Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

January 2017

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 January 2017 Meeting

Clinical guidelines

1. Antipsychotic physical health monitoring- Guideline on physical health monitoring required for patients on an antipsychotic (lipids, blood glucose, blood pressure, smoking cessation advice). Extended for 12months- no change
2. Management of chronic rhinosinusitis- Primary care guidance advising on diagnosis, examination, self-management advice, antibiotic prescribing and the step up/down approach endorsed by local ENT consultants. Updated with no changes.

Shared care guidelines

1. Somatostatin analogues (lanreotide and octreotide for acromegaly and neuroendocrine tumours)- updated with no major changes.
2. Vigabatrin for children with epilepsy (Derby Hospital). Updated with no changes. Clinicians are reminded to enquire about visual fields in the annual review.

Tadalafil once daily – Brown 2nd line to sildenafil daily dosing post radical prostatectomy

JAPC noted a significant spend on tadalafil across Derbyshire with reports that the daily dosing regimen using 2.5mg or 5mg being recommended after nerve sparing radical prostatectomy. JAPC was not convinced by the limited evidence (short term studies and no head to head comparisons as examples) to support the use of daily tadalafil and recommends a trial of daily sildenafil first, (which is a cost effective option), when a daily dose is being recommended. Both drugs have limited evidence to support use and are unlicensed for this indication.

Trimipramine- Black

Trimipramine is a tricyclic antidepressant that is not on the Derbyshire preferred formulary or in our local antidepressant guidance. Its drug tariff price (annual cost per patient of 75mg daily of £4,686 compared with for example amitriptyline 75mg daily of £865) has prompted JAPC to classify this as BLACK and not to be recommended in new patients. Existing patients should be reviewed at the appropriate time in line with local and national guidance with the decision to stop or consideration of an alternative made on a patient by patient basis.

Conjugated oestrogens and bazedoxifene as HRT (Duavive)- Black

A NICE evidence summary of new medicine appraising the SMART studies used for licensing has led JAPC not to recommend this drug for prescribing in Derbyshire. Safety concerns, lack of an active comparator lack of experience of use in older women (>65 years if age) that supported this decision.

NICE NG59 – low back pain and sciatica

NICE recommends for pharmacological management of sciatica to follow the neuropathic pain guidance. Use NSAIDs at the lowest effective dose for the shortest duration, with the addition of PPI protection as per local PPI guidance to treat back pain. Weak opioids (with or without paracetamol) is recommended for acute use. Paracetamol alone is not recommended for managing low back pain.

Ticagrelor (NICE TA 420) 60mg dose- Brown after specialist initiation

A new indication for ticagrelor 60mg, prescribed in combination with aspirin, for preventing atherothrombotic events in patients with a history of myocardial infarction of at least one year and at high atherthrombotic risk has been approved by NICE. Ticagrelor can now be taken up to a period of 3 years (which includes the 12months of dual anti-platelet treatment). There is also a potential that a further cohort of patients eligible for treatment may need to be identified and in these patients the treatment length will be individualised considering the benefits against bleeding risk. Local consultant cardiologists are being asked to consider its place in the patient pathway and the role of primary care clinicians.

Guideline group key points

- Recommendations for dosing regimens of oral paracetamol in patients with a body-weight under 50kg and those with risk factors for hepatotoxicity has now been included into local guidelines/formulary in agreement with local hospital trusts.
- Movicol ready to drink- BLACK classification.
- Neuropathic and non-malignant chronic pain guidance-updated to include DCHSFT psychological and physiotherapy services (acknowledging differences between the North and South)

Drug safety update

Cobocistat and ritonavir, both HIV treatment boosting agents and classified as RED drugs show a risk of systemic corticosteroid adverse effects when co-administered with a steroid (including intranasal, inhaled and intra-articular preparations). If a corticosteroid is necessary (benefits outweigh the risk) then beclomethasone is the preferred corticosteroid. The issue highlights the importance of adding RED drugs onto clinical systems to help clinicians identify and avoid serious interactions. See local guidance on how this can be done safely reducing the risk of issuing a prescription in error.

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

Drug	BNF	Date considered	Decision	Details
Budesonide MR oral preparations	1.5.2	Jan 2017	Brown	After consultant gastroenterologist initiation. Long term maintenance with low dose (off-label) may be required in exceptional circumstances e.g. autoimmune hepatitis.
Tadalafil once daily	2.5.2/ 7.4.5	Jan 2017	Brown	2nd line option in patients who have undergone nerve sparing prostatectomy after a trial of daily generic sildenafil.
Ticagrelor **60mg dose**	2.9	Jan 2017	Brown	After specialist initiation for preventing atherothrombotic events after myocardial infarction as per NICE TA420
Trimipramine	4.3.1	Jan 2017	Black	
Conjugated oestrogens and bazedoxifene acetate (Duavive)	Not listed	Jan 2017	Black	Licensed for oestrogen deficiency symptoms in postmenopausal women with a uterus at least 1 year after last menses, when progestogen-containing therapy is inappropriate.
Deferasirox (Exjade)	9.1.3	Jan 2017	Red	As per NHSE commissioning intentions Iron overload due to transfusion-dependent anaemia's.
Lidocaine + prilocaine (Fortacin)	Not listed	Jan 2017	Black	Topical preparation for premature ejaculation. Lack of information to determine place locally.
Arsenic (Trisenox)	8.1.5	Jan 2017	Red	NHSE- chemotherapy.
Everolimus with exemestane	8.1.5	Jan 2017	Red	NHSE as per NICE TA421.
Crizotinib	8.1.5	Jan 2017	Red	NHSE as per NICE TA422.
Eribulin	8.1.5	Jan 2017	Red	NHSE as per NICE TA423.
Pertuzumab	8.1.5	Jan 2017	Red	NHSE as per NICE TA424.
Dasatinib, nilotinib and high-dose imatinib	8.1.5	Jan 2017	Red	NHSE as per NICE TA425.
Dasatinib, nilotinib and imatinib	8.1.5	Jan 2017	Red	NHSE as per NICE TA426.

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