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 NOVEMBER 2018 MEETING

CLINICAL GUIDELINES

- Compression hosiery guidance - updated to include further advice on the use of ABPI tool to identify presence of significant peripheral arterial disease. Contraindications updated as per NICE NG89. Edinburgh claudication questionnaire has been removed.
- Derbyshire community dressing formulary and wound care guideline - updated by the East Midlands Tissue Viability Group to support clinical and cost effective wound management. Current brands for wound dressings and accessories have been replaced with new cost effective brands.

PATIENT GROUP DIRECTIONS

Public Health England, have amended the following 2 PGDs:

1. IM influenza PGD - addendum to include revised text in the exclusion criteria.
2. Hib/Men C risk groups PGD – the amendments are included on p2 of the PGD.

SHARED CARE GUIDELINES

Nil

MANAGEMENT OF NON-VALVULAR AF

The management of non-valvular Atrial Fibrillation (AF) guidance has been updated in consultation with local specialists. The definition of valvular AF has been clarified in line with EHRA, 2018 as “AF in the presence of a mechanical prosthetic heart valve or moderate to severe rheumatic mitral stenosis”, based on the reasoning that these were used as exclusion criteria for all NOAC Vs warfarin trials in AF. New key message in the guidance includes careful selection of dose at initiation and annual review when using NOAC’s. Consideration of lipid profile to assess CV risk has been included allowing assessment of the overall cardiac risk profile. Specific information regarding crushing and dispersing apixaban in water, glucose 5%, apple juice, or apple puree and that dabigatran capsules should not be opened due to increase on drug bioavailability has been included. Prescribing information on NOAC’s appendices has been modified and with a new section on minor nuisance bleeds included.

MANAGEMENT OF DEMENTIA IN PRIMARY CARE

Following publication of NICE NG97 – assessment and management of dementia, the local dementia guidance has been updated in collaboration with local specialists. The guidance now includes recommendation regarding the option to use memantine **in addition** to an AChEI for people with moderate to severe Alzheimer’s disease following specialist recommendation. The use of memantine in Lewy body dementia and Parkinson’s disease dementia has also been included. Further amendments include advice regarding when patients should be referred back to the specialist and link included for list of anticholinergic drugs/burden.

MEDICINAL CANNABIS FOR MEDICINAL USE

The Department of Health and Social Care announced from 1st November 2018, cannabis and cannabis-based products will move from schedule 1 to schedule 2 of the Misuse of drugs regulations 2001. Essentially this move allows the prescribing of cannabis-based products where there is an unmet clinical need, by clinicians listed on the specialist Register of the General Medical Council.

NHSE expect cannabis-based products should only be prescribed for indications where there is clear published evidence of benefit or UK Guidelines and in patients where there is a clinical need which cannot be met by a licensed medicine and where established treatment options have been exhausted. *Currently Derbyshire primary care prescribing of cannabis-based products is not recommended. Further updates will be available December 2018*.

BATHE STUDY – EMOLLIENT BATH ADDITIVES FOR THE TREATMENT OF CHILDHOOD ECZEMA

This was a multicentre pragmatic parallel group randomised controlled trial to determine the clinical and cost effectiveness of including emollient bath additives in the management of eczema in children. The study recruited 483 children aged 1 to 11 years from 96 general practices in England and Wales. The primary outcome was eczema control, measured by the patient oriented eczema measure weekly for 16 weeks. This trial found no evidence of clinical benefit from including emollient bath additives in the standard management of eczema in children. This study reinforces the local Derbyshire decision to traffic light all bath and shower emollients as **BLACK** – not recommended for prescribing.

GUIDELINE GROUP KEY POINTS

Olive oil, sodium bicarbonate 5% ear drops, ephedrine 0.5% nasal drops and sodium chloride 0.9% drops have all changed from Green to Brown traffic light status, with message to encourage self-care. Testosterone gel – testogel and testavan Green specialist recommendation. Sofradex ear drops removed as other more cost effective options available.

Leflunomide SCA – clarification on pregnancy contra-indications affecting both men and women. Also included to the GP, consultant and patient responsibility sections.

IBS guidance updated to included link to shared care pathology ‘management of altered bowel habit’ clarity that faecal calprotection is the marker for inflammatory bowel disease.

Allergic rhinitis and grazax updated to include lodoxamide eye drops and recommend that sodium cromoglicate can be purchased OTC.

Reducing unnecessary antibiotic prescribing –updated in line with PHE antimicrobial guidance.

MHRA NOTICES

- Rivaroxaban after transcatheter aortic valve replacement: increase in all-cause mortality, thromboembolic and bleeding events in a clinical trial. Following negative interim results of a clinical trial in an off-label use, rivaroxaban treatment in patients who have undergone transcatheter aortic valve replacement should be stopped and switched to standard of care.
- Ritonavir and levothyroxine - there is a potential for an interaction between the HIV medicine ritonavir and levothyroxine. Post-marketing cases have been received of reduced thyroxine concentrations and increased TSH plasma concentrations.
- Transdermal fentanyl patches – MHRA continue to receive reports of unintentional opioid toxicity and overdose of fentanyl due to accidental exposure to patches. Healthcare professional are reminded to provide patient and carers with clear information about how to minimise the risk of accidental exposure and appropriate disposal of patches.
- Medical device alert – CoaguChek test strips for point of care and home use. Manufactured by Roche Diagnostics, the affected Coaguchek test strips may give false high results for INR values above 4.5 when compared to laboratory results, which may lead to incorrect treatment decisions.

Drug	Date considered	Decision	Details
Axicabtagene ciloleucel (Yescarta)	Nov 2018	**RED**	Treatment of relapsed or refractory diffuse large B-cell lymphoma. As per NHSE commissioning intentions.
Cytarabine + daunorubicin liposomal (Vyxeos)	Nov 2018	**RED**	Treatment of newly diagnosed, therapy-related acute myeloid leukaemia with myelodysplasia-related changes.
Alkindi (Hydrocortisone caps)	Nov 2018	**RED**	Replacement therapy of adrenal insufficiency in infants, children and adolescents aged from birth to <18 years.
Burosumab	Nov 2018	**RED**	NICE HST8: treating X-linked hypophosphataemia in children and young people
Cabozantinib	Nov 2018	**RED**	NICE TA542: for untreated advanced renal cell carcinoma
Tofacitinib	Nov 2018	**RED**	NICE TA543: for treating active psoriatic arthritis after inadequate response to DMARDS
Dabrafenib	Nov 2018	**RED**	NICE TA544: dabrafenib with trametinib for adjuvant treatment of resected BRAF V600 mutation positive melanoma
Fluticasone + formoterol (Flutiform K haler)	Nov 2018	**BROWN**	Breath actuated metered dose inhaler for the treatment of asthma.
Cariprazine (Reaglia)	Nov 2018	**BLACK**	Treatment of schizophrenia
Erenumab	Nov 2018	**BLACK**	Prophylaxis of migraine. Awaiting NICE guidance

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, treatments or medical devices are **not** 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