

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 JULY 2018 MEETING CLINICAL GUIDELINES

Management of Undernutrition of adults - updated with new sections on palliative care and care home advice.

Management of type 2 diabetes - updated with minor changes

SHARED CARE GUIDELINES

No shared care this month

PATIENT GROUP DIRECTIONS

No PGDs this month

BRANDED PRESCRIBING WHERE NO PATIENT SAFETY ISSUES – BLACKLISTED

Currently Derbyshire CCGs spend approximately £1m per year on expensive branded products, when cheaper generic versions are appropriate. With a few exceptions where branded prescribing is recommended for patient safety reasons (see [Prescribing in Primary Care](#) document) or as a cost-effective formulary choice, most medicines can be prescribed generically within primary care. To reinforce this message, JAPC has classified the top 21 prescribed branded medicines as BLACK. This will assist GPs when considering switching patients over to generic and prevent future prescribing for new patients. All brands which have been blacklisted are included in the traffic lights overleaf.

MANAGEMENT OF UNDERNUTRITION IN ADULTS - update and renaming

The 'oral nutrition support guidelines for adults' has been updated and renamed as the "**Management of undernutrition in adults**". The renaming of the guidance places less emphasis on prescribing with the aim of ensuring effective patient centred oral nutrition support in Derbyshire by promoting appropriate and effective oral nutritional support (ONS) use.

The updated guidance now includes advice on setting treatment goals, further examples of over the counter ONS products, summary of exclusion criteria for powdered ONS, new care homes section with useful tips and new palliative care section which provides an overview of nutritional management for the different stages of palliative care. The product choice table in the appendices now show the cost per unit of the product with additional information regarding calorie and protein content.

MANAGEMENT OF TYPE 2 DIABETES MELLITUS

The type 2 diabetes guidance has been updated with minor amendments to the content.

JAPC has reviewed a recent JAMA systematic review (and SIGN guidance) which examined the association of sodium-glucose transport protein 2 (SGLT2) inhibitors, glucagon-like peptide-1 receptor agonists (GLP1 agonists) and dipeptidyl peptidase-4 (DPP4 inhibitors) with all-cause mortality. The review concluded that the use of SGLT2 inhibitors or GLP1 agonists were associated with lower mortality than DPP4 inhibitors or placebo or no treatment. JAPC decided to take a conservative approach with regards to recommendation for the place in therapy of these 3 groups of anti-diabetic drugs. Currently all groups are available for prescribing as per the local guidance, but prescribers are reminded to consider the cardiovascular benefits associated with the use of SGLT2 inhibitors and GLP1 agonists compared to DPP4 inhibitors. N.B. GLP1 agonists remain an option only if triple oral therapy is contraindicated, not tolerated or not effective AND the patient meets strict criteria for use.

HIGH COST DRUG DECISION MAKING FLOWCHARTS

Two new flowcharts can be found under the [High Cost Drug](#) section of the medicines management website. The flowcharts display how NICE approved drugs (drugs with positive NICE TA) and non-NICE approved drugs (drugs not appraised by NICE) are integrated into existing commissioning algorithms.

PSORIASIS AND ANKYLOSING SPONDYLITIS COMMISSIONING ALGORITHMS

The commissioning algorithm for psoriatic arthritis and ankylosing spondylitis have been updated in association with the local rheumatologists and can be found on the Derbyshire Medicines management website, under the [High Cost Drugs](#) section. Both algorithms include biologics which have acquired positive NICE technology approvals and any local variations are highlighted throughout.

DERBYSHIRE MEDICINES SAFETY NETWORK

A new Derbyshire Medicines Safety Network (DMSN) has been created with accountability to JAPC. The DMSN is a forum to inform and improve medication safety across the Derbyshire health economy through sharing of information and learning from medication safety issues occurring in primary and secondary care. Representation of the group includes medication safety officers from the various provider organisations across Derbyshire.

GUIDELINE GROUP KEY POINTS

- Fobumix Easyhaler (budesonide/formoterol DPI) classified as GREEN for asthma or COPD in adults over 18 years of age.
- Tapentadol – BROWN with exceptionality on recommendation of the pain clinic if a patient is intolerant to both morphine and oxycodone.
- Pioglitazone and metformin (Competact) – has been classified as BLACK as the combination preparation is not cost effective compared to the individual constituents.
- The glaucoma guidance has been updated to include advice regarding prescribing generically preservative free dorzolamide and dorzolamide + timolol.
- Volumatic and A2A spacers have been added to the asthma guidance as formulary choices.

MHRA NOTICES

Dolutegravir (Tivicay, Triumeq, Juluca) – MHRA warning regarding increased risk of neural tube defects. Recommendation is not to prescribe for women seeking to become pregnant and to exclude pregnancy before initiation and advise use of effective contraception.

Denosumab (Xgeva) – MHRA advice to monitor patients for signs and symptoms of hypercalcaemia after discontinuation of denosumab treatment for giant cell tumour of the bone. Cases of rebound hypercalcaemia have been reported up to 9 months after cessation of treatment.

Denosumab (Xgeva) for advanced malignancies involving bone – study data show new primary malignancies reported more frequently compared to zoledronate.

Drug	Date considered	Decision	Details
Various branded products	July 2018	BLACK	Brands include: Arimidex, Azilect, Azopt, Cerazette, Colofac, Cosopt, Efexor XL, Imigran, Kapake, Lipitor, Losec, Lyrica, Mucodyne, Nasonex, Nexium, Plavix, Solpadol effervescent, Subutex, Viagra, Xalacom, Xalatan.
Guselkumab	July 2018	RED	NICE TA521: guselkumab for treating moderate to severe plaque psoriasis
Pembrolizumab	July 2018	RED	NICE TA522: pembrolizumab for untreated locally advanced or metastatic urothelial cancer when cisplatin is unsuitable
Midostaurin	July 2018	RED	NICE TA523: midostaurin for untreated acute myeloid leukaemia.
Brentuximab vedotin	July 2018	RED	NICE TA524: brentuximab vedotin for treating CD30 positive Hodgkin lymphoma.
Atezolizumab	July 2018	RED	NICE TA525: Atezolizumab for treating locally advanced or metastatic urothelial carcinoma after platinum-containing chemotherapy
Arsenic trioxide	July 2018	RED	NICE TA526: arsenic trioxide for treating acute promyelocytic leukaemia
Beta interferons and glatiramer acetate	July 2018	RED	NICE TA527: both beta interferon and glatiramer acetate for treating multiple sclerosis

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: 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.