

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 SEPTEMBER 2013 MEETING
GUIDELINES ([link](#))**

- Children's Asthma Management (5-12 years) - New.
- Adult Asthma Management- minor update to include MART (maintenance and reliever therapy using Fostair).
- Primary care management of overactive bladder (OAB) - New.
- The prevention of stroke and systemic embolism in AF with warfarin and new oral anticoagulants- Updated to include apixaban.
- Supporting information for clinicians in prevention of stroke and systemic embolism in AF with new oral anticoagulants- Updated to include apixaban
- Guideline for managing neuropathic pain in primary care- updated stating 120mg morphine as a maximum daily dose.
- Primary care guideline for the management of non-malignant chronic pain – New.
- Glucose control in type 2 diabetes- Updated to include the two new drugs lixisenatide (GLP-1 agonist) and dapagliflozin (SGLT2 inhibitor).
- Emollient Prescribing guide- Updated with most cost effective choices

NOTE-LAST MONTH THE JAPC BULLETIN MENTIONED THE NEW NICE VARICOSE VEIN GUIDELINES CG 168 IN RELATION TO COMPRESSION HOSIERY. THE GUIDELINES ITSELF WILL BE CONSIDERED SHORTLY BY THE CCGS, BUT MEANWHILE THE CURRENT PROCEDURE OF LIMITED CLINICAL VALUES GUIDELINES STILL APPLY

PATIENT GROUP DIRECTIONS ([LINK](#))

- Shingles (herpes zoster) vaccine with Zostavax –to be offered in the 70 and 79 year age groups

INSULIN DEGLUDEC (BROWN AFTER SPECIALIST INITIATION**)**

The evidence for insulin degludec has been well reviewed in the literature and JAPC recognises the limited advantage of this drug and its increased cost over current treatment. For these reasons its role in primary care is restricted to 2 small cohorts of patients: insulin degludec 100unit/ml formulation is restricted to those with documented nocturnal hypoglycaemia or loss of hypoglycaemia awareness despite using long acting insulin analogue, who would otherwise have been started on an insulin pump; insulin degludec 200unit/ml formulation is restricted to those on high dose insulin (>150 units/day) who would otherwise have been started with Humulin R U-500 insulin. Patients started on insulin degludec should be initiated and stabilised in secondary care before handing over to primary care.

MELATONIN (BROWN AFTER SPECIALIST INITIATION**)**

JAPC has already agreed to Circadin MR Tablets (off-label) as the first line melatonin choice for new patients for the treatment of sleep disorders in children with neurodevelopmental disorders. The current shared care will be phased out in the coming months and replaced with an already agreed prescribing information sheet ([link](#)).

NEUROPATHIC PAIN IN PRIMARY CARE

This guideline has been updated. The maximum daily dose of morphine has been reduced to 120mg, which aligns to the new chronic pain guideline. Prescribers may consider referring when initiating morphine. The use of carbamazepine following a DTB review is now primarily for treating trigeminal neuralgia and the use of modified release morphine over immediate release morphine preparations is preferred, recognising the chronic nature of the condition and adverse effects of an immediate release preparation including addiction.

MANAGING NON-MALIGNANT CHRONIC PAIN

This is a new guideline that provides useful therapeutic tips and advice on the stepwise approach to managing chronic pain. During the guideline development our local pain consultants emphasised their concerns with patients initiated on morphine inappropriately with the potential for addiction with long-term use. In acknowledgement JAPC advises that prescribers in such cases should be cautious and consider referral to a pain clinic if appropriate.

EMOLLIENT PRESCRIBING GUIDE

The emollient prescribing guideline was noted by JAPC promoting the most cost effective choices ([link](#))

PRIMARY CARE MANAGEMENT OF OVERACTIVE BLADDER

This is a new guideline presented in an easy to follow flow chart that includes assessment of the condition, drug choices, review periods, non-pharmacological options and when to refer. The place of mirabegron as a third line option is also included ([link](#))

DRUG SAFETY UPDATE ([LINK](#))

MHRA drug safety update key messages relating to primary care will continue to be reported in the monthly medicines management newsletter. However, JAPC wishes to comment on this month's advice regarding nitrofurantoin which states that nitrofurantoin is contraindicated in those with <60ml/min creatinine clearance (CrCL). A large patient group will be affected by this advice (primarily the elderly). CrCl is used in the alert to determine renal function, but pragmatically clinicians will continue to use eGFR as currently reported. This is acceptable and consistent with advice from the BNF but clinicians should bear in mind the limitations of its use

Drug	BNF	Date considered	Decision	Details
Insulin Degludec 100 units/ml	6.1	September 2013	Brown (following specialist initiation)	Restricted use. Treatment option in those being considered for insulin pumps
Insulin Degludec 200 units/ml	6.1	September 2013	Brown (following specialist initiation)	Restricted use. Insulin resistant patients requiring >150 units/day who would otherwise be started on Humulin R U-500
Trospium	7.4.	September 2013	Green (3 rd line)	3 rd line treatment option as per local OAB guideline
Darifenacin	7.4	September 2013	Green (3 rd line)	3 rd line treatment option as per local OAB guideline
Fesoterodine	7.4	September 2013	Green (3 rd line)	3 rd line treatment option as per local OAB guideline
Mirabegron	7.4	September 2013	Green (3 rd line)	3 rd line treatment option as per local OAB guideline
Solifenacin	7.4	September 2013	Green (3 rd line)	3 rd line treatment option as per local OAB guideline
Everolimus	4.8.1	September 2013	Black	NICE TA 295-Everolimus in combination with exemestane for treating advanced HER2-negative hormone-receptopositive breast cancer after endocrine therapy
Caffeine Citrate	3.5.1	September 2013	Red	Specialist use only -MHRA August 2013

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.

Comments? Contact the JAPC secretary – Slakahan.dhadli@southernderbyshireccg.nhs.uk