Derbyshire JAPC Bulletin
www.derbyshiremedicinesmanagement.nhs.uk
May 2013

Derbyshire Joint Area Prescribing Committee (JAPC)

This is a countywide group covering NHS North Derbyshire, South 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 2013 MEETING

GUIDELINES (link)

- Identification and management of familial hypercholesterolaemia (FH) – updated
- Policy for appropriate lipid modification therapy in non-familial hyperlipidaemia – updated

FH GUIDANCE AND LIPID POLICY

Our two local guidances have been updated following wide consultation prompted by the atorvastatin patent expiry, the ambiguity of ezetimibe's NICE technology appraisal and alignment to national guidelines. It has not been prompted by a change in the evidence.

The FH policy essentially remains the same. Generic statins (now with the inclusion of atorvastatin) are still the preferred first line options and the use of ezetimibe remains restricted. Changes to the FH guidance include the use of rosuvastatin following recommendation of a specialist only after generic statins have been tried. The consultant cardiologists from RDH/ CRH have included their strategy for the use of rosuvastatin (after generic statins have been tried) in the guidance

The lipid policy for non FH patients has been updated with some fundamental changes. Primary prevention treatment remains with simvastatin 40mg (unless contraindicated) as first line treatment option. The changes prescribers should note for secondary prevention are;

- In line with national guidance and now agreed locally there is an option to intensify statin therapy in high risk patients (e.g. family history of premature CVD, clinical signs of hyperlipidaemia etc.) with elevated cholesterol. There are no targets to achieve and the decision to intensify statin therapy should be made after an informed discussion with the patient. Clinicians and patients will need to consider the increased risks of side effects and non-compliance versus the net benefit, on a patient by patient basis.
- Following acute coronary syndrome (ACS) JAPC has supported atorvastatin 80mg as a treatment option. It is unclear though what the optimum treatment period is for atorvastatin 80mg before reverting to standard therapy. JAPC supports the pragmatic approach of a GP review at 12months (to consider benefit versus side effects) with the patient with view to reducing to standard therapy. JAPC does acknowledge that cardiologists may identify specific patients requiring long term high intensity statins and GPs should follow this advice when given.
- The role of ezetimibe has been clarified by NICE (link) in its key therapeutics topic; this has been adapted and summarised in our local guidance.
- The local arrangement for Derbyshire County practices regarding QoF cholesterol targets has ended. Arrangements for cholesterol testing now apply as per QoF rules.

Please note that these are a quick summary of the changes, prescribers should read and familiarise themselves with the complete documents

STRONTIUM – MHRA ADVICE (link)

A review of available safety data for strontium ranelate has raised concern about its cardiovascular safety beyond the already recognised risk of venous thromboembolism. GPs will need to familiarise themselves with the MHRA advice and review patients at a routine appointment and consider whether or not to continue treatment

LINACLOTIDE (BLACK)

Linaclotide is a newly licensed drug for symptomatic treatment of moderate-severe irritable bowel syndrome with constipation. The studies with primary endpoints required by the EMA and FDA showed clear benefit over placebo. However JAPC debated the limitations of the studies, concerns over long term safety data and acknowledge more cost effective options are available.

EZETIMIBE

Ezetimibe is supported by a NICE technology appraisal. JAPC recognises the lack of evidence to support ezetimibe over generic statins with direct effect on cardiovascular morbidity or mortality. JAPC is keen to acknowledge the hard work undertaken by primary care clinicians across Derbyshire in reviewing patients taking ezetimibe part prompted by NICE QIPP (link).

Prescribers should note that ezetimibe is a treatment option for patients predominantly intolerant to statins and note further restrictions when in combination with a statin. Clinicians should consider the opportunity cost of using ezetimibe against the lack of outcome data and where appropriate consider other options (for example re-challenge with a statin (see May's newsletter link)) or address modifiable risk factors to reduce cardiovascular risk (e.g. stopping smoking, control BP, lifestyle etc.))

Prescribers should review, and where appropriate, stop prescribing ezetimibe if it is not in line with this guidance.

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Drug	BNF	Date considered	Decision	Details
Rosuvastatin	**2.12**	**May 2013**	**Brown (Specialist recommendation)**	**See FH policy for prescribing details**
Abatacept	**10.1.3**	**May 2013**	**Red**	**NICE TA 280 – for RA after conventional DMARDS**
Pifenidone	**Not listed**	**May 2013**	**Red**	**NICE TA 282- treating idiopathic pulmonary fibrosis**
Linaclotide	**Not listed**	**May 2013**	**Black**	**Treatment of IBS with constipation**
Canakinumab	**8.2.4**	**May 2013**	**Black**	**NICE TA281 terminated appraisal for gout**
Ingenol mebutate gel	Not listed	April 2013	**Green (Specialist/consultant recommendation)**	Short course treatments for actinic keratosis in adults
Mirabegron	Not listed	April 2013	**Red**	Lack of cost effectiveness and head to head studies with local formulary options
Latanoprost p/f UDV	Not listed	April 2013	**Green (specialist initiation)**	1st choice preservative free prostaglandin analogue
Bimatoprost p/f UDV	Not listed	April 2013	**Brown**	
Tafluprost p/f UDVs	11.6	April 2013	**Brown**	
Colistimethate dry powder inhaler	Not listed	April 2013	**Red**	NICE TA 276 for cystic fibrosis
Tobramycin dry powder inhaler	Not listed	April 2013	**Red**	NICE TA 276 for cystic fibrosis

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 recommended or commissioned

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.

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