

**Derbyshire Joint Area Prescribing Committee (JAPC)**

This is a countywide group covering NHS North Derbyshire, South Derbyshire, Hardwick and Erewash clinical commissioning groups, Derbyshire Community Health Services Trust, Derbyshire Healthcare Foundation Trust, Derby and Chesterfield Royal Hospitals. It provides recommendations on the prescribing and commissioning of drugs.

See <http://www.derbyshiremedicinesmanagement.nhs.uk/home>

**KEY MESSAGES FROM THE JAPC MARCH 2014 MEETING**

**CLINICAL GUIDELINES ([LINK](#))**

**None**

**SHARED CARE ([LINK](#))**

**None**

**ALOGLIPTIN- NOT CLASSIFIED**

Alogliptin is the 5<sup>th</sup> DPP4 inhibitor or gliptin to be launched for the management of type 2 diabetes mellitus. Like other gliptins outcome data is for a modest Hb1Ac drop of 0.5%. JAPC still holds its previous view that gliptins are supported by poor evidence, lack of long term safety data and note other more cost effective options are available. The local diabetes guidance is currently under review in consultation with the diabetologists who have been tasked to determine the place and preferred formulary choice of gliptins, to take into account their differences in licensing, comparable efficacy, safety data and cost.

**ALCOHOL AND SUBSTANCE MISUSE SERVICES**

JAPC sought clarity on the substance misuse and alcohol services as commissioned from 1<sup>st</sup> April 2014 across Derbyshire relevant to shared care agreements. Derbyshire Healthcare Foundation Trust (DHcFT) will continue to provide the substance misuse service and update existing shared care agreements of naltrexone, lofexidine, methadone and buprenorphine. Alcohol related services differ in their provision across Derbyshire for City and County patients. However, the disulfiram and acamprosate shared care agreements will remain largely unchanged and will be updated with minor changes shortly

**FLUTICASONE FUROATE+ VILANTEROL (RELVAR ELLIPTA) BLACK**

Fluticasone furoate + vilanterol is a newly launched inhaled corticosteroid long acting beta agonist combination inhaler licensed for use in COPD and asthma. Its cost and once daily use may seem attractive to prescribers but concerns over safety and clinical effectiveness have resulted in it being classified as BLACK i.e. 'not recommended or commissioned'. In summary, for COPD there were no trials versus other licensed inhalers, its effect for reducing exacerbations is of limited clinical significance and/or may have been influenced by trial design, the numbers with pneumonia requiring hospital admissions and the high corticosteroid content (with equivalence of around 2000mcg beclometasone) raised further concerns for JAPC.

**LIPID MODIFICATION**

In February 2014 NICE published its draft consultation lipid modification guideline. Prescribers will have seen from media sources that if accepted, the guideline presents a major change in how we identify and manage patients with primary and secondary cardiovascular disease. All four of the CCGs represented at JAPC have agreed to register as stakeholders and comment on the clinical content and the practicalities of implementation. Until NICE publishes its final recommendations prescribers should continue to follow [local lipid guidance](#)

**OUT OF HOURS FORMULARY ([LINK](#))**

The Derbyshire Health United out of hour's formulary has been updated and agreed with minor changes one of which is the removal of diclofenac 50mg oral tablet.

**MANAGEMENT OF ADULT RESTLESS LEG SYNDROME (RLS)**

JAPC considered but rejected the adoption of a RLS guideline. The pharmacological treatments of RLS are generally not supported with high quality clinical trials. Prescribers should note off label prescribing of certain drugs is supported in the literature. Drug treatment for adults with RLS should only be considered in patients defined with 'moderate to severe' symptoms ([link to rating scale](#)) with significant impact on quality of life, ability to sleep and daytime functioning. [CKS](#) is a good resource for diagnosis, identifying a differential diagnosis, modifiable risk factors, self-help measures and conducting other investigations including blood tests for RLS.

**OSTEOARTHRITIS (OA)**

NICE has published CG 177 for osteoarthritis but is still waiting to update its pharmacological management section. In a covering statement, NICE highlighted that paracetamol may not be as effective as previously thought. JAPC is aware of the evidence that paracetamol is less effective than NSAIDs for treating OA; however it still remains first line treatment option on safety grounds.

Drug	BNF	Date considered	Decision	Details
Fluticasone furoate + vilanterol inhaler	Not yet listed	March 2014	Black	Once daily combination inhaler of ICS+LABA licensed for use in asthma and symptomatic treatment of adults with COPD
Aflibercept	11.8.2	March 2014	Red	NICE TA 305 -Aflibercept for treating visual impairment caused by macular oedema secondary to central retinal vein occlusion
Pixantrone	Not yet listed	March 2014	Red	NICE TA 306-Pixantrone monotherapy for treating multiply relapsed or refractory aggressive non-Hodgkin's B-cell lymphoma
Fentanyl buccal film	4.7.2	March 2014	Brown	Classified brown alongside tablets/lozenges and spray formulations
Minocycline	5.1.3	February 2014	Black	Use not supported across Derbyshire for all indications
Amorolfine	13.10.2	February 2014	Brown	Restricted use where systemic treatment is indicated but contraindicated. Not to be used for cosmetic purposes
Tioconazole	13.10.2	February 2014	Black	Not a cost effective topical treatment option
Tramacet	4.7.2	February 2014	Black	Fixed dose combination of paracetamol 325mg and 37.5mg tramadol
Teriflunomide	Not listed	February 2014	Red	NICE TA 303. Recommended for treating adults with active relapsing remitting multiple sclerosis meeting NICE criteria.

#### 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.

- 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 are not recommended or commissioned