultation. The new consultation includes

1. *Do not initiate the following in primary care:* rubefacients, aliskiren, bath and shower preparations for dry and pruritic skin, minocycline for acne and silk garments. All items have already been blacklisted locally except aliskiren, which currently has a BROWN after specialist/consultant initiation.
2. *Consider initiation and continuation under a shared care:* amiodarone and dronedarone. Dronedarone is currently available through a shared care agreement. Amiodarone is currently GREEN after consultant/specialist initiation and this will be reviewed following the end of the consultation.
3. *Do not initiate* blood glucose testing strips (BGTS) that cost >£10 for 50 strips and needles for pre-filled and reusable insulin pens that cost >£5 per 100 needles. BGTS message is currently in our local formulary, with further review of all BGTS being undertaken by the Medicines Management team. For the needles, locally we currently recommend products <£6 per 100 needles.

CCGs are encouraged to feedback on the [consultation](#), which ends February 2019, with the outcome expected shortly after this deadline.

GUIDELINE GROUP KEY POINTS

Aciclovir 5% cream, malathion 0.5% aqueous liquid, dimeticone 4% lotion and aluminium chloride hexahydrate have all changed from Green to Brown, with reinforcement of the self-care message. In the skin chapter - Medi Derma-S replaces Cutimed Protect as barrier preparation for high risk patients to be used under certain situations, e.g. peri-wound protection, preventing incontinence dermatitis and protecting broken or sore peristomal skin. Anthelios sunscreen has been removed from the sunscreen section, but Sunsense Ultra lotion, Uvistat cream and lip screen remain as cost effective options, with 'ACBS' endorsement required for FP10s. Overactive bladder guideline – due to minimum price difference between oxybutynin and tolterodine, both drugs are indicated as 1st and 2nd line options within the guidance – 2nd line use involves use of the drug which has not previously been tried, before commencing to 3rd line options. COPD guideline- advice included regarding caution when using LAMAs in patient with severe renal impairment, due to potential increase in plasma concentration. Obs & gynae chapter- following advice from local specialists, the chapter has been updated with information regarding taking the pill without an interval. Chapter 4 CNS - trifluoperazine liquid 1mg/5ml has been replaced with 5mg/5ml oral solution as a significantly more cost effective option.

MHRA NOTICES

- Hydrochlorothiazide: risk of non-melanoma skin cancer, particularly in long-term use. Pharmacoepidemiological studies have shown a dose-dependent increased risk of non-melanoma skin cancer. Measures to minimise the risk are included in the update both for healthcare professional and patients.
- Systemic and inhaled fluoroquinolones: small increased risk of aortic aneurysm and dissection. Includes advice regarding the benefit and risks and consideration of other therapeutic options before prescribing systemic and inhaled fluoroquinolone antibiotics in patients at increased risk of aortic aneurysm and dissection.
- Sildenafil (Revatio and Viagra): reports of persistent pulmonary hypertension of the new-born following in-utero exposure in a clinical trial on intrauterine growth restriction.
- Support for yellow card: help improve the safety of medicines in pregnancy and breastfeeding and in babies and children.

Drug	Date considered	Decision	Details
Doxylamine/pyridoxine (Xonvea)	Dec 2018	BLACK	JAPC has classified as BLACK - pending a national review for nausea & vomiting in pregnancy. The Royal College of Obstetricians and Gynaecologists do not recommend the use of pyridoxine (for nausea and vomiting in pregnancy) due to its potential for causing peripheral neuropathy. The combination product is less cost effective than current off-label treatments
Combodart (dutasteride & tamsulosin)	Dec 2018	BLACK	The brand Combodart is currently significantly more expensive than the individual components of dutasteride & tamsulosin.
Padeliporfin	Dec 2018	BLACK	NICE TA546: untreated localised prostate cancer.
Gemtuzumab ozogamicin	Dec 2018	RED	NICE TA545: gemtuzumab with daunorubicin and cytarabine for untreated acute myeloid leukaemia.
Tofacitinib	Dec 2018	RED	NICE TA547: for moderately to severely active ulcerative colitis.
Cannabis-based medicinal products	Dec 2018	RED	All requests for cannabis-based medicinal products are classified as RED and need to be approved by the appropriate MDT. (See traffic lights for further details)
Binimetinib (Mektovi)	Dec 2018	RED	Treatment of unresectable or metastatic melanoma with BRAF V600 mutation. As per NHSE commissioning intention.
Durvalumab (imfinzi)	Dec 2018	RED	Locally advanced, unresectable non-small cell lung cancer in adults whose tumours express PD-L1 on $\geq 1\%$ of tumour cells. As per NHSE commissioning intentions.
Encorafenib	Dec 2018	RED	Treatment of unresectable or metastatic melanoma with a BRAF V600 mutation - in combination with binimetinib. As per NHSE commissioning intentions.

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, treatments or medical devices are **not** 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

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.