Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

July 2016

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 JULY 2016 MEETING

CLINICAL GUIDELINES

1. Hypertension guideline – updated with no major changes. For use in those practices where ABPM to diagnose hypertension
2. The local diabetes guideline is being updated and expected to be made available early August after wide consultation across both primary and secondary care. In preparation traffic light status of the anti-diabetic medicines have been updated (see table below)

PATIENT GROUP DIRECTIONS

Meningococcal C vaccination at 3 month is no longer recommended by the JCVI and NHSE and the PGD has been removed from our website.

CHRONIC OBSTRUCTIVE PULMONARY DISEASE (COPD)

- Long acting beta agonist (LABA) in combination with a long acting muscarinic antagonist (LAMA) in inhaler form has a limited place in the treatment of COPD. Their place is usually limited to when inhaled corticosteroids are declined or not tolerated as per NICE and local guidance. The launch of Spiolto Respimat (olodaterol/tiotropium) the first LABA/LAMA to include tiotropium our formulary choice LAMA, prompted JAPC to review all LABA/LAMA combinations in detail. JAPC were reminded of the poor evidence outcomes of all these combination inhalers but also the much weaker evidence for Anoro Ellipta (umeclidinium/ vilanterol) and now with Spiolto Respimat. The BLACK statuses of these have been re-confirmed. Formoterol/aclidinium (Dukalir Genuair) and indacaterol/glycopyrronium (Ultibro Breezhlaer) are to remain BROWN.
- The European Medicines Agency (EMA) has completed its review of inhaled corticosteroids (ICS) for COPD and has found no difference between products in the risk of pneumonia. The review confirmed the risk of pneumonia with these products, which has been known for many years, and that it is common (can affect between 1 and 10 COPD patients in 100 using these medicines). However there is no conclusive evidence for intra-class differences in the magnitude of risk among ICS products but there is some evidence of an increased risk with increasing steroid dose although this has not been demonstrated conclusively across all studies.

SACUBITRIL VALSARTAN

A DTB review reminded JAPC of the evidence to support sacubitril valsartan and NICE TA388. The evidence supporting the use of sacubitril valsartan is strong but there are limitations to the study population which warrants a careful approach to determine place alongside other treatment options. For example only a small percentage had NYHA class IV and a question remains over the efficacy and tolerability in an older population. A patient pathway is awaited from provider organisations to determine sacubitril/valsartan positioning and in the meantime remains **RED**.

TAMOXIFEN

Tamoxifen (10-20mg daily) is recommended after specialist initiation to prevent bicalutamide induced gynecomastia. The high incidence of gynecomastia with bicalutamide leads to a significant proportion of patients discontinuing treatment. A daily dose of tamoxifen is evidenced by more recent literature publications. The monitoring of bicalutamide continues to remain the responsibility of the specialist with no monitoring required of tamoxifen. JAPC classified tamoxifen as **GREEN** after specialist initiation.

GUIDELINE GROUP UPDATE

The guideline group updated JAPC with changes to the traffic light classification to reflect prescribing of treatments by GPs as recommended by NHS England transgender circular, these include off-licence prescribing of for example gonadorelin analogues, medroxyprogesterone, finasteride and cyproterone acetate.

COMPARISON OF EFFICACY OF PHARMACOLOGICAL TREATMENTS FOR CHRONIC IDIOPATHIC CONSTIPATION (CIC)

JAPC looked at a recent BMJ article of a systematic review and network meta-analysis of treatments used in CIC which included the more recently launched drugs: lubiprostone, prucalopride and linaclotide. The study concludes all those in the review showed similar efficacy and the possibility of biscodyl showing superiority for its secondary outcome of spontaneous bowel movements per week. JAPC endorses the approach of treating CIC using conventional established drugs e.g. ispaghula, lactulose, senna, bisacodyl The newer more costly treatments are restricted by NICE recommendations and/or by local positioning by using them in select patient groups only.

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

Drug	BNF	Date considered	Decision	Details
Tamoxifen	8.3.4	July 2016	GREEN after specialist initiation	Off-licence (10-20mg daily) used to prevent bicalutamide induced gynecomastia.
Olodaterol + tiotropium (Spiolto Respimat)	3.1.4	July 2016	BLACK	Review of all LABA/LAMA combination inhalers for COPD confirms BLACK status
Maculeh light	Not listed	July 2016	BLACK	Used in the treatment of age related macular degeneration.
Empagliflozin	6.1.2.3	July 2016	GREEN	Preferred 1st line choice of SGLT2 inhibitor. No longer requires specialist initiation.
Canagliflozin and dapagliflozin	6.1.2.3	July 2016	BROWN	Alternatives to empagliflozin if intolerant or restriction by licensing. No longer requires specialist initiation
Liraglutide and exenatide daily dosages	6.1.2.3	July 2016	BROWN	Alternatives to lixisenatide if intolerant or restriction by licensing.
Repaglinide	6.1.2.3	July 2016	BROWN	Limited for use in patients with early diabetes or in patients with erratic lifestyles
Necitumumab	Not listed	July 2016	RED	Likely NHSE, TA expected September 2016
Adalimumab	13.5.3	July 2016	RED	As per NICE TA392. For treating moderate to severe hidradentitis suppurativa
Alirocumab	Not listed	July 2016	RED	As per NICE TA393 & TA394. For treating primary hypercholesterolaemia and mixed dyslipidaemia
Evolocumab	Not listed	July 2016	RED	
Ceritinib	Not listed	July 2016	RED	NICE TA395 for previously treated anaplastic lymphoma kinase positive nonsmall-cell lung cancer
Trametinib	Not listed	July 2016	RED	NICE TA396 in combination with dabrafenib for treating unresectable or metastatic melanoma
Belimumab	10.1	July 2016	RED	NICE TA397 for treating active autoantibody-positive systemic lupus erythematosus

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