

This is a countywide group covering NHS Derby & Derbyshire Integrated Care Board, 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 October's JAPC meeting

**Sulfasalazine shared care guideline**- Review of local shared care guideline to align to national protocol as per previously JAPC agreed principles. Significant updates include, in line with national recommendations, no routine GP monitoring for stable patients with minimal risk after 12 months, except considering annual eGFR. It is important to note that the decision to reduce/ discontinue monitoring should be following advice from the specialist for the individual patient. Local specialists may advise continuing e.g. 6 monthly monitoring for patients with additional risk factors e.g. comorbidities/ concurrent medications. Other updates include advice for primary care responding to abnormal creatinine clearance- use clinical judgement and repeat in one week; Salazopyrin added as preferred brand.

**DOAC update** - In response to generic apixaban being available with substantial price reduction in October drug tariff, NHSE has advised that there may still be uncertainty regarding generic apixaban cost and availability in the coming months. Communications have been sent out to Derbyshire primary care clinicians recommending practices to continue to follow JAPC [Management of Non-valvular Atrial Fibrillation](#) guideline, but to pause switching patients from one DOAC to another until further notice, unless for clinical or safety reasons.

**DDICB PGD process**- this has been produced to outline the development and review process of PGDs within Derbyshire ICB. The principles in this document apply to PGDs that have been developed and/or authorised by the ICB for the treatment of NHS patients by healthcare professionals working within the ICS, where providers cannot authorise PGDs. This includes NHS ICB directly commissioned services.

## Attention Deficit Hyperactivity Disorder (ADHD) – Shared care guideline (SCG)

JAPC has agreed to separate the existing combined ADHD shared care guideline into stand alone documents for adult and children to better reflect the current service commissioning arrangement. The children's specialist service is provided locally by DHCFT who have reviewed and updated the children's ADHD SCG to include a summary table around bioequivalence of methylphenidate preparations and a reminder of the MHRA drug safety update for MR methylphenidate. There are currently no commissioned adult ADHD services within a Derbyshire provider. Prescribing of ADHD medications for adults is being done in primary care either under recommendation from tertiary specialist services following an APC approved shared care guideline or private healthcare providers. (see DDICB Adult ADHD assessment [guidance](#)). Following a referral/assessment to an adult ADHD service, the provider may ask GP to enter a shared care agreement. Clinicians are advised to consider the NHSE protocols for adult ADHD as best practice, if an NHS APC approved shared care is not available. The NHSE protocols have been added to medicines management website.

## ADHD medication shortage – JAPC Briefing and Guanfacine down titration advice

Following recent national patient safety [alert](#) on shortage of some ADHD medications JAPC has agreed interim advice for prescribers, recognising that this is a rapidly evolving scenario with significant impact on local systems. Clinicians are advised to avoid initiating any new patients on ADHD medicines, support patients to obtain supplies where possible via different community pharmacies, and consider different options detailed in the document for individual patient. The latest supply shortage information is available on Specialist Pharmacy Service (SPS) website.

In light of the clinical risk of abrupt cessation of guanfacine due to supply shortages, the supplementary interim guanfacine down titration advice was circulated virtually post JAPC. DHCFT specialists recommend proactively gradually reducing and stopping guanfacine whilst monitoring blood pressure in higher risk patients. Abrupt discontinuation of guanfacine can cause an increase in blood pressure and heart rate. Patients/carers should be instructed not to discontinue/reduce guanfacine without consulting their prescriber.

## Guideline Group key messages – traffic light amendments

**Lixisenatide**- Lixisenatide 20microg is being discontinued. Expected end of Supply Dec 2023. See SPS advice.

**Vaginal moisturisers- GREY**. Encouraged self-care and purchase OTC if possible. May be used by patients who cannot use vaginal estrogen, e.g. patients with breast cancer. **Cholera Vaccines**- unclassified. Remove RED classification.

**Tadalafil GREY**- 5mg once daily preparation for erectile dysfunction (for patients meeting SLS criteria and therefore eligible for NHS prescription) is an option and cost effective when a PDE5 inhibitor requirement for a patient is greater than 8 doses per month.

**Ibuprofen 10% gel** – unclassified. Ibuprofen 10% gel provides the same dose compared with ibuprofen 5% gel, when using the recommended amount, but is more expensive.

**Care home** section of website reviewed- out of date guidance replaced with links to national resources (PresQIPP, NICE, SPS); expiry dates of medicines within care settings document reviewed with no change.

**New links added to MM website**- DHCFT Inappropriate Requests and Prescribing Concerns Portal; 'National Falls Prevention Coordination Group' under clinical guidelines, deprescribing; 'Repeat prescribing minimum standards for opioids' under opioid resource section.

**High Cost Drug algorithm on Migraine** updated. The episodic migraine box has been split into two (days/attacks) for further clarity in line with NICE TA.

## MHRA – Drug safety update

**Statins: very infrequent reports of myasthenia gravis**- Globally, there has been a very small number of reports of new-onset or aggravation of pre-existing myasthenia gravis with atorvastatin, pravastatin, lovastatin, fluvastatin, simvastatin, rosuvastatin and pitavastatin (single-ingredient and fixed-dose combination products). Advise patients taking statins to be alert to new symptoms for myasthenia gravis, or worsening symptoms of pre-existing myasthenia gravis, and to seek medical advice if these occur.

**Fluoroquinolone antibiotics: suicidal thoughts and behaviour**- Healthcare professionals prescribing fluoroquinolone antibiotics (ciprofloxacin, delafloxacin, levofloxacin, moxifloxacin, ofloxacin) are reminded to be alert to the risk of psychiatric reactions, including depression and psychotic reactions, which may potentially lead to thoughts of suicide or suicide attempts. Healthcare professionals are also reminded to advise patients to be alert to these risks.

## Traffic light changes

Drug	Decision	Details
Herbal treatment, other natural products, and Homeopathy	Do Not Prescribe (DNP)	As per <a href="#">NHS England's Items which should not routinely be prescribed in primary care: policy guidance</a> update- now include 'other natural products'
Rubefaciants, benzydamine, mucopolysaccharide and cooling products	Do Not Prescribe (DNP)	As per <a href="#">NHS England's Items which should not routinely be prescribed in primary care: policy guidance</a> update- now include 'benzydamine, mucopolysaccharide and cooling products'.
Glofitamab	RED	Glofitamab is recommended, within its marketing authorisation, as an option for treating relapsed or refractory diffuse large B-cell lymphoma in adults after 2 or more systemic treatments. NHSE commissioned.
Ruxolitinib	RED	Ruxolitinib is recommended, within its marketing authorisation, for treating polycythaemia vera in adults who cannot tolerate hydroxycarbamide (also called hydroxyurea) or when the condition is resistant to it.
Birch bark extract (Filsuvez)	RED	NICE HST28 Birch bark extract (Filsuvez) for treating epidermolysis bullosa
Mavacamten	RED	NICE TA913 Mavacamten for treating symptomatic obstructive hypertrophic cardiomyopathy
Pembrolizumab	RED	TA914 Pembrolizumab for previously treated endometrial, biliary, colorectal, gastric or small intestine cancer with high microsatellite instability or mismatch repair deficiency

### 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.

**GREY\*:** 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.

**Do Not Prescribe (DNP)\*:** 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