

### 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 NOVEMBER 2013 MEETING

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

Riluzole shared care for the treatment of amyotrophic lateral sclerosis form of motor neurone disease has been updated to give clarity of GP monitoring. Unlike most other shared care, this shared care follows 12 weeks of treatment with the consultant. GPs then continue to monitor FBCs and LFTs 3 monthly for 9 months then annually thereafter.

##### OVERACTIVE BLADDER (OAB) GUIDELINE ([LINK](#))

Following October's NICE CG 171 publication of 'urinary incontinence in women,' our recently agreed OAB guideline has been updated to include minor changes, making reference to earlier reviews (6 monthly) in the over 75s and clarifying the role of modified release formulations in the frail elderly. Queries were raised on the local OAB pathway as to why oxybutynin immediate release remains the preferred option over tolterodine, and why darifenacin which is also recommended by NICE as a first line option is in the pathway further down. This can be explained by the full NICE guideline which undertook probability testing of cost effectiveness for all treatments. Oxybutynin immediate release (first line treatment) followed by tolterodine are the most cost effective options. Darifenacin and the other treatment options showed either a small or zero probability percentage chance at being cost effective at the usual NICE threshold of £20,000 per QALY.

##### THE PRESCRIBING SPECIFICATION ([LINK](#))

A large proportion of November's JAPC meeting was spent on the review of our local prescribing specification. The specification is embedded into the wider contracts from commissioners (CCGs) with our provider organisations. This is an important document that 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. The specification underpins the principles of medicines optimisation to ensure people obtain the best possible outcomes from their medicines while minimising the risk of harm. CCGs and GPs may find this a useful reference source. It can be found on the website under non-clinical guidelines.

##### RALOXIFENE AND TAMOXIFEN (GREEN AFTER CONSULTANT INITIATION)

NICE CG 164 on Familial Breast cancer published in June 2013 recommends offering either raloxifene or tamoxifen as chemoprevention for women at moderate risk of developing breast cancer. GPs may be requested to continue prescribe these drugs off-label for a small number of patients for a period of up to 5 years following consultant initiation. Consultants should communicate the stop date of treatment with the patient and GP,

##### MHRA – DRUG SAFETY UPDATE OCTOBER 2013 ([LINK](#))

Previous contraindications published by the MHRA for dabigatran had been clarified to include a range of clinical indications where the patient is at significant risk of major bleeding, as well as combination with other anticoagulant agents. Because similar risks are associated with the other new oral anticoagulants (apixaban and rivaroxaban), these contraindications have been applied across all three NOACs for all indications and doses. Prescribers should continue to note that there is no specific antidote available for any of these new oral anticoagulants.

For the first time, patients and the public will start to see information in Patient Information Leaflets about how to report suspected side effects via the Yellow Card Scheme that relate to newer medicines with black triangle status. Patients, parents, or carers asking questions about this symbol should be encouraged to report side effects and be given information on why it is important to do so. For further information visit the [MHRA website](#).

##### METOCLOPRAMIDE AND THE MHRA ADVICE ON DOSE AND DURATION

The MHRA has advised that the maximum duration of metoclopramide should no longer exceed 5 days of treatment and that the dose should be no more than 30mg per day. This leaves primary care prescribers in a difficult position for palliative care patients receiving treatment. In response the palliative care consultants at both RDH and CRH are undertaking a review of this advice and preparing a statement which JAPC will consider next month.

Drug	BNF	Date considered	Decision	Details
Raloxifene	6.4.1	November 2013	<b>Green</b> (2 <sup>nd</sup> line on consultant initiation for familial breast cancer)	Second line treatment after consultant initiation used in postmenopausal women where tamoxifen is poorly tolerated or considered inappropriate. 5 year treatment course.
Propiverine	7.4.2	November 2013	<b>Green</b> (3 <sup>rd</sup> line choice – after trial of oxybutynin and tolterodine)	See local primary care management of overactive bladder guideline (OAB)
Duloxetine (for OAB)	7.4.2	November 2013	<b>Green</b> (3 <sup>rd</sup> line choice – after trial of oxybutynin and tolterodine and surgery not suitable)	See local primary care management of overactive bladder guideline (OAB)
Ocriplasmin	11.8	November 2013	<b>Red</b>	As per NICE TA 297 for treating vitreomacular traction.

**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

#### 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.