

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 November Meeting Clinical Guidelines

- Urea heel and foot preparations** have been classified as **BROWN**, restricted for prescribing for diabetic patients and those with hyperkeratotic skin conditions, after an adequate trial with self-care with a standard emollient. (Preferred formulary product is Dermatronics ONCE Heel Balm - 25% urea)
- VACocast diabetic** (pressure relief system) has been classified as **BLACK** pending national review or clinician request via D&T.
- Eflornithine - remains **BROWN**, but criteria for prescribing has been further restricted to bring into line with PrescQIPP bulletin.
- Oral anticoagulation with warfarin** – updated to include clarification around duration for PE, inclusion of CHA₂DS₂-VASc scoring for non-valvular AF, and updated online education link.
- Continence appliance prescribing guideline** – hospital and community guide updated. The update includes images of catheters, and update on the management of catheter infections to reflect NICE and PHE guidance.
- Pharmacological management of Premature Ejaculation** – updated with no changes. Dapoxetine remains classified as **BLACK** – clinicians are advised not to prescribe for premature ejaculation. Off-label use of SSRI is recommended as first line management option.
- Derbyshire **PCSK9 inhibitors** for the management of primary hypercholesterolaemia and mixed dyslipidaemia – new commissioning pathway.
- Derbyshire JAPC Terms of Reference** – updated to reflect new merged CCG.

Patient Group Directions

PHE PGD updated - Low-dose diphtheria, tetanus and inactivated poliomyelitis vaccine (Td/IPV)

Shared Care Agreements (SCA)

- Ciclosporin SCA** – updated to be in line with British Society for Rheumatology (BSR) guideline. Main change includes advice to seek advice from the consultant/specialist on administering live vaccine on a case by case basis. The pregnancy and breastfeeding advice section has been updated to be in line with the SPC.
- Leflunomide SCA** - updated to be in line with BSR guideline. Advice on live vaccine as above.
- D-Penicillamine SCA** – updated as per NICE CKS (which reflects BSR guideline). Main change includes additional U&E and LFT tests compared with current practice.
- Dronedarone SCA** – updated with no changes
- Naltrexone SCA** (maintenance of alcohol abstinence) - updated with minor changes

Sodium Oxybate - RED (link to JAPC briefing)

JAPC has adopted the RMOC's commissioning statement for adult patients with narcolepsy with cataplexy. NHSE currently commission for children up to their 19th birthday. Once the patient passes their 19th birthday, commissioning responsibility transfers to CCGs and under the recent statement there are specific initiation, continuation and discontinuation criteria when the patient is treated under the direction of specialist sleep clinicians.

Management of Hypertension

Following NICE update of the hypertension guidance (NG136), the local guidance has been updated. Main changes include the classification of hypertension as stage 1, 2 and 3, based on readings from clinic BP, ambulatory or home BP monitoring (ABPM, HBPM). (Further details of these values can be found in the guidance). BP targets for type 2 diabetics have been removed and type 2 diabetics have been incorporated in this treatment guidance. The threshold for commencing anti-hypertensive treatment has been lowered to 10% CVD risk (from previous threshold of 20%). The pharmacological management remains essentially the same, with bendroflumethiazide remaining the first-line thiazide-like diuretic. A same day specialist assessment has been included for those patients with a clinic BP 180/120mmHg or higher.

Derbyshire 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.

Medicines Optimisation Reviews to Reduce Inappropriate Polypharmacy and Promote Safe [Deprescribing](#)

This document was prepared in 2018 for the London RMOC addressing the challenge of reducing inappropriate polypharmacy. The paper identifies key literature focussing on effective medication review to minimise inappropriate polypharmacy and optimise medicines. It provides recommendations for the competencies and workforce required to do this. JAPC acknowledges this as a reference tool for deprescribing among other sources which can be found on the Derbyshire Medicines management website.

Guideline Group key points

- Vacuum pumps** – RED. GPs can accept initial prescribing after assessment or on-going prescribing for replacement pumps if the specialist provides an APC approved shared care protocol or evidence the device is approved by another APC. (Neighbouring providers will have different service provisions, to allow assessment to be undertaken differently).
- Moxonidine** - BROWN. Reserved for patients unable to tolerate other treatment recommended in hypertension guideline.
- Pyridostigmine** - GREEN specialist initiation. Specialist initiation and dose titration for use in Myasthenia gravis
- COC Loestrin 20 and Loestrin 30 (ethinylloestradiol + norethisterone) removed as discontinued. Millinette 30/75 (ethinylloestradiol+ gestodene) added to local formulary. Infant feeding Guideline - PHE advice on vitamin D supplementation updated to recommend OTC supplementation all year round. (Previously only during autumn and winter months). Freestyle Libre- additional information on disposal- Suitable sharps box include Sharpsafe disposal unit 4 or 7 litre.

MHRA NOTICES

- Ingenol mebutate gel** (Picato ▼): increased incidence of skin tumours seen in some clinical studies. Patients treated with ingenol gel are advised to be vigilant for new skin lesions and to seek medical advice immediately should any occur. Use with caution in patients with a history of skin cancer.
- Nivolumab** (Opdivo): reports of cytomegalovirus (CMV) gastrointestinal infection or reactivation. Patients on nivolumab who present with diarrhoea or other symptoms of colitis, and those who do not respond to steroid treatment for immune-related colitis, should be investigated to exclude other causes, including infections such as cytomegalovirus (CMV).
- Prescribing medicines in renal impairment:** using the appropriate estimate of renal function to avoid the risk of adverse drug reactions. For most patients and most medicines, estimated Glomerular Filtration Rate (eGFR) is an appropriate measure of renal function for determining dosage adjustments in renal impairment. However, in some circumstances, the Cockcroft-Gault formula should be used to calculate creatinine clearance for: direct-acting oral anticoagulants (DOACs); patients taking nephrotoxic drugs (examples include vancomycin and amphotericin B) or elderly patients (aged 75 years and older); patients at extremes of muscle mass (BMI <18 kg/m² or >40 kg/m²); patients taking medicines that are largely renally excreted and have a narrow therapeutic index, such as digoxin and sotalol.
- Adrenaline auto-injectors:** recent action taken to support safety. A drug alert has been issued about activation failures with Emerade adrenaline auto-injectors and letters sent about extension of use-by dates by 4 months for certain batches of EpiPen and Jext adrenaline auto-injectors.
- Tofacitinib** - caution for all patients at high risk of blood clots, included in the ulcerative colitis commissioning algorithm.

| Drug | Date considered | Decision | Details |
|--------------------------------------|-----------------|--|--|
| Urea Heel & foot products | November 2019 | BROWN | Restricted for use in diabetic patients and those with hyperkeratotic skin conditions, after an adequate trial with self-care with a standard emollient. (Preferred formulary product is Dermatronics ONCE Heel Balm - 25% urea) |
| VACOCast diabetic | November 2019 | BLACK | Pending national review or clinician request via D&T |
| Eflornithine cream | November 2019 | BROWN | For facial hirsutism in women. Before considering eflornithine cream: <ol style="list-style-type: none"> 1. Women who are overweight or obese should be encouraged to lose weight. 2. Check underlying cause as hirsutism may result from serious medical conditions or form medications (e.g. ciclosporin, glucocorticoids, minoxidil) 3. The primary option for the majority of women with hirsutism is self-funded cosmetic treatments for reduction of hair growth or removal (e.g. shaving, plucking, laser treatment electrolysis) 4. Eflornithine should only be considered for use in women after failure of self-care and lifestyle measures, where alternative drug therapy e.g. co-cyprindiol, is ineffective, not recommended, contra-indicated or considered inappropriate. 5. Treatment with eflornithine does not remove hairs but slows down hair growth such that users require less frequent hair removal by other methods. |
| Sodium Oxybate | November 2019 | RED | CCG commissioned for adult patients with narcolepsy with cataplexy, as per the RMOC criteria through specialist sleep centres. |
| Ibandronate 50mg tablets | November 2019 | GREEN | For breast cancer patients as per NICE NG101 |
| Bee venom (Alutard SQ Bee) | November 2019 | BLACK | Pending clinician request |
| Wasp venom (Alutard SQ Wasp) | November 2019 | BLACK | Pending clinician request |
| Voretigene | November 2019 | RED | NICE HST11: treating inherited retinal dystrophies caused by RPE65 gene mutation. |
| Idelalisib | November 2019 | BLACK | NICE TA604: treating refractory follicular lymphoma |
| Botulinum neurotoxin type A (Xeomin) | November 2019 | RED | NICE TA605: treating chronic sialorrhoea |
| Lanadelumab | November 2019 | RED | NICE TA606: for preventing recurrent attacks of hereditary angioedema. |
| Rivaroxaban (2.5mg tablets) | November 2019 | BROWN after consultant/ Specialist initiation | NICE TA607: rivaroxaban plus aspirin for preventing atherothrombotic events in people with coronary peripheral artery disease. Treatment should only be started after an informed discussion with the patient about the risks and benefits of treatment |
| Ramucirumab | November 2019 | BLACK | NICE TA609: treating unresectable hepatocellular carcinoma after sorafenib (terminated appraisal) |

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:

- a. The patient requires specialist assessment before starting treatment and/ or
- b. 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:

- a. There is no immediate need for the treatment and is line with discharge policies and
- b. 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.