Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

October 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 Service Foundation Trust, Derbyshire Healthcare Foundation Trust, Derby Teaching Hospital and Chesterfield Royal Hospital foundation trusts. It provides recommendations on the prescribing and commissioning of drugs.

See **http://www.derbyshiremedicinesmanagement.nhs.uk/home**

KEY MESSAGES FROM THE JAPC OCTOBER 2015 MEETING

CLINICAL GUIDELINES

1. Prescribing for oral thrush in babies and prescribing for surface and ductal thrush in lactating women – Succinct re-write of an existing guideline that includes the support of off-license use of miconazole oral gel in babies.
2. Varenicline prescribing advice to support smoking cessation on the advice of a service commissioned by Public Health has been updated. The guidance now includes commentary on the use of varenicline in smokers with pre-existing mental health patients and smokers with cardiovascular symptoms.

PATIENT GROUP DIRECTIONS

1. Agreed for inclusion on the website; influenza intramuscular vaccines, Fluenz Tetra nasal spray and intradermal Intanza, PGDs written by PHE and NHSE as part of the national immunisation programme.

INSULIN GLARGINE AND BIOSIMILARS

In April 2015 the MHRA issued guidance and a consultation on high strength, fixed combination and biosimilar insulin products 'minimising the risk of medication error'. JAPC scoped the risks with such products and sought advice from local diabetologists. It was agreed that Abasaglar (based on Lantus) would become the preferred 1st line glargine of choice in all NEW patients initiated on insulin glargine. The brand Toujeo 300units/ml insulin (**not bioequivalent** to Lantus) classified as BLACK until its place in insulin management pathway is established. Prescribers are reminded to prescribe Abasaglar by its brand name and NOT to routinely switch from Lantus to Abasaglar while the experience on the use of biosimilars is established. Similarly existing patients on glargine receiving Lantus should also be prescribed by the brand name.

Prescribers should note that Human NPH insulin remains the preferred cost effective choice when basal insulin therapy is started. Long acting Insulin analogues should only be used in specific limited circumstances in both Type 1 and Type 2 diabetes. (e.g. risk of hypoglycaemia or patient requires assistance with administration)

PATENT OF PREGABALIN FOR USE IN PAIN

JAPC were informed of the legal outcome of the court judgement against Pfizer. This called into question the validity of the patent over pregabalin for use in pain and patent infringement. A recent BMJ article reflected on the outcome that the patent is invalid. The drug tariff price of pregabalin is still assigned to Lyrica. Prescribers are reminded that pregabalin should only be used in patients that have found gabapentin beneficial but not tolerated it. Prescribers are advised to initiate pregabalin as an acute prescription, and review effectiveness before adding to repeat prescriptions.

ANALYSIS OF GROWTH IN SPEND OF MEDICINES

The department of health has issued an analysis of growth in branded medicines for 2013/14. JAPC were made aware that branded medicines growth in secondary care far exceeds the community sector spends (16.5% versus 1.9% respectively for 2013/14). The report identified disease areas and drugs that are of particular relevance to CCG as direct commissioners. For high cost drugs that are tariff excluded JAPC has signed up to the principles of gain sharing agreements with provider trusts.

MHRA DRUG SAFETY UPDATE

Proton pump inhibitors are associated very infrequently with cases of subacute cutaneous lupus erythematous (SCLE).

DULAGLUTIDE

Dulaglutide is a once weekly GLP1 agonist and significantly more expensive than current formulary choices. Weekly exenatide is the preferred weekly formulation (which includes the new device pen) and is recommended in local guidance if compliance is an issue or if the patient requires regular visits from a nursing team to administer the drug.

EVOLOCUMAB (REPTHA SURECLIK)

Evolocumab is newly launched human monoclonal antibody administered as subcutaneous injection to treat hypercholesterolaemia and homozygous familial hypercholesterolaemia. Its place in the local treatment pathway and care setting for administration is still uncertain and therefore JAPC has decided to await NICE TA expected in April 2016.

DERBYSHIRE MEDICINES MANAGEMENT SHARED CARE AND GUIDELINE GROUP (SCAGG)

- Expiry dates of medication within community care settings – A new useful resource agreed with CCGs and local authorities to reduce waste in social care settings.
- Inhaled corticosteroids doses in adults requiring a steroid card is a new useful tool to support prescribers to know when to offer an corticosteroid card to an adult.

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

Drug	BNF	Date considered	Decision	Details
Dulaglutide	Not yet listed	October 2015	**BROWN**	Once weekly GLP1 agonist. Second line to exenatide MR when a weekly preparation is required.
Evolocumab	Not yet listed	October 2015	**BLACK**	Subcutaneous injection expected to be commissioned by NHSE for FH and CCGs for dyslipidaemia. NICE TA expected April 2016.
Insulin Abasaglar (glargine biosimilar)	Not yet listed	October 2015	**GREEN** **1st choice insulin glargine**	Abasaglar is a glargine biosimilar and the preferred choice over Lantus in all new patients where indicated. See notes above on positioning of insulin analogues. Prescribe by brand name.
Insulin glargine as **Lantus**	6.1.1.2	October 2015	**GREEN 2nd line glargine**	See notes above on positioning of insulin analogues. Prescribe by brand name.
Insulin Toujeo (glargine)	Not yet listed	October 2015	**BLACK**	Toujeo is a high-strength 300 units/ml formulation of insulin glargine. Its position locally is still being determined.
Nivolumab	Not yet listed	October 2015	**RED**	Likely NHSE for advanced squamous non-small cell lung cancer who have previously received chemotherapy.
Pembrolizumab	Not yet listed	October 2015	**RED**	Advanced malignant melanoma in adults.
Ciclosporin (Ikervis)	Not yet listed	October 2015	**RED**	For severe keratitis in adults with dry eyes. NICE TA expected December 2015.
Edoxaban	Not yet listed	October 2015	**GREEN**	As per NICE TA 355 for preventing stroke and systemic embolism in people with non-valvular AF.
Ruxolitinib	8.1	October 2015	**BLACK**	As per NICE TA 356 for treating polycythaemia.

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