

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS North Derbyshire, Southern 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 JUNE 2015 MEETING

CLINICAL GUIDELINES

Chronic Obstructive Pulmonary Disease – This guidance has been updated with some significant changes to layout, format and content making the guideline more primary care focused and concise, following a wide consultation exercise across Derbyshire. The guidance includes information on the recently licensed LAMAs and LABA/LAMA combination inhalers including their relatively limited place in the treatment pathway.

GRAZAX – RED

Grazax has been reclassified from BLACK to RED following a request from DTHFT paediatric specialist allergy consultants. The specialists have identified a small cohort of patients that may benefit from oral once daily treatment with Grazax, with prescribing restricted to the hospital specialist service. Local guidance is being developed to support primary care prescribers with recommendations for off label use of medicines and when referral to the service is appropriate. Patients need to be on maximum medical treatment for at least one season prior to assessment for possible immunotherapy.

SILDENAFIL FOR DIGITAL ULCERS

NHS England now commissions sildenafil (following the SLS criteria relaxation) alongside bosentan for the treatment of digital ulceration in systemic sclerosis. Primary care clinicians are advised not to prescribe sildenafil for this off-label indication.

MHRA DRUG SAFETY UPDATE AND FDA ALERT

1. The MHRA has issued a warning of severe bradycardia or heart block in patients with hepatitis C taking amiodarone in combination with certain drugs to treat hepatitis C. The hepatitis C drugs are the fixed dose combination of sofosbuvir and ledipasvir and sofosbuvir in combination with daclastavir. The prescribing of these drugs is separated by primary (amiodarone) and secondary (hepatitis C) care settings. JAPC highlights the importance of good communication between the two.
2. The US Food and Drugs Administration (FDA) warn that SGLT2 inhibitors (dapagliflozin, canagliflozin and empagliflozin) may lead to diabetic ketoacidosis (DKA). Prescribers should be aware of the signs and symptoms of metabolic acidosis (difficulty breathing, nausea, vomiting, abdominal pain, confusion, and unusual fatigue or sleepiness) as should patients. Unlike DKA reports for other antidiabetic medications in type 2 diabetes, blood sugar levels are only marginally raised with SGLT2 inhibitors.

JAPC ANNUAL REPORT

JAPC has published its April 2014 to March 2015 annual report. The report gives background to the Derbyshire wide strategic group between commissioners and providers and summarises the decisions made over this period.

GLAUCOMA AND SIMBRINZA

JAPC reviewed the new drug launch of the combination eye drop brinzolamide (carbonic anhydrase inhibitor) with brimonidine (alpha2 agonist) which was found to be clinically and cost effective. This is the first combination eye drop to treat glaucoma without the inclusion of a beta-blocker. JAPC has asked that the existing glaucoma guidance which is currently being updated includes a patient treatment pathway noting difference between the drug classes and recommends the most cost effective options.

MTRAC REVIEWS

JAPC reflected on several recent MTRAC reviews, concluding no action was required on its past decisions. MTRAC reviews included:

- Fixed dose LABA/ICS inhalers (DuoResp Spiromax, Fostair, Symbicort, Seretide and Relvar for COPD)
- Fixed dose LABA/LAMA inhalers for COPD
- Relvar for asthma and Relvar for COPD
- Tiotropium for asthma

Drug	BNF	Date considered	Decision	Details
Brinzolamide + Briminodine eye drops (Simbrinza)	Not yet listed	June 2015	GREEN after specialist initiation	Approximately cost neutral to prescribing individual components and may improve compliance
Grazax	3.4.2	June 2015	RED	Paediatric Specialist Allergy Service only
Indacaterol + glycopyrronium (Ultibro)	Not yet listed	June 2015	BROWN	The position of LABA/LAMA combination inhalers in COPD is limited in NICE and local guidance. However in limited patient groups who are deriving benefit from the separate components, the combination inhaler offers a cost-effective option and may aid compliance
Aclidinium, glycopyrronium and umeclidinium	3.1.2	June 2015	BROWN 2 nd line LAMAs	All recently launched LAMA inhalers have been classified as BROWN 2 nd line after tiotropium. Differences between the products (e.g. device, dosing) can be found in the COPD guidance
Seretide and Symbicort	3.2	June 2015	GREEN	Third line options, limited place following formulary choices (Fostair and DuoResp Spiromax) in local COPD and asthma guidance.

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:

- The patient requires specialist assessment before starting treatment and/ or
- 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:

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