Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

March 2019

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, University Hospital of Derby and Burton 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 MARCH 2019 MEETING

CLINICAL GUIDELINES

Clozapine guidance updated to emphasize the need to act promptly if constipation is suspected in patients and the effect of smoking (and stopping smoking) on plasma levels of clozapine.

Familial hypercholesterolaemia guidance review date extended until April 2020, to allow review of local genetic testing facilities in line with the NHS long term plan.

Phosphate Binders for the long-term treatment of hyperphosphataemia in patients on dialysis – updated with no changes.

Osteoporosis guidance updated with minor changes. The dose of oral prednisolone requiring consideration of addition of bisphosphonates treatment; changed from 15mg to ≥7.5mg; low BMI<18.5kg/m^2 included as a significant risk factor, and PPIs and SSRIs removed as significant risk factors. Statement included regarding oral bisphosphonates not to be routinely offered to all adults with a 10-year probability of osteoporotic fragility fracture of at least 1% alone.

treating chronic idiopathic constipation - NICE have withdrawn TA318 – **Lubiprostone** for treating chronic idiopathic constipation, because lubiprostone has been discontinued. The local chronic constipation guidance will be amended to remove reference to lubiprostone.

PATIENT GROUP DIRECTIONS

None

SHARED CARE GUIDELINES

1. Denosumab SCA agreed with minor amendments (includes patients with eGFR<30ml/min/1.73m^2 to be initiated and retained under the care of the specialist, if eGFR falls to <30ml/min/1.73m^2 to pass back to secondary care.
2. ADHD SCA agreed. Amendments include information regarding switching between methylphenidate brands in primary care, ECG requirements prior to commencing atomoxetine or guanfacine for specialists care and clarity on what to do with frequent 'do not attend' patients.

SPECIALISED GENDER IDENTITY SERVICES FOR ADULTS

Following on from the original national advice regarding primary care responsibilities for prescribing for transgender and non-binary adults, NHSE have completed a consultation on specialised gender identity services for adults (17 and above). Within the NHSE service specification, appendix J (p29) lays out the arrangements for prescribing endocrine treatments (unlicenced). The General Medical Council advises GPs that they may prescribe 'unlicensed medicines' where this is necessary to meet the specific needs of the patient.

Non-Valvular Atrial Fibrillation (NVAF)

After extensive consultation with Specialists and Commissioners, the preferred first line NOAC for NVAF within Derbyshire is now edoxaban. NVAF guidance has been amended to reflect this choice and a Derbyshire position statement has also been produced for primary care. In absence of head-to head trials for the NOACs and due to the lower acquisition cost (through primary care rebate), edoxaban is the preferred first line NOAC of choice, unless there is a specific clinical reason for an alternative product. .

HIGH COST DRUG (HCD) ALGORITHMS

All High Cost Drug commissioning algorithms (rheumatoid arthritis, ankylosing spondylitis, psoriatic arthritis, plaque psoriasis, Crohn's disease and ulcerative colitis) have been updated with adalimumab biosimilar as the preferred first line cost effective biologic of choice. Alternative biologics can be considered for patients if the preferred first line biologic is clinically inappropriate. These algorithms have been agreed across our two main providers.

RESCHEDULING OF GABAPENTIN AND PREGABALIN

Changes to the legal status of gabapentin and pregabalin from 1st April 2019. Gabapentin and pregabalin will be reclassified as schedule 3 controlled drugs under the Misuse of Drugs Regulations 2001 and Class C of the Misuse of Drugs Act 1971. These drugs will be exempt from the safe custody requirements. Prescriptions for schedule 3 controlled drugs must also contain dose (which must be clearly defined), date signed, address of prescriber, formulation, strength (where appropriate) and total quantity stated in words and figures. Prescriptions will be legally valid for a maximum of 30 days duration. NHSE have produced a patient leaflet to distribute to patients during March 2019.

GUIDELINE GROUP KEY POINTS

Semaglutide –BROWN, cost effective weekly GLP1 preparation.

Combisal 50MDI replaces Seretide 50 Evohaler, Fusacomb easyhaler 500 replaces AirFluSal Fospiro 500.

Carbocisteine 750mg/10ml sachets replace 250mg/5ml oral liquid as cost effective choice if liquid is required.

Ipinnia XL becomes the preferred cost effective brand for ropinirole.

Local Bronchiectasis and recurrent UTI guidelines have been replaced with links to national guidance.

Management of UTI in people >65 years residing in care homes, has been replaced with links to PHE flowchart for men and women over 65 years with suspected UTI and older people >65 years with suspected UTI – guidance for care home staff.

PPI detailing aid has been removed from the website – prescribers are advised to refer to the JAPC PPI and GORD guidance.

MHRA NOTICES

1. Carbimazole: increased risk of congenital malformations when used during pregnancy, particularly in the first trimester of pregnancy and at high doses (≥15mg daily). Women of childbearing potential should use effective contraception during treatment with carbimazole.
2. Carbimazole and risk of acute pancreatitis. Cases of acute pancreatitis have been reported very infrequently during treatment with carbimazole. Advice for healthcare professionals is to stop carbimazole treatment immediately if acute pancreatitis occurs.
3. SGLT2 inhibitors - reports of Fournier's gangrene (necrotising fasciitis of the genitalia or perineum). Fournier's gangrene is a rare but serious and potentially life-threatening infection. If Fournier's gangrene is suspected, the SGLT2inhibtor should be stopped and urgently start treatment (includes antibiotics and surgical debridement as required)

Drug	Date considered	Decision	Details
Edoxaban	Mar 2019	GREEN	NICE TA355: Preferred 1st line NOAC for NVAF.
Apalutamide	Mar 2019	BLACK	Treatment of non-metastatic, castration resistant prostate cancer in men, who are at high risk of developing metastatic disease.
Brigatinib	Mar 2019	RED	Treatment of adults with anaplastic lymphoma kinase-positive advanced non-SCLC
Burosumab	Mar 2019	RED	Treatment of X-linked hypophosphataemia with radiographic evidence of bone disease in children aged ≥1 year and adolescents with growing skeletons.
Ertugliflozin	Mar 2019	BLACK	New SGLT2, indicated for Type 2 diabetes, as monotherapy and in combination with other anti-diabetic medicines.
Letermovir	Mar 2019	RED	Prophylaxis of cytomegalovirus reactivation and disease in adult CMV-seropostive recipients of an allogenic haematopoietic stem cell transplant.
Pegfilgrastim biosimilar (Ziextenzo)	Mar 2019	RED	Reduction in duration of neutropenia and incidence of febrile neutropenia due to cytotoxic chemotherapy.
Tildrakizumab	Mar 2019	BLACK	Treatment of plaque psoriasis
Tisagenlecleucel-T	Mar 2019	RED	Paediatric and young adult patients up to 25 years of age with B-cell acute lymphoblastic leukaemia (ALL) that is refractory, in relapse post-transplant or in second or later relapse.
Bevacizumab	Mar 2019	BLACK	NICE TA560: treating the first recurrence of platinum-sensitive advanced ovarian cancer – terminated appraisal.
Venetoclax	Mar 2019	RED	NICE TA561: with rituximab for previously treated chronic lymphocyctic leukaemia
Encorafenib	Mar 2019	RED	NICE TA562: with binimetinib for unresectable or metastatic BRAF V600 mutation-positive melanoma.
Abemaciclib	Mar 2019	RED	NICE TA563: with aromatase inhibitor for previously untreated hormone receptor-positive, HER2 negative, locally advanced or metastatic breast cancer
Dabrafenib	Mar 2019	BLACK	NICE TA564: with trametinib for treating advanced metastatic BRAF V600E mutation-positive NSCLC – terminated appraisal.

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, treatments or medical devices are **not** 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

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.