Derbyshire JAPC Bulletin

www.derbyshiremedicinesmanagement.nhs.uk

July 2015

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 Services Trust, Derbyshire Healthcare Foundation Trust, Derby and Chesterfield Royal Hospitals. It provides recommendations on the prescribing and commissioning of drugs.
See **http://www.derbyshiremedicinesmanagement.nhs.uk/home**

Key Messages from the JAPC July 2015 Meeting

Clinical Guidelines

1. Management of infective exacerbation of bronchiectasis in adults in primary care – new clinical guideline that includes antimicrobial advice where indicated and referral criteria for admittance to hospital.
2. Management of recurrent UTIs (RUTIs) in adult females – updated to include categories of patient groups that require a longer 5-10 day antibiotic course.
3. Continence appliance prescribing guidelines – the hospital and community guidelines have been updated to include cost effective treatment options.

Patient Group Directions

1. NHSE has updated the Rotarix PGD for the rotavirus vaccine
2. The Vitamin K PGD has been extended to October 2015.

Ezetimibe and IMPROVE-IT

The recently published IMPROVE-IT study in patients after an acute coronary syndrome shows that ezetimibe added to a statin (simvastatin 40mg) compared to statin monotherapy now has some limited patient orientated outcome data in reducing the rate of cardiovascular outcomes (myocardial infarction and ischaemic stroke). It can be inferred that ezetimibe does not offer anything uniquely beneficial and that its effects are due to its LDL lowering effect. This study does not change current local guidelines which have since been updated to include high intensity statins aligned to NICE recommendations.

Budesonide multimatrix (Cortiment) – Red

Budesonide multimatrix is an oral treatment for ulcerative colitis and because of a gastro-resistant coating it works topically within the colon. JAPC considered the evidence from two 8 week studies and noting the primary endpoints of clinical and endoscopic remission against placebo were of clinically questionable significance and secondary endpoints were statistically non-significant. Its place in the current treatment pathway is unclear, this and its acute course of up to 8 weeks makes it unsuitable for primary care prescribing.

MHRA drug safety update

1. As stated in the June 2015 bulletin, SGLT2 inhibitors (dapagliflozin, canagliflozin and empagliflozin) have been link with diabetic ketoacidosis (DKA). Prescribers and patients should be aware of the signs and symptoms of metabolic acidosis (difficulty breathing, nausea, vomiting, abdominal pain, confusion, and unusual fatigue or sleepiness). Unlike DKA reports for other antidiabetic medications in type 2 diabetes, blood sugar levels in people with DKA may only be marginally raised when associated with SGLT2 inhibitors.
2. High dose ibuprofen (≥2400mg per day) is associated with an increased cardiovascular risk similar to that seen with COX2 inhibitors and diclofenac.

Levosert – Black

Levosert is a newly launched levonorgestrel intrauterine system (IUS) licensed for heavy menstrual bleeding and contraception but unlike Mirena it is only licensed for 3 years as opposed to 5 years. It offers no clinical benefit over Mirena and would result in higher costs due to more frequent replacement and fitting. To ensure the most cost effective option is selected prescribers are asked to prescribe levonorgestrel IUS by the brand Mirena.

BMA Duty of care

The BMA has issued advice regarding communication of investigation results. The paper was shared with the provider organisations of JAPC. In summary the 'ultimate responsibility for ensuring results are acted upon, rests with the person requesting the test' and it was not acceptable for hospital doctors instructing GPs to find out results which the hospital had ordered. The doctor recommending the prescription should provide counselling for the patient about important side effects and precautions, including any need for ongoing monitoring, which if needed should be agreed between primary and secondary care clinicians. For further information please click here.

Derbyshire Medicines Management Shared Care and Guideline Group (SCaGG)

The SCaGG reported that the following brands have been adopted onto local formulary as cost effective options: Sukkarto SR for metformin SR, Eppinix for ropinorole XL and Luventa XL for galantamine XL.

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

Drug	BNF	Date considered	Decision	Details
Levosert (levonorgestrel) intrauterine system	Not listed	July 2015	BLACK	Mirena a five year insertion device is a more cost effective treatment option than the three year licensed Levosert. Prescribe Mirena by brand name and ensure correct product is used.
Budesonide multimatrix (Cortiment)	Not listed	July 205	RED	For treatment of active ulcerative colitis
Olaparib	Not listed	July 2015	RED	Ovarian cancer, BRCA mutated- maintenance treatment in relapsed patients
Omalizumab	3.4.2	July 2015	RED	As per NICE TA 339 for previously treated chronic spontaneous urticaria
Ustekinumab	13.6	July 2015	RED	Re-classified from BLACK. As per NICE TA 340 for treating active psoriatic arthritis
Apixaban	2.8.2	July 2015	GREEN following specialist initiation	As per NICE TA 341 for the treatment and secondary prevention of DVT and/or PE
Vedolizumab	1.5.3	July 2015	RED	Reclassified from BLACK. As per NICE TA 342 for treating moderately to severely active ulcerative colitis
Obinutuzumab	8.2.3	July 2015	RED	As per NICE TA 343
Ofatunumab	8.2.3	July 2015	RED	As per NICE TA 344

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