

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 OCTOBER 2014 MEETING

PATIENT GROUP DIRECTIONS

NHS England Area Team Derbyshire and Nottinghamshire has authorised the following PGDs:

1. Diphtheria, Tetanus, acellular Pertussis, Inactivated Polio and Haemophilus Influenza type b combined vaccine
2. Fluenz tetra nasal spray suspension (influenza vaccine, live)
3. Meningococcal A,C, W 135 and Y conjugate vaccine
4. Pneumococcal Conjugate vaccine

SULFASALAZINE MONITORING

In February 2014 the manufacturer of Salazopyrin updated its SPC monitoring recommendations based on articles dating from 1986 to 2008. This has led to some confusion and conflicting advice with regards to patient monitoring. JAPC took advice from our secondary care consultants/authors of our [shared care guideline](#). It was agreed to follow the SPC of increased monitoring requirements of sulfasalazine. Primary care clinicians should familiarise themselves with the updated shared care that now requires long term ongoing monitoring. The acute providers represented at JAPC will inform their respective clinicians on this Derbyshire wide position.

JAPC members wished also to highlight the monitoring requirements of drugs from the same BNF class not included in the shared care. Our local [formulary](#) now includes the monitoring requirements of mesalazine, balsalazide and olsalazine.

LURASIDONE

RED

Lurasidone is a new drug launched for treating schizophrenia in adults aged 18 years and over. JAPC has classified this drug as red pending a review and recommendations from the Derbyshire Healthcare Foundation Trust.

UMECLIDINIUM/ VILANTEROL 55/22 MCG INHALER

BLACK

Umeclidinium/ vilanterol 55/22mcg is a fixed dose inhaler and the second LABA plus LAMA combination launched in the treatment of COPD. Comparative trial evidence from the licensed dose inhaler was considered primarily versus tiotropium. Even though this would be considered an unfair comparator (LAMA only) the new combination inhaler still failed to show clinical efficacy conclusively in all of the clinical trials (St George's respiratory questionnaire and transition dyspnoea index). Prescribing is not recommended or commissioned in Derbyshire

COPD- FOSTAIR AND TIOTROPIUM

1. Fostair has recently been licensed for COPD but has been a treatment option (off-label) in Derbyshire Medicines [COPD guideline](#) for quite some time. NICE [evidence summary of new medicine](#) gives reassurance of its efficacy versus two commonly used LABA+ICS combination inhalers (Symbicort and Seretide) and at a lower cost.
2. A recent updated Cochrane review of tiotropium adds to its existing established evidence and the rationale why JAPC chooses this LAMA over newly launched ones. Importantly patient outcome factors were demonstrated through; improvement in quality of life, reduced exacerbations and fewer hospitalisations. The review however still poses a question mark of safety of the tiotropium soft mist inhaler device (Spiriva Respimat).

MHRA DRUG SAFETY ALERT DENOSUMAB AND NITROFURANTOIN

1. Local shared care guideline for the prevention of osteoporotic fractures in post-menopausal women using denosumab 60mg is being updated following September's [MHRA](#) warning. The key changes relating to primary care are that calcium levels should now be checked before every dose and in patients with suspected symptoms of hypocalcaemia.
2. The MHRA has revised nitrofurantoin contraindication from the previous eGFR<60ml/min to the new eGFR of <45ml/min. Shorter courses (3-7 days), with caution, can be prescribed where eGFR is between 30 to 44ml/min in patients with proven multi-resistant pathogens and where the benefits outweigh the risks of side effects. Our antimicrobial pharmacist lead will be reviewing the recommendations and local guidance. Prescribers are reminded that the nitrofurantoin modified release formulation is the most cost effective option.

BIOLOGICS AND COMMISSIONING ALGORITHMS

JAPC has formally agreed Derbyshire wide commissioning algorithms for specialised drugs used by secondary care for inflammatory treatments. This is founded on NICE technology appraisals but also includes some local variation. Some primary care clinicians may find these useful to understand how these drugs fit into the treatment pathway of rheumatology, gastroenterology and dermatology services.

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

| Drug | BNF | Date considered | Decision | Details |
|---|-------------------|-----------------|--------------|--|
| Umeclidinium/ vilanterol 55/22mcg | 3.1.4 | October 2014 | BLACK | LABA+LAMA combination |
| Lurasidone | Not yet listed | October 2014 | RED | Schizophrenia in adults |
| Lenalidomide | | October 2014 | RED | NICE TA322- for treating myelodysplastic syndromes associated with an isolated deletion 5q cytogenetic abnormality |

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** recommended or commissioned

CONSULTANT/SPECIALIST INITIATION: consultant/specialist issues the first prescription usually following a consultation because:

- The patient requires specialist assessment before starting treatment and/ or
- 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:

- There is no immediate need for the treatment and is line with discharge policies and
- The patient response to the treatment is predictable and safe