

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 September Meeting Clinical Guidelines

- Management of dyspepsia and GORD – minor update includes rewording for “ H.pylori association with gastric and duodenal ulcer” and “offering people with gastric ulcer and H. pylori a repeat endoscopy 6-8 weeks after beginning treatment”.
- In response to a widespread HRT shortage (due to various manufacturing and supply issues) the Derbyshire menopause guideline has been amended to include alternative options if the 1st line choice for treatment is out of stock. Where possible like-for-like alternatives have been suggested, but when this is not possible the next best alternative has been suggested. A link to the MIMs out of stock has also been included into the [guidance](#). The amended guidance will be highlighted to community pharmacists.
- [Antibiotic summary tables](#) have been updated to be in line with the latest NICE guidance.

Patient Group Directions

Administration of diphtheria, tetanus, acellular pertussis, inactivated poliomyelitis, Haemophilus influenza type b and hepatitis B vaccine (DTaP/IPV/Hib/HepB)

Shared Care Agreements (SCA) - [Azathioprine/mercaptopurine](#)

Azathiopurine/mercaptopurine SCA – updated in line with the latest British Society for Rheumatology guidance. The SCA now contains advice on the use of live vaccines with caution for patients on <3mg/kg/day of azathioprine and <1.5mg/kg/day of mercaptopurine. Further adverse effects such as hepatic impairment and pancreatitis and caution regarding use of sunscreens and protective covering have been included in the SCA.

Sayana press (medroxyprogesterone acetate 104mg) injection

Sayana Press is currently experiencing a manufacturing delay, therefore rendering the drug out of stock until at least the end of 2019. In the meantime Depo-provera (medroxyprogesterone acetate 150mg) is available for use if a switch is deemed appropriate.

Hormone replacement therapy (HRT) and breast cancer risk - [MHRA advice](#)

An important new study (meta-analysis by the Collaborative Group on Hormonal Factors in Breast Cancer, published in Lancet August 2019), has confirmed and extended knowledge on the risk of breast cancer with the use of systemic HRT (oral or applied under or on the skin as gels or patches). The risk of breast cancer falls after stopping HRT, but the new analysis shows some excess risk of breast cancer persist for more than 10 years after stopping HRT. This means the total number of additional HRT-related cases diagnosed in the period after stopping HRT up to age 69 years is higher than previously thought. Further findings include, there is little or no increase in risk of breast cancer with current or previous use of HRT for less than 1 year; however, there is an increased risk with HRT use for longer than 1 year.

Advice on what an individual woman can do to reduce her risk includes:

- Using HRT for as short a time as possible will help to reduce the overall risk
- There are no medical risks with stopping HRT, but symptoms may return especially if HRT is stopped suddenly. Gradually stopping treatment may help to reduce the chances of this
- Low-dose vaginal oestrogens do not appear to increase breast cancer risk for women in whom this is a therapeutic option

GUIDELINE GROUP KEY POINTS

- All LABA/LAMA's (formoterol/aclidinium, vilanterol/umeclidinium, olodaterol/tiotropium) have been classified as GREEN, following update of the COPD guidance from last month and NICE NG115.
- Memantine - addition of BROWN traffic light. Dual classification of BROWN 2nd line for acute use Behavioural and Psychological Symptom in Dementia (BPSD) and GREEN 2nd line for dementia after consultant/specialist initiation and stabilisation for 3 months.
- Bisphosphonate treatment break- clarification on recommencing therapy after treatment break- risk assess with FRAX + DXA if eligible and also patients who have been on >10 years treatment- review individual case with specialist support.
- Type 2 Diabetes guideline- dapagliflozin use in renal impairment advice corrected as per SPC. Do not initiate if GFR<60ml/min.

MHRA NOTICES

- Daratumumab (Darzalex▼): risk of reactivation of hepatitis B virus - Establish hepatitis B virus status before initiating daratumumab
- Naltrexone/bupropion (Mysimba▼): risk of adverse reactions that could affect ability to drive. Advise patients that naltrexone/bupropion has been associated with adverse reactions such as dizziness or somnolence, which can affect ability to drive, operate machinery, or perform dangerous tasks. Advise patients not to drive if they suspect their ability may be impaired.
- Carfilzomib (Kyprolis▼): reminder of risk of potentially fatal cardiac events. carfilzomib has been associated with cases of cardiac arrest, cardiac failure, and myocardial infarction, including in patients without pre-existing cardiac disorders. Monitor patients for signs and symptoms of cardiac disorders before and during exposure to carfilzomib

Drug	Date considered	Decision	Details
All safety needles (except GlucoRx & Mylife)	September 2019	BLACK GREEN 2nd line option	Safety needles with an acquisition cost >£20 per 100 – BLACK Safety needles with an acquisition cost <£20 per 100 – GREEN 2nd line option.
Fremanezumab	September 2019	BLACK	Prophylaxis of migraine in adults who have ≥4 migraine days per month. Awaiting NICE review
Galcanezumab	September 2019	BLACK	Prophylaxis of migraine in adults who have ≥4 migraine days per month. Awaiting NICE review.
Prasterone	September 2019	BLACK	Treatment of vulvar and vaginal atrophy in postmenopausal women having moderate to severe symptoms. Pending a national review or clinician request.
Tezacaftor + ivacaftor (Symkevi)	September 2019	RED	Treatment of patients with cystic fibrosis (CF) aged ≥12 years who are homozygous for the F508del mutation or who are heterozygous for the F508del mutation. NHSE commissioned drug.
Dolutegravir + lamivudine (Dovato)	September 2019	RED	Treatment of HIV-1 infection in adults and adolescents aged >12 years weighing ≥40kg, with no known or suspected resistance to the integrase inhibitor class, or lamivudine. NHSE commissioned drug.
Patisiran	September 2019	RED	NICE HST10 - treating hereditary transthyretin amyloidosis.
Cemiplimab	September 2019	RED	NICE TA592 – treating metastatic or locally advanced cutaneous squamous cell carcinoma.
Ribociclib	September 2019	RED	NICE TA593 - treating hormone receptor-positive, HER2-negative, advanced breast cancer
Brentuximab vedotin	September 2019	BLACK	NICE TA594 - untreated advanced Hodgkin lymphoma (terminated appraisal).
Dacomitinib	September 2019	RED	NICE TA595 - untreated EGFR mutation-positive non-small-cell lung cancer.
Risankizumab	September 2019	RED	NICE TA596 – treating moderate to severe plaque psoriasis.
Dapagliflozin with insulin	September 2019	RED	NICE TA597 – Dapagliflozin with insulin for treating type 1 diabetes.
Olaparib	September 2019	RED	NICE TA598 - maintenance treatment of BRCA mutation-positive advanced ovarian, fallopian tube or peritoneal cancer.

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.