

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS Derby & Derbyshire 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 December Meeting Clinical Guidelines

Ibandronic acid (50mg tablets) for use in post-menopausal women with breast cancer (as per NICE NG101) – has been classified as GREEN after consultant/specialist initiation.

Debrisoft debridement pads continue with BROWN after consultant/specialist recommendation classification, but with an additional message that a maximum of 5 dressings (1 box) should be prescribed on advice of the Tissue Viability Nurse (TVN), further supplies only following TVN review. All other debridement products are BLACK.

Sodium oxybate prescribing guideline – following last month's classification of sodium oxybate as RED for existing and new patient's ≥19 years of age (CCG commissioned), a new JAPC prescribing guideline for narcolepsy with cataplexy, can be found on the [website](#). This details initiation, continuation and discontinuation criteria to be used for this cohort of patients who require prior approval.

Oral thrush in babies & prescribing for surface and ductal thrush – updated with minor amendments including message that nystatin is licensed preparation but less effective than miconazole oral gel.

Horizon scan for primary and secondary care drugs (CCG commissioned excluded from tariff) with cost implications was presented.

Patient Group Directions

Diphtheria, Tetanus, Acellular Pertussis and Inactivated Poliomyelitis Vaccine Patient Group Direction (PGD) – updated PGD from PHE

Shared Care Agreements (SCA)

Amiodarone SCA – new SCA developed replacing amiodarone prescribing guidance, on the back of the NHSE advice that amiodarone should not be initiated in primary care and should only continue under a shared care arrangement. The SCA follows the standard JAPC layout with specific GP and consultant responsibilities and ongoing monitoring requirements including specific actions for GPs when undertaking ECG monitoring. The SCA also includes specific guidance on the duration of treatment.

Apomorphine SCA – update of existing SCA. The SCA now includes Dacepton as an alternative brand to Apo-go. The brands are not interchangeable, are equivalent in the cost per millilitre of preparation, but deception can be used up to 15 days after opening.

Emollient prescribing guide

Review of the emollient prescribing guide has led to the following cost effective changes – ExmaQS replaces ZeroAQs cream, (both have same paraffin content) for the treatment of mild dry skin. Exmabase gel replaces Myribase gel (same paraffin content) for moderate dry skin. For severe dry skin AproDerm ointment is a new option. Hydromol ointment and Aproderm gel have been removed from the guide as alternative emollients with the same or similar content are available. Finally a new paraffin-free ointment (Epimax PF ointment) has been included as a further option.

Public Health England: [prescribed medicines review](#)

PHE have produced a review of the evidence for dependence on, and withdrawal from, prescribed medicines. The review includes 5 classes of medicines – benzodiazepines, z-drugs, gabapentin and pregabalin, opioids for chronic non-cancer pain and antidepressants. The review found in the year 2017-2018, 1-in-4 adults in England were prescribed benzodiazepines, z-drugs, gabapentinoids, opioids for chronic non-cancer pain, or antidepressants. The review was undertaken in light of national concerns and problems being raised over the dependence with some prescribed medicines. Prescriptions for gabapentinoids in particular are increasing both nationally and locally, with some significant variations in rates. Prescriptions for benzodiazepines continue to fall, and those for z-drugs have more recently started to fall. JAPC tasked stakeholders of the meeting to work together to tackle this problem.

Regional Medicines Optimisation Committees (RMOC) - operating model

RMOC operating model takes stock of where the RMOCs are 2 years after creation and direction of future travel. To be in-line with the transitioning integrated care systems (ICS), the RMOC's propose to increase their numbers from the current model of 4 RMOCs to 7 in the future. The aims and objectives will be refined to suit these new ICS, with more of an emphasis on oversight, support and implementation of national medicines priorities.

Cannabis-based medicinal products – NICE NG144

NICE have published NG144-Cannabis-based medicinal products. The national guideline includes recommendations for prescribing cannabis-based products for intractable nausea and vomiting, chronic pain, spasticity and severe treatment-resistant epilepsy. Seizures associated with Lennox-Gastaut syndrome & Dravet syndrome (NHSE commissioned) have currently been classified as RED, pending NICE guidance publication.

Products covered by the guideline include THC:CBD (Sativex), nabilone, CBD (cannabidiol) and THC (delta-9-tetrahydrocannabinol- dronabinol). NHSE is the responsible Commissioner for these indications except for spasticity in adults with multiple sclerosis, where the CCGs are deemed the responsible commissioners. Further information from the various MS specialist centres has been requested to ascertain place in treatment pathway for THC:CBD (sativex) for patients with spasticity, expected patient numbers for Derbyshire and the logistics of a shared care agreement between a tertiary care centre and secondary care. JAPC do not expect GP's to be currently involved in the prescribing of THC:CBD. JAPC has assigned a BLACK classification for all conditions except seizure associated with Lennox-Gastaut syndrome & Dravet syndrome.

Guideline Group key points

Diclofenac 2.32% gel – BLACK. Decision based on cost and systemic exposure of 2.32% is equivalent to the topical diclofenac 1.16% gel (UKMI query).

Diclofenac 1.16% gel – BROWN. After use of Green formulary choices – topical ibuprofen and ketoprofen.

Ibuprofen (Fenbid) 5% gel GREEN Fenbid cost effective brand.

Ibuprofen (Fenbid) 10% gel - BROWN Fenbid cost effective brand

Skin chapter - Aproderm and Zerolan included as cost effective alternative barrier preparations to Cavilon.

Sunscreens: Anthelos added as cost effective choice, link to self-care included and ACBS criteria updated to be in line with Drug Tariff.

DMARD quick reference guide - sodium aurothiomalate entry removed. Penicillamine monitoring updated to be in-line with latest SCA update.

Antipsychotic recommended physical monitoring – review date extended to Jan 2021, in line with DHCFT/JAPC policy for 3 yearly review cycle.

COPD guidance and respiratory chapter updated to include information on re-usable RespiMat devices, which replaces the single use disposable RespiMat devices. Each re-usable RespiMat device can be used with up to 6 cartridges before replacing.

GORD in children guideline updated to include NICE wording: do not offer metoclopramide, domperidone or erythromycin to treat GOR or GORD unless all of the following conditions are met: the potential benefits outweigh the risk of adverse events, other interventions have been tried, and there is a specialist healthcare professional agreement for its use.

Type 2 diabetes guidance – hypertension flowchart has been removed - the new NICE hypertension guidance suggests no separate BP targets for diabetics. Also the renal dose for saxagliptin has been amended.

MHRA NOTICES

Yellow fever vaccine: stronger precautions in people with weakened immunity and in those aged 60 years or older. Key recommendations include new and updated contraindications and strengthened precautions to protect those with a weakened immune systems (including for people aged 60 years or older) and standardised risk-benefit evaluation procedures across UK yellow fever vaccination centres to ensure that people only receive the vaccine after a thorough risk assessment.

Carfilzomib (Kyprolis ▼): risk of reactivation of hepatitis B virus. Establish hepatitis B status before initiating carfilzomib and in patients with unknown hepatitis B virus serology who are already being treated with carfilzomib.

Drug	Date considered	Decision	Details
Debrisoft monofilament debridement pad	Dec 2019	BROWN con/spec recommenda tion	NICE MTG17: for use in acute or chronic wounds: Second line product after specialist recommendation from Tissue Viability Nurses for chronic sloughy wounds and hyperkeratotic skin around acute or chronic wounds. A maximum of 5 dressing (1 box) should be prescribed on the advice of the TVN and if further dressings are required, this needs a review by the TVN. (Decision date - December 2019). All other debridement products are classified as BLACK.
Ibandronate	Dec 2019	GREEN con/spec initiation	50mg tablets – for use in post-menopausal women with breast cancer as per NICE NG101
Amiodarone	Dec 2019	AMBER	New SCA
Apomorphine (Apo-go & Dacepton)	Dec 2019	AMBER	Shared care guideline for Parkinson's Disease. Apo-go and Deception are the preferred clinical and cost effective brands.
Andexanet alfa	Dec 2019	BLACK	Pending NICE guidance
Chenodeoxycholic acid	Dec 2019	RED	To be used in line with NHSE commissioning intentions
Doravirine	Dec 2019	RED	To be used in line with NHSE commissioning intentions
Larotrectinib	Dec 2019	RED	To be used in line with NHSE commissioning intentions
Methyl salicylate + levomenthol	Dec 2019	BLACK	Muscle & joint pain associated with strains and sprains
Naphazoline	Dec 2019	BLACK	Minor eye irritation and redness
Vonicog alfa	Dec 2019	RED	To be used in line with NHSE commissioning intentions
Doravirine+lamivudine+ tenofovir disoproxil fumarate	Dec 2019	RED	To be used in line with NHSE commissioning intentions
Glibenclamide (Amgliida)	Dec 2019	RED	Treatment of neonatal diabetes mellitus, for use in newborns, infants and children.
Cetomacrogol (Formula A)	Dec 2019	BLACK	Dry Skin conditions
Sodium Chloride (Aeon)	Dec 2019	BLACK	Corneal oedema
Cerliponase alfa	Dec 2019	RED	NICE HST12 – for treating neuronal ceroid lipofuscinosis type 2 To be used in line with NHSE commissioning intentions
Ibrutinib	Dec 2019	BLACK	NICE TA608 – for treating Waldenstroms macroglobulinaemia (terminated appraisal)
Pentosan polysulfate Sodium	Dec 2019	RED	NICE TA610 – treating bladder pain syndrome.
Rucaparib	Dec 2019	RED	NICE TA611 – maintenance treatment of relapsed platinum-sensitive ovarian fallopian tube or peritoneal cancer. NHSE commissioned
Neratinib	Dec 2019	RED	NICE TA612 – for extended adjuvant treatment of hormone positive receptor, HER2-positive early stage breast cancer after adjuvant trastuzumab.
Fluocinolone	Dec 2019	BLACK	NICE TA 613 – treating chronic diabetic macular oedema in phakic eyes after an inadequate response to previous therapy.
Cannabis-based products which include: • Nabilone • THC:CBD (Sativex) • Dronabinol • THC	Dec 2019	BLACK RED	BLACK - NICE NG144 - Spasticity in adults with multiple sclerosis - currently under review. Further guidance is due once review is complete. (CCG commissioned) BLACK - NICE NG144 - intractable nausea and vomiting. (NHSE commissioned) BLACK - NICE NG144 - chronic pain (NHSE commissioned) BLACK - NICE NG 144 - severe treatment - resistant epilepsy (NHSE commissioned) RED - NICE NG144 - seizures associated with Lennox-Gastaut syndrome & Dravet syndrome, pending NICE guidance publication (NHSE commissioned)

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.