Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

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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 2017 MEETING

CLINICAL GUIDELINES

1. Hydromorphone - classified as **BROWN** after palliative specialist/consultant initiation, and after use of other strong opioids (e.g. morphine, diamorphine, fentanyl, alfentanil)

SHARED CARE GUIDELINES

None

BRIVARACETAM – BROWN SPECIALIST INITIATION & STABILISATION FOR 3 MONTHS

JAPC allows the prescribing of brivaracetam in primary care for an exceptional cohort of patients with treatment resistance/refractory epilepsy, who have responded to levetiractam, but unable to tolerate its adverse effects. Brivaracetam is used as adjunctive therapy in the treatment of partial onset seizures with or without secondary generalisation in adults and adolescent patients from 16 years with epilepsy. JAPC have classified brivaracetam as **BROWN** after specialist/consultant initiation & stabilisation period of 3 months in patients that have responded to levetiracetam, but unable to tolerate the adverse effects. Patients will remain under the care of the consultant/specialist in secondary care for 3 months to allow response to the treatment to be assessed before transferring responsibility to primary care.

DOXAZOSIN MR - BLACK

Doxazosin is licensed for the treatment of hypertension (4th line) and benign prostatic hyperplasia, and is available as a modified release (MR) and immediate release (IR) preparation. JAPC has reviewed the current traffic light classification and based on similar long half-lives but significant cost difference, the modified release preparation is classified as **BLACK.** No new patients should be initiated on the MR formulation and prescribers are asked to review all current patients' suitability for switching to the IR preparation. PrescQIPP and UKMI have produced resources to aid clinicians in switching of patients from the MR to IR. Please refer to Medicines Management Teams for switching options.

ENOXAPARIN/TINZAPARIN (LMWH) - GREEN SPECIALIST INITIATION

The low molecular weight heparins (LMWH) – enoxaparin and tinzaparin have been reclassified as **GREEN** after consultant/specialist initiation from amber and the shared care agreement has been replaced by a prescribing guidance for primary care. No routine monitoring of platelets is required past the first 14 days, as recommended by the British Haematology Society. LMWH will continue to be initiated in secondary care and the GP asked to continue treatment. The indication, dose and length of treatment should be communicated to the patients GP. The prescribing guidance for LMWHs has an example of the type of information the patients GP should receive. Local trusts are working towards incorporating this level of information into their electronic system. LMWH guidance contains details of short courses (up to 6 weeks) which will continue to be provided in full by the Acute Trust. Prescribers are reminded within the guidance of JAPC consensus with respect to sub-therapeutic INRs.

ANTIBIOTIC ACCESS FOR THE OPAT SERVICE FOR NORTH DERBYSHIRE

JAPC have classified ceftriaxone, ertapenem, teicoplanin, piperacillin/tazobactam and meropenem as GREEN, only as part of the outpatient and parenteral antimicrobial therapy (OPAT) service between DCHST and CRHFT. Access to these antibiotics will allow the rapid response team to treat appropriate patients at home, thus reducing unnecessary admissions.

GUIDELINE GROUP KEY POINTS

- Acidex Advance replacing Gaviscon Advance as more cost effective option
- Cavilon products removed and replaced with Cutimed Protect as more cost-effective
- Emollients with low paraffin content (ZeroAQS) highlighted in formulary. Emollient with no paraffin content (Imuderm) added for use in patients who smoke /receive oxygen therapy, due to the potential fire hazard of paraffin-based products. National Patient Safety Agency Rapid Response Report
- Tiotropium Braltus capsules with zonda inhaler device, GREEN classified alongside Respimat as 1st line LAMA in COPD.

JAPC WORKING GROUP

The JAPC working group has been set up to work collaboratively across Derbyshire, to ensure cost effective, safe, quality prescribing to reduce waste, identify opportunities for financial saving and develop guidelines, policies to support implementation across Derbyshire. Current projects being worked through include consultation on Gluten-free products, self-care policies, reviewing use of rubefacient and missed saving opportunities through drugs of limited clinical value.

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

Drug	BNF	Date considered	Decision	Details
Brivaracetam	4.8.1	Feb 2017	**BROWN after specialist initiation & stabilisation**	BROWN after consultant/specialist initiation and stabilisation for 3 months in patients that have responded to levetiracetam but unable to tolerate due to side effects. Reclassified from RED for a small cohort of patients
Doxazosin MR	2.5.4	Feb 2017	**BLACK**	Modified release preparation is more costly than the immediate release preparation with only marginal benefits in relation to side effects
LMWH - enoxaparin and tinazaparin	2.8.1	Feb 2017	**GREEN after specialist initiation**	The LMWH have been reclassified from AMBER. Routine platelet monitoring is not required beyond the first 14 days, except for cardiopulmonary bypass patients.
Ceftriaxone, ertapenem, teicoplanin, piperacillin/tazobactam and meropenem	5.1.2, 5.1.2.2, 5.1.7, 5.1.1.4, 5.1.2.2	Feb 2017	**GREEN**	For use only as part of the OPAT service between DCHS and CRHFT.
Pomalidomide	8.2.4	Feb 2017	**RED**	NICE TA427: Pomalidomide for multiple myeloma previously treated with lenalidomide and bortezomib.
Pembrolizumab	8.1.5	Feb 2017	**RED**	NICE TA428: for treating PDL1-positive non-small-cell lung cancer after chemotherapy
Ibrutinib	8.1.5	Feb 2017	**RED**	NICE TA429: for previously treated chronic lymphocytic leukaemia and untreated chronic lymphocytic leukaemia with 17p deletion or TP53 mutation
Sofosbuvir & velpatasvir	Not listed	Feb 2017	**RED**	NICE TA430: for the treatment of chronic hepatitis C in adults.
Mepolizumab	Not listed	Feb 2017	**RED**	NICE TA431: for treating severe refractory eosinophilic asthma
Olaratumab	Not listed	Feb 2017	**RED**	For use in advanced soft tissue sarcoma
Palbociclib	Not listed	Feb 2017	**RED**	Locally advanced or metastatic breast cancer, hormone receptor-positive, HER2-negative- 1st line with an aromatase inhibitor or 2nd line after endocrine therapy in combination with fulvestrant.

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