Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

May 2015

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 May 2015 Meeting

Clinical Guidelines

1. Children's asthma guideline – update of existing guideline with minor changes clarifying cost effective drug choices in the BTS steps of management.
2. Adult asthma guideline – update of existing guideline with no significant changes.
3. Familial hypercholesterolaemia – update of existing guideline with atorvastatin now preferred to simvastatin in new patients.
4. Gastro oesophageal reflux disease in children and young adults – new guideline see summary below.
5. ACS and dual antiplatelet policy in NSTEMI for CRHFT – update to existing guideline with no significant changes.
6. Bowel cleansing products for DTHFT – update of existing guideline with minor changes.

Shared Care Guidelines

1. ADHD in children and adults – update to existing shared care with the addition of Matoride XL as a cost effective alternative to Concerta XL.
2. Denosumab for the prevention of osteoporotic fractures – update to existing shared care to include men and the specific subset with prostate cancer treated with androgen deprivation therapy.

Gastro Oesophageal Reflux Disease in Children and Young Adults

This is a new clinical guideline that offers management strategies to treat reflux in young adults and in breast fed and formula fed babies. The guideline includes prescribing advice for a common condition often resulting in referrals to specialists but which can be managed safely in primary care. The guideline has been endorsed by consultants at both Derby and Chesterfield Royal hospital trusts and infant feeding specialists.

Long Acting Beta$_2$ Agonist in Combination with Long Acting Muscarinic Agonists in COPD

The position of a LABA /LAMA as a combination inhaler in COPD is limited in NICE and local guidance. The combination of a LABA+LAMA is only considered an option when the patient is on a LABA and is still experiencing exacerbations when an inhaled corticosteroid is not tolerated or declined. Aclidinium + formoterol (Duaklir Genuair) is the third LABA/LAMA combination launched in the UK and reviewed by JAPC. Like other LABA/LAMA combination inhalers the evidence from placebo or monotherapy constituent studies is weak with insufficient patient orientated outcomes that are of clinical significance. However in a limited patient group who are deriving benefit from its separate components, this offers a cost effective combination inhaler and may aid compliance.

MHRA Drug Safety Update

1. Hydroxyzine – maximum daily dose of hydroxyzine has been reduced to 100mg due to the risk of QT prolongation
2. Codeine containing medicines should not be used in children under 12 for cough and colds
3. High strength, fixed combination and biosimilar products – the MHRA highlights new risks from recently launched and expected insulins coming to market around unit doses and their interchangeability. JAPC is seeking the advice of local diabetologists to guide primary care in the safe introduction and place of these treatment options.

Olodaterol

JAPC reflected on its decision in August 2014 that classified olodaterol as BLACK; a once daily LABA used to treat COPD. Compared to placebo, trial data failed to show consistent improvements of minimal clinical significance important for COPD patients. A recent DTB review concluded similarly to JAPC that there is insufficient evidence to recommend olodaterol over existing LABAs.

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

Drug	BNF	Date considered	Decision	Details
Rivaroxaban 2.5mg	2.8.2	May 2015	Red	NICE TA335 for preventing adverse outcomes after acute management of acute coronary syndrome. Cardiologist's advice being sought on treatment pathway and role of primary care.
Apremilast	Not yet listed	May 2015	Red	Oral treatment to treat plaque psoriasis or psoriatic arthritis in adults NICE TA expected August 2015
Bromelain (NexoBrid)	Not yet listed	May 2015	Red	Removal of eschar in adults with deep partial and full thickness thermal burns. Specialised burn centres.
Matoride XL	Not yet listed	May 2015	Amber	ADHD in Children and adults. Bioequivalent to Concerta XL and more cost effective
Aclidinium/formoterol (Duaklir Genuair)	4.8.1	May 2015	Brown	Combination inhaler with a limited position in COPD treatment. Offers a cost effective option in patients deriving benefit from its individual components.
Filgastrim (Accofil)	Not yet listed	May 2015	Red	Biosimilar to treat neutropenia (NHSE funded)
Follicle stimulating hormone (Bemfola)	Not yet listed	May 2015	Red	Biosimilar for in vitro fertilisation

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