Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

March 2016

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 MARCH 2016 MEETING

CLINICAL GUIDELINES

1. Bisphosphonate treatment holiday in osteoporosis – update to existing guideline. Now includes local advice that suggests after 10 years of treatment even high risk patients are likely to benefit from a treatment holiday.
2. Referral guide for allergic rhinitis and adolescents over 12 years of age – this is a new treatment guideline to support prescriber strategies for optimal treatment before referral to secondary care and the appropriate restricted use of Dymista. The guideline also prompted a review of the classification of some intranasal corticosteroids traffic light classifications.
3. Cellulitis class II treatment pathway for use by North Derbyshire rapid response team and integrated community based services – minor update to an existing guideline.
4. Out of Hours Formulary – approved with no major changes

SHARED CARE GUIDELINES

The following immunomodulating shared care agreements have been approved for use with no significant change to GP monitoring requirements. The following summarises some of the key points:

- Azathioprine/ 6-mercaptopurine
  - Now includes the approval of the shingles vaccine, only as part of the national immunisation programme
  - The Monitoring requirements clarified as local and less than BSR recommendations
- Ciclosporin
  - The statement to stop treatment at 3 months if at maximum tolerated dose with no response
  - Details of the baseline assessment by specialist/ consultant added
- D-penicillamine
  - Details of the baseline assessment by specialist/ consultant added
- Leflunomide
  - Added to patient responsibilities, women to inform clinician if planning to start a family
  - The wash out period clarified to be done after discussion with the consultant/specialist
- Sodium aurothiomalate (Myocrisin)
  - Patient responsibilities updated to include the reporting of rash or mouth ulcers
  - Details of the baseline assessment by specialist/ consultant added
- Sulfasalazine
  - Monitoring section amended for clarity only in line with recent SPC changes

DRUG SAFETY UPDATE

- Valproate and risk of abnormal pregnancy outcomes: new communication and resource materials are available to minimise the risk of valproate development disorders in children.
- Spironolactone and renin-angiotensin system drugs in heart failure: risk of potentially fatal hyperkalaemia. Regular monitoring of serum potassium levels and renal function is necessary. See local guidance on heart failure for advice.

BIOSIMILAR UPDATE

Biological medicines are very expensive complex products; usually used in a secondary care setting or delivered to patients for self-administration under secondary care supervision. A significant proportion of these medicines are commissioned by CCGs. Biosimilar medicines are drugs which are highly similar to the originator in terms of safety and efficacy. As more come to market they represent potentially significant savings. Evidence is starting to emerge that it is now safe to start to switch patients. For infliximab The British Society of Gastroenterology states data from observational studies supports this in a managed way. Collaborative working is underway between commissioner and provider to maximise the potential gain to the NHS for this and the other available biosimilar etanercept.

Drug	BNF	Date considered	Decision	Details
Adalimumab, certolizumab, etanercept, infliximab golimumab	10.1.3	March 2016	RED	NICE TA383 for ankylosing spondylitis and non-radiographic axial spondyloarthritis
Nivolumab	Not yet listed	March 2016	RED	NICE TA 384 for treating advanced (unresectable or metastatic) melanoma- NHSE
Ezetimibe	2.12	March 2016	BROWN	As per NICE TA385 for treating primary heterozygous-familial and non-familial hypercholesterolaemia
Cobimetinib	Not yet listed	March 2016	RED	Unresectable or metastatic melanoma with BRAF V600 mutation in adults – with vemurafenib- NHSE
Efmoroctocog alfa	Not yet listed	March 2016	RED	Haemophilia A – treatment and prophylaxis of bleeding in patients of all ages- NHSE
Follitropin alfa biosimilar – XM 17 (Ovaleap)	6.5.1	March 2016	RED	Female infertility – stimulation of follicular development
Mepolizumab	Not yet listed	March 2016	BLACK	Not routinely commissioned by NHS England - requires NHS England IFR approval
Methoxyflurane	Not yet listed	March 2016	RED	Emergency relief of moderate-to-severe pain in conscious adults with trauma
Dental fluoride products	Not yet listed	March 2016	RED / BLACK	Dual classification. BLACK for GPs and RED for dental services
Dymista	12.2.1	March 2016	BROWN After consultant/ specialist initiation	After consultant/specialist initiation. See local treatment pathway

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** 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