Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

March 2017

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 2017 MEETING

CLINICAL GUIDELINES

1. Management of Dementia in primary care (new guidance see notes below)
2. Osteoporosis (new guidance see notes below)
3. Phosphate binders- updated with the change of prescribing sevelamer generically. There is evidence of inter-changeability of the generic with the branded products (Renagel and Renvela)
4. Vitamin supplementation in alcohol misuse- no major changes relevant to primary care. Guidance advises on the prescribing of thiamine/ vitamins post discharge noting the differences between provider organisations.
5. Sayana Press (Medroxyprogesterone Acetate) guide for primary care (new guidance see notes below)

SHARED CARE GUIDELINES

- The British Society of Rheumatology has updated its monitoring guidelines for disease modifying anti-rheumatic drugs with the general harmonisation of the monitoring schedules. Local shared care guidelines are being re-written and consultation across the other specialties of dermatology and gastroenterology have begun.
- The Stepping Hill hospital shared care agreement of methotrexate for use by North Derbyshire GPs is new and available on the medicines management website.
- Denosumab for the prevention of osteoporotic fractures in men and post-menopausal women. Updated with a variation to allow the second dose (injection) in patients with an eGFR >40ml/min to be done in primary care.

PATIENT GROUP DIRECTIONS

Public Health England have updated / added the following PGDs:

i. Meningococcal ACWY for at risk groups
ii. Meningococcal B for individuals under 8 years
iii. Meningococcal B for at risk groups
iv. PCV for at risk groups

MANAGEMENT OF DEMENTIA IN PRIMARY CARE

A new clinical guideline now replaces the shared care agreements for the acetylcholinesterase inhibitors (AChEI) and memantine that have been in place for over ten years. JAPC discussed the cost effectiveness of these treatments since NICE's publication. Several factors influenced JAPCs decision: the availability of generic versions, the risk in stopping treatment with catastrophic decline, changing national consensus and growing experience in use of these drugs. A wider local service review by the CCGs has taken place that includes signposting clinicians and patients to resources. The guidance has been written in collaboration with specialists following extensive consultation. For primary care key points include that the diagnosis of dementia will continue to be made after a specialist assessment and following a three month period of stabilisation (to assess for response) the patients care will be handed over to primary care. This reflects that there are no specific on-going monitoring requirements for AChEI and memantine or specialist assessment.

OSTEOPOROSIS

Since 2008 and NICE technology appraisals publications, evidence and practice for the primary prevention and secondary treatment of osteoporosis has moved on. Risk assessment tools (FRAX and QFracture) are now available quantifying risk of fracture and need for treatment against the traditional single marker using Bone Mineral Density (BMD). Variations exist between old NICE guidance and the more recently updated Scottish Intercollegiate Guidelines Network (SIGN) 2015 and The National Osteoporosis Guideline Group (NOGG) 2016 guidelines. In response and in collaboration with Derbyshire consultants the new primary care guidance has been written that endorses FRAX as the risk assessment of choice. Further notable changes include advice when calcium and vitamin D is recommended, when prevention is required with corticosteroids (dose and or risk dependent) and advice on the investigation of men before referral is considered essential.

MEDROXYPROGESTERONE ACETATE (SAYANA PRESS)

A checklist has been produced for prescribers in supporting selected patients who are able to self-administer Sayana Press. The administration requires appropriate patient training, advice on storage and disposal. Unlike depo-provera this is a subcutaneous thirteen week progesterone only, long acting reversible contraception. This guidance has been produced by public health and the sexual health service.

GUIDELINE GROUP KEY POINTS

Asasantin retard has been discontinued, review these patients and change treatment to clopidogrel if appropriate. Theical has been added as an option of a once daily calcium and vitamin D preparation. Aliskiren, Lidocaine 5% plaster and Omega-3 added as BROWN with exceptional criteria listed.

Drug	BNF	Date considered	Decision	Details
Ciclosporin (Ikervis) eye drops	Not yet listed	March 2017	**BROWN after specialist/ consultant initiation**	Treatment option of severe keratitis as per NICE TA 369. Reclassification from RED. No drug monitoring required. Disease monitoring undertake by specialist no later than every 6 months.
Glycopyrronium oral medication	Not yet listed	March 2017	**BROWN after specialist/ consultant initiation**	Licensed preparation (Sialanar) for short term-intermittent use of hypersalivation in children with neurological disorders over 3 years of age after consideration or trial of hyoscine (oral and/or patches). May be continued long term where benefits outweigh the risk and on the advice of a specialist.
Influenza vaccinations	14.4	March 2017	**Green**	As per NHSE vaccination programme.
Medroxyprogesterone Acetate (Sayana Press)	7.3.2	March 2017	**Green**	Reclassification from RED. Subcutaneous LARC allowing patients to self-administer after appropriate training.
Zoledronate	6.6.2	March 2017	**Red**	IV preparation in the treatment of osteoporosis.
Migalstat	Not yet listed	March 2017	**Red**	HST4-Fabry disease as per NHSE commissioning intentions
Everolimus	8.1.5	March 2017	**Red**	NICE TA432: for advanced renal cell carcinoma after previous treatment- NHSE
Alpah-1 antitrypsin (Respreeza)	Not yet listed	March 2017	**Red**	Maintenance treatment to slow progression of emphysema in adults- NHSE.
Dalbavancin (Xydalba)	Not yet listed	March 2017	**Red**	Acute bacterial skin and skin structure infections in adults. IV formulation.
Tobramycin (Vantobra)	5.1.4	March 2017	**Red**	Chronic pulmonary infection due to pseudomonas aeruginosa in patients aged 6 years and older with cystic fibrosis- NHSE.
Apremilast	13.5.3	March 2017	**Red**	As per NICE TA 433 for active psoriatic arthritis
Rubefacients	10.3.2	March 2017	**Black**	All topical rubefacients have been classified as Black and patients requesting these should be encouraged to self-care and treat over the counter.
Dapagliflozin + saxagliptin (Qtern)	6.1.2	March 2017	**Black**	Fixed-dose combination preparation containing a DPP-4 inhibitor plus SGLT2 inhibitor. A combination not recommended in local guidance.
Liraglutide (Saxenda)	6.1.2	March 207	**Black**	Note that this is drug has a dual indication. Black not for weight management.

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