Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

March 2015

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 March 2015 Meeting

Clinical Guidelines

The "Management of chronic rhinosinusitis with or without nasal polyps" is a new primary care guideline. This local guidance offers a stepwise treatment pathway for a common condition that can be managed safely and effectively in primary care. The guidance shows the place of fluticasone Nasules use in the treatment pathway.

Black Drug Status Review

JAPC undertook a review of all BLACK drugs listed in the formulary in consultation with local providers. The review looked to see if substantial new evidence had emerged or if the price had fallen significantly to levels similar to formulary choices that would warrant a change in the traffic light status since the original review. See summary in next page of changes.

- Levocetirizine, desloratadine and esomeprazole are significantly cheaper than when first launched. They have been classified as BROWN drugs for exceptional use after formulary options have been considered or tried.
- Dapagliflozin and metformin as combination formulation is a cheaper option than separately prescribed items and may be an advantage where compliance or tablet load is an issue. Its BROWN status reflects the inability to increase metformin to its target dose from the UKPDS study.
- Silica gel/sheets have limited evidence but their use may be appropriate following requests from specialist burns units where small benefits would improve significantly the quality of life of a patient.

Prescribers are reminded that patients are on a BLACK drug designation prior to JAPC's decision, are be able to continue treatment until their NHS clinician consider it appropriate to switch or stop at the next available medication review. This may include in certain situations an additional dialogue between primary and secondary care clinicians discussing risks versus benefit where appropriate.

Prescribing Specification

The prescribing specification has been partially updated and amended:

1. Appendix 2 which supports the medicines optimisation agenda between provider trusts and commissioners has been updated to include PINCER indicators.
2. In-patients on discharge or transfer shall receive a minimum of 14 days treatment for all drugs and appliances unless otherwise indicated clinically (e.g. short courses) with the added exception of oral nutritional supplements where the provider will ensure 5-7 days is available.

Tiotropium Respimat and MHRA

The MHRA has updated its advice on the tiotropium Respimat device following a review of the TIOSPIR trial that was originally reported in NEJM in October 2013. The review by the MHRA concluded that there is no significant difference in the risk of death or efficacy between the two devices. JAPC noted that a placebo controlled arm study would have been more useful in knowing the degree of risk. As a result the MHRA has updated its advice and warnings in relation to cardiovascular risk to include both devices (handihaler and Respimat). JAPC noted that this is more likely a class effect, for other LAMAs (alcidinium, glycopyrronium, umeclidinium) high risk cardiovascular patients were excluded in some of the studies, similarly their SPCs includes warnings of cardiovascular risk or cautions.

Bimatoprost

Allergan the manufacturer of Lumigan (bimatoprost) is discontinuing the 300mcg 3ml product line on the 30th April 2015, some wholesalers may continue to hold limited stock. Our two main provider trusts are dealing with the discontinuation in different ways. Ophthalmologists at CRH already predominantly use the 100mcg strength and therefore they have advised that GP practices can switch the small number of patients taking the 300mcg to the 100mcg product, advising patients to have their intraocular pressure (IOP) measured at the next routine appointment. DHFT on the other hand are advising their patients be tried on generic multi dose latanaoprost (or latanoprost unit dose vials if intolerance documented or proven to the preservative) advising their IOP is measured at their next routine appointment.

Non-HDL reporting- update

In line with NICE and our lipid policy Chesterfield have now started to report through pathology Non-HDL-cholesterol (total cholesterol – HDL cholesterol). RDH are in the process to follow.

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

Drug	BNF	Date considered	Decision	Details
Olodaterol	3.1.1.1	March 2015	Black	Once daily LABA for COPD. Less cost effective than formoterol (formulary choice). Lack of direct comparative data Vs other LABAs and LAMAs for COPD
Fluticasone nasules	12.2.1	March 2015	Green as per guideline	Place in formulary defined in local guidance "Management of chronic rhinosinusitis with or without nasal polyps"
Dasabuvir	Not listed	March 2015	Red	NHSE commissioned. Chronic hepatitis C
Nintedanib	Not listed	March 2015	Red	Non-small cell lung cancer in adults
Ibrutininb	8.1.5	March 2015	Red	Chronic lymphocytic leukaemia
Ombitasvir+paritapaprevir + ritonavir (Viekirax)	Not listed	March 2015	Red	Chronic Hep C in adults
Ramucirumab (Cyramza)	Not listed	March 2015	Red	Gastric or gastro-oesophageal adenocarcinoma in adults
Sucroferric oxyhydroxide (Velphoro)	Not listed	March 2015	Red	Shared care agreement for primary hyperparathyroidism
Acetazolamide	11.6	March 2015	Green following consultant initiation and stabilisation	Off- label used for Idiopathic Intracranial Hypertension
Infliximab (Remicaide, Remsima and Inflectra)	10.1.3	March 2015	Red	High cost drug Pbr excluded. Red classification includes the use of biosimilars) NICE MTA 329
Dapagliflozin+metformin (Xiduo)	6.1.2.3	March 2015	Brown	Cheaper than separate components but limited with inability to increase to target metformin dose used in UKPDS study
Desloratide, levocetirzine, esomeprazole	3.4.1 1.3.5	March 2015	Brown	Treatment options after preferred formulary choices
Silica gels/sheets	Not listed	March 2015	Brown specialist recommendation	At the request of burn units.
Promixin	5.1.7	March 2015	Red	Cystic Fibrosis
Catapress	4.7.4.2	March 2015	Green / Black	Black for hypertension and migraine Green: for Tourette's and menopausal symptoms
Sofosobuvir	5.3.3	March 2015	Red	NICE TA 330 for chronic Hep C
Simprevir in combination with peginterferon alfa and ribavirin	5.3.3.2	March 2015	Red	As per NICE TA 331 for chronic Hep C
Sipuleucel-T	Not listed	March 2015	Black	As per NICE TA 332 metastatic hormone-relapsed prostate cancer
Axitinib	8.1.5	March 2015	Red	As Per NICE TA 333 for advance renal cell carcinoma
Regorafenib	8.1.5	March 2015	Black	Terminated appraisal- NICE TA 334
Tiotropium Respimat	3.1.2	March 2015	Green	Reclassification of device following MHRA review

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