Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

February 2015

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 February 2015 Meeting

Clinical Guidelines

1. Psoriasis pathway and prescribing of Dovobet is an update to a previous guideline that includes the appropriate place and prescribing advice of Dovobet ointment (plaque psoriasis) and Dovobet gel (scalp psoriasis). Derbyshire spends in excess of £135k on Dovobet per year. The prescribing guide will be attached to the Skin chapter of the Derbyshire primary care formulary. It is recommended that it should not be added to repeat prescriptions and should be prescribed as acute prescriptions for short courses.

Shared Care Guidelines

1. Cinacalcet in primary hyperparathyroidism is a new shared care agreement which requires GPs to monitor calcium levels. The shared care is for treating two cohorts of patients:
   a. Patients with hypercalcaemia when parathyroidectomy is contraindicated or not clinically appropriate.
   b. Patients with hypercalcaemia who are significantly symptomatic and awaiting surgery.
2. Vigabatrin in children with tuberous sclerosis is a new shared care agreement for Derby hospital, it remains red for Chesterfield hospital. The key monitoring of visual checks will be under the consultant responsibilities.

QIPP opportunities

JAPC reviewed and gave a traffic light classification for four drugs (perindopril arginine, generic calcium and ergocalciferol, doxazosin MR and gliclazide MR) identified by PrescQIPP as low priority, poor value for money and for which there are safer alternatives. The greatest opportunity cost (approx. £100k/year across Derbyshire) is from the doxazosin MR formulation. Standard doxazosin has a half-life of 22 hours and can be given as a once daily dose and is as effective in both blood pressure control and benign prostatic hyperplasia. The smoother plasma concentration of the modified release form though may be of benefit in the small number of patients experiencing and unable to tolerate the side effects of standard release. Prescribers should note that the MR form unlike the standard form is only licensed up to 8mg per day.

Rivaroxaban and dabigatran

JAPC is aware of the multiple traffic light classifications with the novel oral anticoagulants. The traffic light status in relation to VTE has been simplified and rationalised for rivaroxaban and dabigatran to green following specialist initiation.

Pregabalin

The patents of pregabalin and aripiprazole have expired for certain indications. JAPC is aware of the legal issues associated with these drugs and protected patents. The Pharmaceutical Services Negotiating Committee has produced a useful Q and A resource aimed at pharmacists but useful for GPs to read and understand the issues. NHSE has further written directly to the CCGs and NHSBA to giving guidance and information in relation to prescribing and dispensing aimed at both GPs and community pharmacists (link).

Dementia Toolkit

JAPC has issued a statement on “Dementia Revealed What Primary Care Needs to Know. A Primer for General Practice” produced in partnership NHS England and Hardwick CCG. JAPC recognised the ‘Dementia Revealed’ document as a useful toolkit for use by primary care clinicians needing to understand and manage dementia. However some recommendations within the toolkit differ from local guidance and therefore primary care clinicians should consider these when using the document.

MHRA Drug Safety Update

1. Valproate is now a black triangle drug and is subject to additional monitoring. This follows the completion of a European wide review highlighting the risks of serious development disorders and/or congenital malformations associated with valproate use in pregnancy. Please report any suspected side-effects to valproate via the Yellow Card scheme.
2. Although already classified locally as RED drugs, prescribers will need to be alert to exfoliate dermatitis with ustekinumab and risk of hypogammaglobulinaemia and risk of bronchiectasis with mycophenolate.

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

Drug	BNF	Date considered	Decision	Details
Metformin	6.1.2	February 2015	Green	JAPC formally acknowledged the inclusion into the formulary
Gliclazide	6.1.2	February 2015	Green	
Gliclazide MR	1.6.2.1	February 2015	Brown	More costly than standard formulation but may benefit patients with compliance issues as a once daily dose
Calcium and ergocalciferoil (generic)	9.6.4	February 2015	Black	Significantly more expensive than prescribing by brand formulations
Perindopril arginine	2.5.5	February 2015	Black	More expensive and no clear benefit over generic perindopril
Perindopril erbumine	2.5.5	February 2015	Brown	Generic perindopril may be used on the advice of a stroke physician for secondary prevention of stroke and other cardiovascular events
Doxazosin MR	2.5.4	February 2015	Brown	More expensive that standard doxazosin with only marginal benefit in relation to side effects
Dabigatran	2.8.2	February 2015	Green 2nd line following specialist initiation	As per NICE TA327 for the treatment and secondary prevention of deep vein thrombosis and/or pulmonary embolism
Cinacalcet	9.5.1	February 2015	Amber	Shared care agreement for primary hyperparathyroidism
Vigabatrin	4.8.1	February 2015	Amber	Shared care for treating epilepsy in children under the care of DHFT specialists.
Daranuvir+ cobicistat	Not listed	February 2015	Red	HIV
Pasireotide	8.3.4.3	February 2015	Red	NHSE for Cushing's (although not routinely funded)
Eculizumab	9.1.3	February 2015	Red	For treating atypical haemolytic uraemic syndrome

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