Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

February 2018

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 FEBRUARY 2018 MEETING

CLINICAL GUIDELINES

1. Management of non-malignant chronic pain in primary care- updated with minor changes. Includes a new section on buprenorphine patches and equivalent doses to codeine, tramadol and oral morphine and a referral form for North Derbyshire clinicians for the DCHSFT Pain Management Programme.
2. Allergic rhinitis in adults and adolescents over 12 years of age. Guidance on how primary care can optimise patients with therapeutic treatments before seeking specialist input which may include specialist initiation of Dymista. Updated with no major change.
3. Menopause management. This guidance has now been updated to include; guidance on the type of HRT including the most cost effective treatment options, definitions, the place of Mirena and tibolone and risk tables for HRT.
4. Oxygen. Updated to include the change in ordering of oxygen via an electronic portal.
5. Psoriasis. Commissioning pathway for High Cost Drugs that are tariff excluded.

SHARED CARE GUIDELINES

None.

PATIENT GROUP DIRECTIONS

The following two PGDs adopted from NHSE replace locally produced ones.

1. Hepatitis B recombinant DNA (rDNA) vaccine (adsorbed) to individuals considered at increased risk of exposure to hepatitis B virus, at increased risk of complications of hepatitis B disease, or post potential exposure to hepatitis B virus.
2. Hepatitis B recombinant DNA (rDNA) vaccine (adsorbed) to individuals who are 15 years of age or over and are on haemodialysis, a renal transplantation programme or have chronic renal failure that is likely to require haemodialysis or transplant.

NHSE has extended the PGD on pneumococcal polysaccharide conjugate vaccine (13-valent, adsorbed) (PCV) to November 2019

Esmya (ulipristal acetate) Black

The MHRA wrote out to healthcare professionals in February 2018 raising potential of liver injury with Esmya (ulipristal acetate 5mg tablets) in the treatment of uterine fibroids and temporary measures whilst an on-going review takes place. As a precautionary measure JAPC has classified this formulation as BLACK. Our local guidance the 'Prescribing of Ulipristal Acetate for Symptomatic Fibroids in Pre-Menopausal Women' remains on the website to support primary care prescribers for women mid treatment with the following advice from MHRA added.

- Do not initiate new treatment courses of Esmya, including in women who have completed one or more treatment courses previously
- Perform liver function tests at least once a month in all women currently taking Esmya. Stop Esmya treatment in any woman who develops transaminase levels more than 2 times the upper limit of normal, closely monitor and refer for specialist hepatology evaluation as clinically indicated. Liver function tests should be repeated in all women 2 to 4 weeks after stopping treatment.
- Check transaminase levels immediately in current or recent users of Esmya who present with signs or symptoms suggestive of liver injury (such as nausea, vomiting, malaise, right hypochondrial pain, anorexia, asthenia, jaundice). If transaminase levels are more than 2 times the upper limit of normal, stop treatment, closely monitor and refer for specialist hepatology evaluation as clinically indicated.
- Advise women using Esmya (ulipristal 5mg) on the signs and symptoms of liver injury.

Note this caution does not apply to the emergency contraceptive ellaOne which also contains ulipristal acetate (single-dose, 30mg).

Nefopam

JAPC were updated on the successful progress in reducing the prescribing of nefopam since its decision of a black classification in November 2016. Clinicians are encouraged to continue to review and stop nefopam prescribing where possible

GLUTEN FREE CONSULTATION

JAPC were updated following the national gluten free consultation and the health ministers preferred option to restrict prescribing of certain GF foods. The Derbyshire CCGs have statutory authority to determine the availability of gluten free foods for the local area and JAPC recommended standing by the CCGs decision to stop gluten free prescribing with a review to take place six months from its implementation.

VACCINE ORDERING FOR 2018-19 INFLUENZA SEASON

NHSE has issued the following advice and confirmed additional funding will be made available for:

- The adjuvanted trivalent vaccine (aTIV) for all 65s and over (available as Fluad).
- The quadrivalent vaccine (QIV) for 18 – under 65s at risk (also used in childhood programme)

Suppliers have confirmed that there will be enough adjuvanted trivalent vaccine and quadrivalent influenza vaccine to meet demand with orders to be placed by 29 March 2018.

GUIDELINE GROUP KEY POINTS

1. The triple combination inhaler for severe COPD ,vilanterol & fluticasone & umeclidinium (Trelegy) has been classified as Brown
2. Note added that LMWH (enoxaparin & tinzaparin) should be prescribed by brand and the enoxaparin dose has been updated in line with SPC to now include twice daily dosing of 1mg/kg BD in patients with obesity, symptomatic PE, cancer, recurrent VTE or proximal (vena iliaca) thrombosis.
3. DMARD quick reference monitoring guide has been refreshed following the recent DMARD monitoring as per shared care updates.
4. Rivaroxaban 10mg for the treatment and prevention of recurrent of DVT/PE can now be prescribed following specialist initiation as per SPC following completion of at least 6 months of 20mg dosing in the treatment of VTE
5. The dry eye formulary in chapter 11 appendix updated to include information on expiry of products once opened

MHRA NOTICES

1. Daclizumab (Zinbryta▼) and risk of severe liver injury: new restrictions to use and strengthened liver monitoring
2. Recombinant human erythropoietins: very rare risk of severe cutaneous adverse reactions (SCARs)
3. Drug-name confusion: reminder to be vigilant for potential errors e.g. clobazam and clonazepam; atenolol and amlodipine; propranolol and prednisolone; risperidone and ropinirole; sulfadiazine and sulfasalazine; amlodipine and nimodipine
4. Co-dydramol: prescribe and dispense by strength to minimise risk of medication error- available now in three strengths 10/500, 20/500 and 30/500 tablets
5. Herbal medicines: report suspected adverse reactions via the Yellow Card Scheme

Comments? Contact the JAPC secretary – slakahan.dhadli@nhs.net

Drug	Date considered	Decision	Details
Inegy (ezetimibe+ simvastatin)	February 2018	Black	More cost effective if prescribed separately
Esmya (ulipristal acetate) for uterine fibroids	February 2018	Black	Decision made based on MHRA advice February 2018 pending a full review
Fulvestrant	February 2018	Black	As per NICE TA503 and NHSE commissioning intentions for untreated locally advanced or metastatic oestrogen receptor positive breast cancer
Glecaprevir–pibrentasvir	February	Red	As per NICE TA499 and NHSE commissioning intentions for treating chronic hepatitis C
Darunavir + cobicistat + emtricitabine + tenofovir alafenamide (Symtuza)	February 2018	Red	HIV-1 infection as per NHSE commissioning intentions
Daptomycin (Cubicin)	February 2018	Red	IV infusion for the treatment of Staphylococcus aureus bacteraemia in children aged one to 17 years
Golimumab	February 2018	Red	RED as per NICE TA 497 for treating non-radiographic axial spondyloarthritis
Lenvatinib with everolimus	February 2018	Red	As per NICE TA498 and NHSE commissioning intentions for previously treated advanced renal cell carcinoma
Ceritinib	February 2018	Red	As per NICE TA 500 and NHSE commissioning intentions for untreated ALK-positive non-small-cell lung cancer
Ibrutinib	February 2018	Red	As per NICE TA 502 and NHSE commissioning intentions for treating relapsed or refractory mantle cell lymphoma
vilanterol & fluticasone & umeclidinium (Trelegy)	February 2018	Brown	The triple combination inhaler for severe COPD. Triple therapy is reserved for exceptional use in severe disease in the presence of persistent exacerbations despite other treatments. Use of this combination product is cheaper than using the separate components

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

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.