Prescribing Information

from the Bedfordshire and Luton Joint Prescribing Committee

May 2018
Number 70

A summary of the Joint Prescribing Committee (JPC) key recommendations[1] following the 25th April 2018 meeting is provided below. The JPC papers from the meeting will be available shortly on the ***GP Ref website*** *http://www.gpref.bedfordshire.nhs.uk/referrals/bedfordshire-and-luton-joint-prescribing-committee-(jpc).aspx.*

BULLETIN / PAPER	RECOMMENDATIONS / INFORMATION
PRIMARY CARE OR INTERFACE PRESCRIBING ISSUES	
FreeStyle Libre (Flash Glucose Scanning {FGS}) *"No GP Prescribing "*	The JPC endorsed a slightly modified version of the East of England Priorities Advisory Committee (EoEPAC) recommendations and criteria for use of FreeStyle Libre in children, young people and adults. BCCG and LCCG are in the process of agreeing which (if any) of these criteria the CCGs will be in a position to fund during this financial year taking into account the current CCG priorities and affordability. When these processes are complete, prescribers will be advised of the outcome by the individual CCGs and the full EoEPAC bulletin and JPC recommendations will be made available on GPref. In the meantime, **there should be no GP Prescribing.**
Liothyronine *"Updated Commissioning Position Statement agreed"*	The JPC agreed to support the EoEPAC Commissioning Statement and locally modified recommendations relating to Liothyronine. The following (modified) recommendations were supported with the caveat that there would be local discussion relating to the process to ensure funding of recommendation 2(b) and agreement over who should initiate, who should continue prescribing and the criteria that should be met for initiation and continuation for patients that fall into recommendation (3):- 1. Levothyroxine monotherapy is the treatment of choice for hypothyroidism. There is no consistent evidence to support the routine use of liothyronine in the management of hypothyroidism, either alone or in combination with levothyroxine. 2. Liothyronine for treatment of hypothyroidism is not recommended for routine funding unless one of the following criteria applies: a. Post thyroidectomy thyroid cancer patients. Patients who need to receive radioactive iodine treatment (Radioiodine Remnant Ablation RRA) after their surgery will initially be started on liothyronine due to its shorter half-life and therefore faster onset of action than levothyroxine. These patients will remain on liothyronine until the oncologist is confident that they will not need any more radioactive iodine at which point they are switched over to levothyroxine. Prescribing in these circumstances must remain with the secondary care specialist and GPs should not accept prescribing responsibility for these patients. b. In rare cases of levothyroxine induced liver injury, long term liothyronine prescribing may be supported but only after initiation and stabilisation by a

[1] The recommendations have been ratified by BCCG but are interim and awaiting formal ratification by LCCG Clinical Commissioning Committee

	secondary care specialist. Arrangements for **individual prior approval**, prescribing and supply should be agreed locally, ensuring that appropriate patient monitoring is in place. 3. Initiation and prescribing of liothyronine for patients on levothyroxine who continue to suffer with symptoms despite adequate biochemical correction should remain in secondary care under the supervision of an accredited endocrinologist. 4. Funding of unlicensed medicines e.g. Armour Thyroid for the treatment of hypothroidism is not supported. 5. Prescribers in primary care should not initiate or accept clinical responsibility for on-going prescribing of liothyronine for any new patient, including patients who are currently self-funding and obtaining supplies via private prescription or previously prescribed by a secondary care consultant, unless the criteria stated above are met and they have agreed to accept clinical responsibility for prescribing. 6. CCGs should give consideration to providing guidance for GPs to switch existing patients to levothyroxine where clinically appropriate, with support from a consultant NHS endocrinologist where necessary or agree arrangements for appropriate review by a consultant NHS endocrinologist 7. These recommendations will be reviewed in the light of new evidence of clinical and cost effectiveness. 8. If liothyronine is prescribed, the least costly preparation should be used. (For Primary Care, advice on this will be provided via Scriptswich/Optimise.) The statement and recommendations replace the current JPC bulletin and recommendations.
Anticoagulation in Atrial Fibrillation (AF) – Resources Update *"Updated resources agreed"*	The JPC supported the following PrescQIPP resources for Anticoagulation in AF:- • Drug Interactions with Non-vitamin K antagonist oral anticoagulants (NOACs) – Patient Information. • Comparison of NOACs. • Prescriber Support – for patients on warfarin with poor control. • AF and Medicines to reduce your risk of stroke – patient information and decision aid. An updated Prescriber Decision Aid Support for Anticoagulants in patients with AF will be considered when available and then circulated to prescribers. An updated version of Bulletin 224 – Choice of Non Vitamin K antagonist Oral Anticoagulants (NOAC) was also approved.
Bedfordshire and Luton Community Antimicrobial Guidelines *"Updated Guidelines"*	The Bedfordshire and Luton Community Antimicrobial Guidelines have been updated to include recommendations from the NICE Guideline on the treatment of Otitis media (acute): antimicrobial prescribing (https://www.nice.org.uk/guidance/ng91) and signposting to the NICE Guideline on Lyme Disease (https://www.nice.org.uk/guidance/ng95). All electronic versions of the guidelines (GPref and Microguide) will be updated. A summary of the changes is provided as a separate attachment with the Newsletter.
Insulin Degludec (Tresiba®) *"Not routinely recommended. For*	The JPC supported the updated East of England Priorities Advisory Committee (EoEPAC) bulletin and (locally clarified) recommendations. Insulin degludec is not recommended for routine use in adults or children with either type 1 or type 2 diabetes.

Specialist Diabetes Service Initiation with GP to continue prescribing"	It may be of benefit in some very specific patients groups (see bulletin on GPref for details). Insulin degludec must be initiated by the Specialist Diabetes Service. GPs may take over prescribing when the patient's glucose control is stable (minimum of 3 months after initiation by the Specialist Diabetes Service). *Please refer to the updated bulletin for a full list of recommendations (available on GP ref website).*
Drug Safety Updates (DSU) and Patient Safety Alerts *"Important safety updates"*	**March 2018 DSU** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/686884/DSU-March-18-PDF.pdf • Daclizumab (Zinbryta▼): suspension and recall for safety reasons; review patients as soon as possible and start alternative therapy • Esmya (ulipristal acetate) for uterine fibroids: do not initiate or re-start treatment; monitor liver function in current and recent users • Head lice eradication products: risk of serious burns if treated hair is exposed to open flames or other sources of ignition, eg, cigarettes • Confidential prescribing and patient safety reports on key indicators now available free for GPs **April 2018 DSU** https://assets.publishing.service.gov.uk/government/uploads/system/uploads/attachment_data/file/701831/DSU-April-2018-PDF.pdf • **Valproate medicines (Epilim▼, Depakote▼): contraindicated in women and girls of childbearing potential unless conditions of Pregnancy Prevention Programme are met.** All relevant NICE Guidance (and associated pathways) have been updated to include the warnings. The MHRA has advised that the Pregnancy Pack Resources are anticipated to be available shortly • Obeticholic acid (Ocaliva▼): risk of serious liver injury in patients with pre-existing moderate or severe hepatic impairment; reminder to adjust dosing according to liver function monitoring • Suspect an adverse reaction? Yellow Card it!
Dermatology Treatment Pathways (BCCG Only)	BCCG is working with Bedford Hospital Trust to develop interventions to reduce demand and cost for dermatology. This will include a fully integrated community dermatology service, which is a consultant led service with community clinic locations, utilising dermatology GPSI's and specialist nurses, teledermatology, standardised pathways, primary care education, high cost drug prior approval process and advice and guidance in order to administer care closer to home for patients. The JPC considered and supported the medication-related aspects of the pathways for acne, atopic eczema and psoriasis which are designed to support GP's to manage more patients in primary care.The pathways are now available on GP ref – http://www.gpref.bedfordshire.nhs.uk/media/199725/advguid_acnev5_dw.pdf http://www.gpref.bedfordshire.nhs.uk/media/199719/advguid_atopiceczemav5_dw.pdf http://www.gpref.bedfordshire.nhs.uk/media/199722/advguid_psoriasisv4.pdf
NICE Guidance issued/updated - CCG Commissioned and where there was required action from the JPC: **p** **Brodalumab for treating moderate to severe plaque psoriasis, Technology appraisal guidance [TA511] Published date: 21 March 2018.** https://www.nice.org.uk/guidance/ta511 The JPC Psoriasis Pathway will be updated to include Brodalumab. **Attention deficit hyperactivity disorder: diagnosis and management** **NICE guideline [NG87] Published date: March 2018. https://www.nice.org.uk/guidance/ng87** The ADHD Shared Care Guidelines will be reviewed as a result of the issue of this guidance.	
Forthcoming JPC Meetings – Potential items for consideration:-	

- Asthma Guidelines (Paediatric)
- Primary Care Pain Guidelines
- Vitamin D Guidelines (Paediatric)
- Guanfacine Shared Care Guidelines
- Psoriatic arthritis Pathway Update
- ADHD Shared Care Guidelines (Adult)

If you would like to be included in the Consultation relating to any of the above agenda items, please contact either Jacqueline.clayton@nhs.net or sandra.mcgroarty@nhs.net

GP Ref Update:

The GP Ref website is proving more popular with users, with around 70,000 hits recorded last year. In order to increase usage further, the JPC page layout has been revamped to make it easier to find the information you are looking for. In addition, a new section has been added called "Highlights from the newsletter" to allow users to quickly see what new guidance and recommendations were agreed at the most recent JPC meeting. This section will be updated after every JPC meeting. We would welcome your feedback on the new layout – email comments / suggestions to Sandra.mcgroarty@nhs.net

Use of Scriptswitch/Optimise Rx

Following on from discussions with GPs around communication of JPC advice, BCCG and LCCG are now adding messages to Scriptswitch and Optimise Rx to highlight when JPC guidance is available and including a hyperlink to the GP Ref website.

Comments are always welcome to Jacqueline.clayton@nhs.net and sandra.mcgroarty@nhs.net
Please note the new email contact details.