

DERBYSHIRE JOINT AREA PRESCRIBING COMMITTEE (JAPC)

Minutes of the meeting held on Tuesday 14 January 2014

CONFIRMED MINUTES

Summary Points

Traffic lights

Drug	Decision
Capsaicin Cream 0.075%	GREEN for post-herpetic neuralgia
	RED for diabetic neuropathy
Duloxetine	GREEN – 3 rd line option after adequate trial of amitriptyline/gabapentin/pregabalin
	GREEN – stress Urinary Incontinence after pelvic floor muscle training has been tried and after surgery has been considered as per NICE CG171
Colestilan	UNCLASSIFIED – await consultant request for amendment to current shared care guideline
Lomitapide	BLACK
Meningitis B vaccine (Bexsero)	BLACK
Modafinil	GREEN for narcolepsy & narcolepsy secondary to Parkinson's disease
	BLACK for all other indications

Device	Decision
Vaginal dilators	RED
Therabite jaw device	RED
Single use negative pressure wound therapy	RED

Clinical Guideline

Neuropathic pain guideline

Position statement

Dapoxetine

Pharmacological treatment guidance

Premature ejaculation

Present:	
Southern Derbyshire CCG	
Dr A Mott	GP (Chair)
Mr S Dhadli	Specialist Commissioning Pharmacist (Secretary)
Mr S Hulme	Director of Medicines Management
Dr I Tooley	GP
Mrs L Hunter	Finance
North Derbyshire CCG	
Dr C Emslie	GP
Mrs K Needham	Head of Medicines Management North (also representing Hardwick CCG)
Hardwick CCG	
Dr T Parkin	GP
Erewash CCG	
Dr M Henn	GP
Derby Hospitals NHS Foundation Trust	
Dr F Game	Chair – Drugs and Therapeutics Committee
Dr W Goddard	Consultant
Mr C Newman	Chief Pharmacist
Derbyshire Healthcare NHS Foundation Trust	
Dr S Taylor	Chair – Drugs and Therapeutic Committee
Chesterfield Royal Hospital NHS Foundation Trust	
See page 12	
Derbyshire Community Health Services NHS Trust	
Mr M Steward	Chief Pharmacist
In attendance	
Miss P Chera	Medicines Management Interface Technician

Item		Action
1.	APOLOGIES	
	Dr E Rutter, Dr C Shearer, Dr D Fitzsimons, Mrs S Qureshi	
2.	DECLARATIONS OF CONFLICT OF INTEREST	
	No declarations of conflict of interest were made.	
3.	DECLARATIONS OF ANY OTHER BUSINESS	
	No declarations of any other business were made.	
4.	MINUTES OF JAPC MEETING HELD ON 10th DECEMBER 2013	
	The following amendments were made to the minutes of the meeting held on 10 th December 2013: Two spelling errors on page one: Bendroflumethiazide and Varenicline	
	<u>Nitrofurantoin</u> On page 5 Diane Harris's title to be amended to Primary Care Specialist Antimicrobial Pharmacist.	SD
	<u>Combodart</u> 6a – Amend to read ' <i>Combodart classified as a BROWN drug to be used only if the dutasteride and tamsulosin needed to be used together</i> '	SD
	<u>Dapoxetine</u> Amend to read ' <i>Dapoxetine is a rapidly acting SSRI, which takes effect within one to two hours and can be taken one to three hours prior to sexual intercourse</i> '.	SD
	<u>Antidepressants in Moderated and severe Unipolar Depression</u> Dr Taylor felt the sentence regarding patients at risk of QTC is unclear and needs rewording, making reference back to the flow chart.	
	Agreed: Dr Taylor to look at the flow diagram produced by DHCFT and agree wording to be included in the minutes	ST
	<u>JAPC action summary</u> Amend DVY to read DVT	SD
	<u>AOB</u> Remove Public Health, replace with NHS	SD
	Subject to amendments stated, JAPC agreed they were happy to accept the minutes of the December 2013 meeting	
5.	MATTERS ARISING	
	<u>Metoclopramide</u> Mr Newman referred to the MHRA drug safety update which was followed by the Trent MI rapid communication which recommends domperidone as an alternative to metoclopramide for the treatment of gastro-paresis. The Trent MI rapid communication was reviewed at the Derby Hospitals Drugs and Therapeutics Committee. Mr Newman stated the committee did not agree with the recommendation to use domperidone. Dr Game stated that patients who get side-effects with metoclopramide tend to get them early so seems odd to be removing it when there are patients with significant clinical problems who could benefit.	
	JAPC felt by removing metoclopramide it will leave patients with gastro-paresis a treatable condition - without this established and often effective treatment option.	

Item		Action
	<p>Mr Dhadli advised that recommendations came from recent American guidelines on the management of gastro-paresis which note that domperidone and metoclopramide have equivalent efficacy in reducing symptoms.</p> <p>Agreed: RDH & CRH to produce a joint position statement for the treatment of gastro-paresis.</p> <p>Agreed: to be included into the Derbyshire formulary</p> <p><u>Aspirin and PPI</u> Mr Dhadli advised that a guideline has been developed and agreed by the guideline group pending some minor amendments.</p> <p>Agreed: to be tabled at the February JAPC meeting</p> <p><u>Jext CAS alert</u> Mr Hulme advised that Dr Mott has not yet written to the Local Area Team (LAT) on JAPC's behalf, because some of the CAS alerts did go to some practices, suggesting there was a problem with the distribution lists being used by the LAT. Mr Hulme is awaiting feedback from Lesley Carmen from the LAT around an action plan and how they will address future CAS alerts.</p> <p><u>JAPC Chair and Administration</u> Mr Hulme informed the group that a case was submitted to the CCG '4+4' meeting where it was agreed JAPC admin costs will be covered by the CCGs until the end of this financial year (13/14). This support will be provided via GEM CSU with no additional cost to the CCGs.</p> <p>Dr Mott's nomination as Chair was supported by the 4+4 group.</p> <p>Mr Hulme informed the group that there was a need to renegotiate the Public Health Core Offer, querying the support provided by Public Health.</p>	<p>CN/MSh</p> <p>SD</p> <p>SD</p>
6.	NEW DRUG ASSESSMENTS/TRAFFIC LIGHT ADDITIONS	
	<p><u>Meningitis B (Bexsero)</u> Mr Dhadli informed JAPC that a new vaccine for Meningitis B has been launched. Mr Dhadli informed the group of the view of Jane Careless, Screening and Immunisation Co-ordinator, who advised that the meningitis B vaccine is not currently recommended by JCVI. The JCVI produced a statement in July 2013 and then a further statement in October 2013 which stated that the vaccine is not currently recommended until it has gone through an evaluation of all the responses received.</p> <p>Agreed: Bexsero classified as BLACK until further advice is available</p>	<p>SD</p>
7.	CLINICAL GUIDELINES	
	<p>It was agreed to pick up at this point an additional agenda item, dapoxetine.</p> <p><u>Dapoxetine</u> A position statement for the use of dapoxetine was tabled. The position statement outlines the reasoning behind JAPC's decision to classify dapoxetine as a 'black' drug. Mr Dhadli informed the group that he has undertaken a cost comparison and included some background information into the licensing of drugs for premature ejaculation (PE). Mr Dhadli also informed the group that a brief treatment guideline for GPs has been included in the document. The position statement has been agreed by the Guideline Group. JAPC are advising the use of off-label medication to treat PE.</p> <p>Mrs Needham highlighted an amendment on the third bullet point. Mrs Needham also</p>	

Item		Action
	<p>highlighted that now dapoxetine has been licensed, the prices need updating in the cost chart to £25.49 for 4 x 60mg and £19.61 for 4 x 30mg, the wording at the bottom of the table also needs changing.</p> <p>Dr Parkin queried the situation with regards to issuing private prescriptions to own patients. Mrs Needham advised if GPs felt it was clinically appropriate to prescribe dapoxetine they should be providing it on the NHS, unless patients are being seen privately. However the 'black' classification means that dapoxetine is not currently commissioned for use.</p> <p>Mr Hulme queried if JAPC should be stating that the treatment of premature ejaculation is considered low commissioning priority for the CCGs, however the group felt that JAPC could not make that decision as commissioning priorities are not discussed by the group.</p> <p>Agreed: Position statement agreed by the JAPC pending minor amendments</p> <p><u>Nebuliser Guideline</u> Dr Mott confirmed this paper was withdrawn as there is work still required by the Guideline Group. Mr Dhadli confirmed there are some queries that need further discussion with the COPD Nurse Specialist. The guideline will be submitted to the February JAPC meeting.</p> <p><u>Neuropathic Pain Guideline</u> Mr Dhadli informed the group that the neuropathic pain guideline has been further updated with reference to the NICE CG173 which was published in November 2013. The neuropathic pain guideline has been updated in line with the NICE recommendations. Mr Dhadli advised the group that he has removed reference to the three month plan as the guideline recommends titrating to the right dose and having an adequate trial which might be longer than three months. Mr Dhadli also went on to highlight the differences of local guidance to national guidance, whereby local guidance allowed the initiation and continuation of strong opioids in a primary care setting.</p> <p>a) Morphine Concerns raised by Dr Faleiro, Pain Consultant RDH, were noted; Dr Faleiro feels that Morphine should be initiated in a secondary care setting. Dr Mott acknowledged the correspondence received from Dr Faleiro and feels that the wording in the neuropathic pain guidelines could be strengthened, suggesting the wording should be changed from 'may' consider to 'should consider'. Dr Mott acknowledged the feelings amongst the GPs present that it is impractical for every patient with neuropathic pain to be referred to the pain clinic for morphine initiation. No comments received from Chesterfield Royal Hospital to date. Mr Dhadli informed the group that one of the main concerns that the pain consultants had was around patients presenting on very high doses. In response to this previous concern the maximum daily dose for morphine in the guideline has already been reduced from 200mg to 120mg; this has been standardised for all non-cancer pain guidelines.</p> <p>Agreed: Strengthen statement regarding referral to 'should consider'</p> <p>Agreed: Include 'MR' next to Morphine in the table</p> <p>b) Duloxetine Mr Dhadli informed the group that duloxetine is currently classified as a 3rd line option after specialist initiation, however the NICE guidance does not recommend duloxetine as a drug initiated in specialist settings. The phrase 'specialist initiation' was therefore removed.</p>	<p>SD</p> <p>SD</p> <p>SD</p> <p>SD</p> <p>SD</p>

Item		Action
	<p>Mr Dhadli queried whether the daily dosage of duloxetine should be limited from 120mg to 60mg. Dr Game confirmed she would never use more than 60mg daily for diabetic neuropathy because no additional benefit is gained but patients would get extra side-effects.</p> <p>Agreed: Reclassify duloxetine to GREEN 3rd line option after an adequate trial of amitriptyline and gabapentin/pregabalin</p> <p>Agreed: Change the maximum daily dose of duloxetine to 60mg</p> <p>c) Capsaicin cream Mr Dhadli advised capsaicin cream is included in the neuropathic pain guideline. Capsaicin cream for painful diabetic neuropathy, for which it is also licensed, should remain under the supervision of a hospital consultant as per the summary of product characteristics (SPC). For this indication it would remain RED. Dr Game added that this is because patients usually have sensory neuropathy as well as painful neuropathy and if capsaicin is used inappropriately it may lead to adverse effects. Dr Parkin queried if it was best not to use capsaicin in patients who present with both sensory neuropathy and painful neuropathy, Dr Game stated there may be rare circumstances where a patient has painful peripheral neuropathy and you may want to use capsaicin because they are intolerant to everything else, however, these patients should be referred on.</p> <p>Agreed: Capsaicin classified as GREEN for post-herpetic neuralgia and RED for painful diabetic neuropathy</p>	<p>SD</p> <p>SD</p> <p>SD</p>
8.	PGDs	
	None	
9.	SHARED CARE GUIDELINES	
	<p>Modafinil Mr Dhadli informed the group that there used to be a shared care guideline for modafinil for two indications, narcolepsy and narcolepsy secondary to Parkinson's disease (PD). This was re-classified to green after specialist initiation for narcolepsy secondary to PD however the licensed indication of narcolepsy was not included when modafinil was re-classified, an oversight of JAPC.</p> <p>Mr Dhadli informed the group that the Southern Derbyshire Medicines Management team have audited modafinil prescribing within their localities. The results suggest that modafinil is being prescribed for its licensed indication and also for unlicensed indications - primarily for fatigue and in multiple sclerosis patients. Mr Dhadli clarified that the GREEN specialist initiation applies to the licensed indication of narcolepsy and narcolepsy secondary to PD and BLACK for all other indications.</p> <p>Mr Dhadli asked the group to consider what to do with existing patients currently taking modafinil for unlicensed indications and how to address requests from the Queens Medical Centre in Nottingham.</p> <p>Agreed: Modafinil classified as GREEN after specialist initiation for Narcolepsy and Narcolepsy secondary to Parkinson's disease</p> <p>Agreed: Modafinil classified as BLACK for all other indications</p> <p>Agreed: Mr Newman to ask Dr Vaithianathar (consultant neurologist) at Derby if modafinil is used for fatigue</p>	<p>SD</p> <p>SD</p> <p>CN</p>

Item		Action
	<p>Agreed: Dr Mott to write to the Nottingham APC chair to ask them to manage QMC's use of modafinil</p> <p>Agreed: Mr Hulme suggested clarifying the other indications that modafinil is being used for</p>	<p>AM</p> <p>SH</p>
10.	MONTHLY HORIZON SCAN	
	<p>Mr Dhadli advised JAPC of new drug launches and drug discontinuations:</p> <p>Colestilan for hyperphosphataemia in patients on dialysis Mr Dhadli stated there is already a shared care guideline in existence for phosphate binders. It was agreed to wait for a request for inclusion into the current shared care guideline.</p> <p>Agreed: Colestilan UNCLASSIFIED</p> <p>Lomitapide for homozygous familial hypercholesterolemia Mr Dhadli advised JAPC that lomitapide will be likely classified as a high cost drug outside of tariff and CCG commissioned. 28 days treatment would cost approximately £17k to £18k and the cost would be twice that for maximal dose. Mr Dhadli stated it is not yet included in the NICE forward planner.</p> <p>Agreed: Lomitapide classified as BLACK</p> <p>Meningitis B Discussed under agenda item 6</p>	<p>SD</p> <p>SD</p>
11.	MISCELLANEOUS	
	<p>Medical devices Mr Dhadli informed JAPC there had recently been a number of requests in primary care for medical devices. Three most recent requests being for vaginal dilators, Single Use Negative Pressure Wound Therapy and Therabite Jaw Device. These devices are listed in the drug tariff which permits GPs to prescribe on NHS prescriptions. There have been increased queries regarding medical devices from local GPs, asking whether these devices have been agreed, their suitability for primary care prescribing and what the current arrangement is for agreeing appliances.</p> <p>Mr Dhadli referred to an article published in the British Medical Journal which outlines how appliances are included on the drug tariff. Mr Dhadli stated that unlike drugs devices needed only demonstrate patient safety and not necessarily clinical effectiveness.</p> <p>Dr Mott suggested that the JAPC should make a decision regarding the three specific devices presented at the meeting but also suggested the JAPC decide how future decisions regarding devices are made. Medical devices are listed on JAPC's terms of reference; Dr Mott questioned whether JAPC need to start looking through those devices currently in use. However, he acknowledged this is difficult due to the lack of evidence available. Discussion followed and it was felt it was important to review them as they do pose a significant cost to the NHS. Dr Mott queried with Mr Steward what mechanism Derbyshire Community Health Services Trust had in place to review devices. Mr Steward advised there is a Medical Devices Committee, but was unsure of how the committee functions. Mr Newman confirmed that medical devices are not listed in the RDH D&T terms of reference however there is a medical devices committee but is unsure of their remit. JAPC agreed that any devices to be prescribed should undergo the same process that drugs do for formulary addition.</p>	<p>MS/CN</p>

Item		Action
	<p>Vaginal dilators Mr Dhadli discussed the limited evidence of vaginal dilators including reference to a Cochrane review. It was suggested in the 'Best practice guidelines on the use of vaginal dilators in women receiving pelvic radiotherapy' that these devices are normally supplied by cancer centres. It was agreed that vaginal dilators should be provided by secondary care as part of the patient care pathway. Agreed: Vaginal dilators classified as RED</p> <p>Single Use Negative Pressure Wound Therapy JAPC were unclear on the indication and cost effectiveness of this treatment. Its place in primary care could not be established. Agreed: Single use negative pressure wound therapy classified as RED</p> <p>Therabite Jaw Device Mrs Needham advised there have been requests from DCHS, CRH and RDH. Mr Dhadli stated there had been requests from a speech therapist to a GP stating that the device is now available to prescribe and that the device is no longer supplied through charitable trusts funds as done previously. Mr Dhadli tabled the evidence and that the device is included in the head and neck cancer multidisciplinary management guidelines. The guideline recommends that patient with trismus or those at high risk of developing it should be given appropriate jaw exercises and treatment with devices such as Therabite, however, Mr Dhadli queried if the device was cost effective to alternative strategies. The group agreed that it may be feasible for GPs to provide on-going prescriptions for the disposable pads however information would need to be provided by the initiating specialist around how frequently these would need to be issued. Mrs Needham advised secondary care could develop a shared care agreement; this would clarify that the initiators would be responsible for training and on-going supervision of device. Mr Dhadli also highlighted that the device may be being used for other indications and for indefinite periods so clarity should be sought from specialists. Agreed: Therabite jaw device classified as RED. JAPC will consider prescribing reusable pads once further clarification has been sought from specialists.</p> <p>Discussion followed around the funding of devices, it was agreed they are expensive and it is important they are reviewed appropriately. The group agreed to look at the spend for medical devices using epact data. It was suggested all CCGs need to sign up to a process for review of devices instead of accepting all devices at face value without proper evidence.</p> <p>Duloxetine Mr Dhadli advised that the overactive bladder guideline had been ratified by JAPC. After a discussion with Helen Greaves, Continence Nurse Specialist, it has come to light that duloxetine was included in the OAB guideline as '<i>a 3rd line option after a trial of oxybutynin and tolterodine and where surgery is not suitable</i>' which is incorrect. Duloxetine is not licensed for the treatment of OAB; its license is for stress urinary incontinence. NICE CG171 suggests that duloxetine should be used for stress urinary incontinence after pelvic floor muscle training has been recommended and after surgery has been considered.</p> <p>Agreed: Remove from OAB guidance</p> <p>Agreed: Duloxetine classified as GREEN for stress UI after pelvic floor muscle training</p>	<p>SD</p> <p>SD</p> <p>SD</p> <p>SH</p> <p>SD</p> <p>SD</p>

Item		Action
	has been tried and after surgery has been considered as per NICE CG171	
12.	JAPC BULLETIN	
	<p><u>Dapoxetine</u> Mr Dhadli advised he has reworded the last sentence to include a statement about the Derbyshire position statement.</p> <p><u>Shared Care</u> Mrs Needham suggested removing the last sentence which reads <i>‘The shared care will be reviewed after the British Society for Rheumatology guidance is updated, which is expected later in the new year’.</i></p> <p><u>Dutasteride</u> Finasteride position needed clarity on its place in treatment.</p> <p><u>Anti-epileptic drugs (AEDs)</u> Mr Newman shared concerns of the RDH D&T who decided they would not be able to comply with the MHRA recommendations in relation to specifying the manufacturer of AED used. It was agreed that there needs to be a joint approach to this recommendation with primary care. Mr Newman questioned if the GP systems would be able to comply with the recommendation to prescribe by brand/manufacturer for category 1 AEDs. Mrs Needham confirmed it is different for each drug and that there is still work to be done in Primary Care. Mr Newman queried if it should be left out until we have a clear message. Mrs Needham suggested medicines management will continue to update prescribers. Mr Dhadli stated that due to the importance of the message it shouldn't be left out, and JAPC need to endorse what is recommended by the MHRA.</p> <p>Mr Hulme advised this item is on the agenda for the Southern Derbyshire Prescribing Group meeting next week.</p> <p>Action: Mr Hulme to update JAPC following Southern Derbyshire Prescribing Group meeting</p>	<p>SD</p> <p>SD</p> <p>SD</p> <p>SH</p>
13.	MHRA DRUG SAFETY UPDATE	
	Mr Dhadli did not feel there was anything relevant to primary care to raise	
14.	NICE TEMPLATE	
	<p><u>Framework of NICE Guidance</u> Mr Dhadli discussed the template in Mrs Qureshi absence. Mr Dhadli informed JAPC that there was nothing in this month's template that related to CCG's and Primary Care.</p>	
15.	TRAFFIC LIGHTS – ANY CHANGES?	
	<p>Capsaicin – GREEN for post-herpetic neuralgia Capsaicin – RED for painful diabetic neuropathy Duloxetine – GREEN for neuropathic pain 3rd line option after adequate trial of amitriptyline and gabapentin/pregabalin Duloxetine – GREEN for stress UI after pelvic floor muscle training has been tried and after surgery has been considered as per NICE CG171 Vaginal dilators – RED Therabite jaw device – RED Single Use Negative Pressure Wound Therapy – RED Colestilan – Unclassified Lomitapide – BLACK Meningitis B vaccine (Bexsero) – BLACK Modafinil – GREEN after specialist initiation for narcolepsy & narcolepsy secondary to Parkinson's disease Modafinil – BLACK for all other indications</p>	SD

Item		Action
16.	JAPC ACTION SUMMARY	
	<p><u>Disulfiram Shared Care</u> Dr Taylor to follow-up with Beverley Thompson and Alcohol Services. Dr Mott asked if Dr Parkin could also follow-up as Hardwick CCG is the lead commissioner for DHcFT.</p> <p><u>Transgender prescribing</u> Awaiting national guidance – remove from action summary until guidance becomes available</p> <p><u>Actinic Keratosis</u> Awaiting response from Derby. Mr Newman to follow-up with Dr Bleiker.</p> <p><u>Rivaroxaban</u> Mrs Needham has met with Anne Hayes, some progress has been made. Anne Hayes speaking to colleagues from Derby</p> <p><u>Rifaxamin</u> NICE guidance was expected in January 2014 but the timeline has been changed to TBC – to remove.</p> <p><u>Diabetes guideline</u> Being updated by the medicines management guideline group, expected completion date is March 2014. To be submitted to the Guideline Group in February.</p> <p><u>Lisdexamfetamine</u> On the DHCFT D&T agenda for January 2014, should be ready for submission to the JAPC in February 2014.</p> <p><u>Neuropathic pain</u> Completed</p> <p>To be added to the JAPC action summary:</p> <p><u>Anti-epileptic drugs</u> Primary & Secondary Care to look at how the MHRA recommendation can be adhered to. To report back in three months</p> <p><u>Devices</u> Trusts to look at how devices are dealt with internally. To report back at February JAPC</p>	<p>ST/TP</p> <p>SD</p> <p>CN</p> <p>SD</p>
17.	GUIDELINE GROUP ACTION TRACKER	
	<p>The Guideline Group tracker for information.</p> <p>Mr Newman queried if a response had been received from RDH colleagues about the LMWH shared care guideline. It was noted that Dr McKernan had been asked to review the guideline but a response had not yet been received. Mr Newman to follow-up with Lorraine MacDonald, Senior Pharmacist RDH, before she leaves.</p>	<p>CN</p>
18.	MINUTES OF OTHER PRESCRIBING GROUPS	
	<ul style="list-style-type: none"> Derby Hospitals NHS Foundation Trust D&T - November 2013 	
19.	ANY OTHER BUSINESS	
	<p><u>Venue for future 2014 JAPC meetings</u> JAPC discussed two options for all 2014 JAPC meetings; Dr Mott advised provisional bookings had been made for both Coney Green and Post Mill. JAPC agreed Post Mill would continue to be the venue for all JAPC meetings in 2014.</p>	<p>SD</p>

Item		Action
	<u>JAPC Deputy Chair</u> JAPC discussed the position of Deputy Chair and it was agreed Dr Emslie would take up this position.	
	DATE OF NEXT MEETING	
	Tuesday, 11 th February 2014 at Post Mill, South Normanton.	

Post-meeting note (15th January 2014)

Mr Shepherd, Head of Medicines Management at Chesterfield Royal Hospital was contacted post JAPC to discuss in detail the outcome of the meeting. Mr Shepherd had no objection to any of the items discussed or decisions made at the JAPC meeting on Tuesday 14th January 2014.