

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 OCTOBER 2018 MEETING CLINICAL GUIDELINES

- Oxygen guideline – Minor update to include new contact details, new ImpACT+ referral form replaces the Royal Derby Hospital form, and oxygen in palliative care and end of life sections have been moved to a separate appendix.
- Strong opioids for cancer pain - updated to include link to Derbyshire end of life alliance website for opioid dose conversion, additional MHRA information included and information regarding opening Zomorph capsules included on the recommendation of the Oncology Specialist.
- Infant feeding guidance – has been updated to include a new section on faltering growth, alignment of vitamin supplementation, and a Cow Milk Protein Allergy table of cost effective choices.

PATIENT GROUP DIRECTIONS

Public Health England, have updated the following PGD:

1. Administration of BCG Vaccine AJV to individuals, from birth to 16 years of age, at increased risk of tuberculosis.

SHARED CARE GUIDELINES

Shared care agreements for the substance misuse services have been updated. This includes the use by GPSIs working under a locally enhanced service. The following shared care agreements have been updated:

- Buprenorphine sublingual tablets for substance misuse - Specialist drug service contact details updated.
- Methadone oral solution 1mg/ml - Specialist drug service contact details updated.
- Naltrexone 50mg tablets for opioids in substance misuse – specialist drug service contact details updated.

NEFOPAM POSITION STATEMENT - BLACK TRAFFIC LIGHT STATUS

The nefopam position statement has been updated and the current BLACK status continues. JAPC decided to continue with the BLACK traffic light status for nefopam based on cost, efficacy and safety considerations.

MANAGEMENT OF LOWER UTI IN CHRONIC KIDNEY DISEASE GUIDANCE

The management of lower UTI in chronic kidney disease guidance has been updated in line with Public Health England guidance, to include information regarding use of pivmecillinam in patients at high risk of resistance – double doses are required in these cases. The guidance now also highlights risk factors for increased resistance including age >65 years, care home residents, recurrent UTIs, hospitalisations for > 7 days in the last 6 months, unresolved urinary symptoms, recent travel to a country with increased antimicrobial resistance and previous UTI resistance to trimethoprim, cephalosporins or quinolones.

DEPARTMENT OF HEALTH AND SOCIAL CARE – SUPPLY DISRUPTION ALERT EPIPEN AND EPIPEN JUNIOR

The Department of Health and Social Care have circulated a [supply disruption alert](#) to general practices, community pharmacies, acute trusts, community trusts, mental health trusts and ambulance trusts regarding the limited availability of Epipen and Epipen junior for the remainder of 2018.

The circular tabled at JAPC contained specific action points for health care professionals in primary, secondary or specialist healthcare services, who prescribe, dispense or administer adrenaline auto-injectors.. **The national position on Epipen is changing, for the most up-to-date advice visit the [MHRA website](#) or [Specialist Pharmacy Services \(SPS\) website](#) for further information.**

REVISED FLU VACCINE PROCESS

PHE have updated its [inactivated influenza vaccine](#) guidance for healthcare practitioners. For individuals who have been inadvertently given a flu vaccine type that is not recommended for their age group, the advice is to inform the patient of the error and its potential implications (that the quadrivalent vaccine may not be as effective in individuals 65 years and over compared to the trivalent vaccine) and following discussion about risks and benefits, they could be given a second dose of the recommended vaccine. PHE are to publish an addendum to the community pharmacy influenza PGD to reflect this change as currently the PGD does not allow for revaccination.

GUIDELINE GROUP KEY POINTS

Chapter 11 eye:

- Sodium cromoglicate eye drops for allergic conjunctivitis has been replaced with Iodoxamide eye drops as a more cost effective choice.
 - Oxybuprocaine and tetracaine eye drops removed as not routinely prescribed in primary care.
 - Systane Balance and Optive Plus eye drops added to dry eyes section and additional column for 'other brands' added.
- Preventing prescribing errors detailing aid – updated to include recently published NHS improvement 'Just Culture' guide and link to NHSE CD online reporting tool.
- NSAID detail aid – updated to include link to local PPI guideline and MHRA drug safety advice.
- Expiry dates of medicines within care setting guidance– reviewed with no major changes.
- Fludrocortisone 0.0125% (Haelan) cream/ ointment are discontinued and therefore removed from the formulary.
- Hydrocortisone granules in capsules for opening (Alkindi) has been included in specials A-Z database- licensed for replacement therapy of adrenal insufficiency in infants, children and adolescents (from birth to < 18 years old) but very expensive.

MHRA NOTICES

Valproate pregnancy prevention programme: actions required now from GPs, specialists and dispensers who are involved in the care of female patients with valproate. GPs are reminded to identify and recall all women and girls on valproate who may be of childbearing potential and to provide the patient guide to the women and check they have been reviewed by a specialist in the last year.

Dispensers are reminded to issue valproate with the accompanying patient information leaflet and to dispense whole packs whenever possible, and ensure there is a warning label either on the carton or added via a sticker. Further information and a copy of the relevant resources can be found [here](#).

Drug	Date considered	Decision	Details
Pembrolizumab	Oct 2018	BLACK	NICE TA540: for treating relapsed or refractory classical Hodgkin lymphoma.
Inotuzumab ozogamicin	Oct 2018	RED	NICE TA541: treating relapsed or refractory B-cell acute lymphoblastic leukaemia
Bictegravir + emtricitabine + tenofovir alafenamide (Biktarvy)	Oct 2018	RED	Treatment of adults with human immunodeficiency virus 1 without present or past evidence of viral resistance to the integrase inhibitor class, emtricitabine or tenofovir.

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, 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