Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

NHS

December 2014

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 December 2014 Meeting

Clinical Guidelines

1. Compression Hosiery – updated to include further advice on Doppler testing and arterial disease following consultant/ specialist input from CRH/ RDH and DCHS.
2. Oral Nutritional Supplements (ONS) for adults – update of an existing guideline recommending cost effective treatment options and the use of MUST assessment tool for assessment. Now includes Aymes Shake as well as Complan Shake as the first option after food fortification and purchasing over the counter products.
3. Oxygen guideline – update of an existing guideline with no major changes.

Shared Care Guidelines

1. Denosumab for the prevention of osteoporotic fractures in post-menopausal women – existing shared care updated to include recent MHRA monitoring requirements of calcium and vitamin D levels to be measured before each injection.
2. Substance misuse agreements; methadone/ naltrexone and buprenorphine – no significant changes other than updated contact lists. To be used by GPSIs and GPs working under a Locally Enhanced Service only.

Gender Dysphoria

NHS England is responsible for commissioning the specialised element of the gender dysphoria pathway. National circulars highlight that NHSE expects GPs to co-operate with their commissioned Gender Identity Clinics recognising that GPs have an integral role in providing care for people with gender dysphoria, delivering the non-specialised element of the pathway. This includes the prescribing and monitoring of feminising or virilising endocrine therapy off license. Relevant resources signposting GPs can be found on our website under the endocrine chapter.

Tiotropium Spiriva Respimat for Asthma – 'BROWN' Consultant/Specialist Initiation and Assessment

Tiotriopium Respimat is newly licensed for asthma and recommended by the British Thoracic Society as another option in a small proportion of patients not adequately controlled at step 4. Short term studies show differences recognised as minimal but clinically significant in patients with fixed airways obstruction. Prescribing is restricted to initiation by respiratory consultant and specialists only. This is to identify the right patient group, assess efficacy of treatment, the consideration of other step 4 treatment options and the cardiovascular concerns with the Respimat device.

Gliptins

JAPC re-visited the formulary choice of DPP4 inhibitors following an MTRAC and a recent PresQIPP review. Alogliptin is now recommended as first line gliptin option on cost minimisation grounds. Linagliptin is an alternative to alogliptin in patients with renal and hepatic impairment. All other gliptins are now BROWN, exceptionality defined as intolerance to the preferred choices (alogliptin or linagliptin) or restricted by their licensing. All gliptins should be stopped if HBA1c is not reduced by ≥5.5mmol/mol (0.5% points) after 6 months in line with Derbyshire and NICE diabetes guidance.

Nalmefene

NICE has published a technology appraisal (TA 325) recommending nalmefene as an option for reducing alcohol consumption, for people with alcohol dependence. Public health, as lead commissioner of alcohol services, requests that this is only prescribed by specialist services in conjunction with continuous psychosocial support. Classification remains as **'RED'**

DuoResp Spiromax

This is a new breath actuated formulation inhaler of formoterol and budesonide. It is more cost effective and similarly licensed to Symbicort (asthma and COPD). 160/4.5 equivalent to Symbicort 200/6 turbohaler and 320/9 equivalent to Symbicort 400/12. DuoResp is now the preferred 2nd line choice inhaler after Fostair for use in adults (as per licence)

Prescribing Specification

The 2015/16 prescribing specification has now been drafted and will be embedded into the wider contracts by 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.

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

Drug	BNF	Date considered	Decision		Details
Tiotropium (Spiriva Respimat) for asthma	3.1	Dec 2014	Brown after consultant/ specialist initiation and assessment		New indication of asthma. Step 4 for symptomatic patients with airflow obstruction.
Formoterol/ budesonide inhaler (DuoResp Spiromax)	Not listed	Dec 2014	Green 2nd line to Fostair for asthma and COPD		Licensed combination inhaler for COPD/asthma. More cost effective than equivalent brands of Symbicort.
Alogliptin	9.5.2.2	Dec 2014	Green 1st line gliptin choice		Linagliptin is an alternative to alogliptin in patients with renal and hepatic impairment. All other gliptins are now BROWN
Sitagliptin, saxagliptin, vildagliptin	9.5.2.2	Dec 2014	Brown		Exceptionality defined as intolerance to the preferred choices (alogliptin/ linagliptin) or restricted by their licensing.
Rivaroxaban	Not listed	Dec 2014	Green after consultant/specialist initiation for DVT and prevention of recurrent VTE in IVDU		Re-classified from Amber to Green following the three week dosing of 15mg twice daily. Short term use in intravenous drug users instead of LMWH.
Simoctocog alfa (Nuwiq)	Not listed	Dec 2014	Red		Haemophilia A treatment and prophylaxis in all age groups
Dolutegavir+ abacavir+ lamivudine (Triumeq)	5.3	Dec 2014	Red		HIV infection
Imatinib TA 326	8.1	Dec 2014	Red		Imatinib for the adjuvant treatment of gastrointestinal stromal tumours. NICE TA 326
Otovent Autoinflation device	Not listed	Dec 2014	Black		Limited evidence that was inconclusive concerning the benefit of autoinflation in otitis media with effusion.
Meningitis B (Bexsero)	14.4	Dec 2014	Black	Green	**'Black'** – Not recommended or commissioned as part of the routine immunisation programme. **'Green'** – Children and adults with asplenia, splenic dysfunction and complement disorders and in the management of meningococcal disease.

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.
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** routinely* 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:

a. The patient requires specialist assessment before starting treatment and/ or
b. 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:

a. There is no immediate need for the treatment and is line with discharge policies and
b. The patient response to the treatment is predictable and safe