

Bedfordshire and Luton Joint Prescribing Committee (JPC) Newsletter June 2021, Number 84

Summary of Key Recommendations – 23rd June 2021 JPC meeting

For full details of Joint Formulary additions / amendments – see separate Formulary Newsletter- (available on the BLMK Medicine Managent team website)

Bedfordshire and Luton Clinical Commissioning Group

BLMK Medicines Management Team Website hosting JPC Documents

https://medicines.blmkccg.nhs.uk/

All JPC papers (e.g. bulletins, pathways, guidelines) can be found on the website and unless otherwise stated, the new/updated documents referred to within the Newsletter will shortly be available on this website.

Feedback:-We value feedback from all users on ways in which we can make the website even more useful. Please contact either <u>Samantha.scholes@nhs.net</u> (Website Manager) or <u>Sandra.McGroarty@nhs.net</u> (Pharmacist Clinical Lead for Website) if you have any suggestions.

Organisation Changes

The individual Bedfordshire , Luton and Milton Keynes CCGs have now officially merged to form BLMK CCG. As a result of this merger , the existing Bedforshire and Luton Joint Prescribing Committee (JPC) will be replaced with a BLMK wide Area Prescribing Committee (BLMK APC). The contents in this newsletter reflect the outcome of the final JPC meeting. The first meeting of the newly formed APC is due to be held in September 2021. The main aims and objectives of the BLMK APC are similar to those of the JPC, just covering a wider geographical area.

From Sept 2021, all BLMK APC guidelines etc will be communicated in a 'new look APC newsletter' and the information will then be added to the BLMK Medicines Management team website going forward.

TREATMENT / PRESCRIBING GUIDELINES

Community Antimicrobial Guideline Update

The Community Antimicrobial Guideline has been updated following the publication of the NICE Guidance relating to antimicrobial prescribing in infected eczema and other skin

UPDATED

conditions (NG 190). The changes/recommendations are all in accordance with the NICE Guidelines, with no local amendments. A table has now been included to clarify the treatment options for infected eczema.

Osteoporosis Guideline

The previous BCCG/LCCG osteoporosis guideline has been updated and approved by the JPC and MKPAG committees. The updated guideline has now been published as a BLMK wide guideline.



The main updates are:

- Standardisation of wording to state that treatment should be reviewed +/- DXA scan after 3-5 years (for both bisphosphonates and denosumab).
- Changes to the DXA request frequency for various patient groups.
- Modification to the wording regarding the applicable criteria for glucocorticosteroid use as the threshold differed between the specialist at Bedfordshire Hospital Trust and MK Hospital Trust.
- Re; Denosumab:-
 - Inclusion of the MHRA recommendations around not stopping or delaying ongoing denosumab treatment without specialist review / advice.
 - Reminder that GPs that they should always contact the Specialist team to review patients after 3-5 years of denosumab therapy , and that patients may be recommended denosumab therapy for up to 10 years and sometimes beyond in total.
- Removal of the background information at the beginning (as originally written back 2011) to make the document more concise. (Reference list included at the end of the document).

Hydrochloroquine Eye Monitoring Requirements and update of the drug summary fact sheet, included in appendix 2 of Rheumatology DMARD shared care guideline

NEW Commissioned Monitoring service / Update of drug summary fact sheet

Hydroxychloroquine is a drug prescribed to treat Rheumatoid Arthritis and other conditions. Due to the risk of hydroxychloroquine – induced retinopathy, all patients receiving hydroxychloroquine therapy should be assessed and monitored as per the Royal College of Ophthalmologists (RCOphth) guideline (Dec 2020). <u>Click here for full details</u> (NB: Baseline testing for new patients is no longer recommended).

Confirmation has now been received that all acute Trust sites across BLMK ICS now have a commissioned eye monitoring service for patients receiving hydroxychloroquine. (NB: This service also covers patients receiving chloroquine - please note frequency of monitoring is different for chloroquine).

Full details regarding how to access the eye monitoring service service will be provided by BLMK CCG Planned care via GP Comms shortly.

Regarding hydroxychloroquine, in summary :-

New patients :-

The Specialist initiating treatment will assess the patient for presence of additional risk factors (as defined in RCOphth guidelines) and advise the GP when to schedule the eye monitoring referral (i.e. after 1 year if presence of additional risk factors or after 5 years of therapy if no additional risk factors).

Established patients :-

GPs to be asked to identify patients currently receiving hydroxychloroquine via Arden based searches and to add a 'referral required' date to the patient's record (this will be after one year of treatment if patient has additional risk factors or after 5 years if no additional risk factors).

Any patients identified who have surpassed the 1 year / 5 year mark without an ophthalmology referral / input, should be immediately referred into the service for monitoring.

Hydroxychloroquine summary fact sheet is now available on the website - Click here

Guidance on the management of Vitamin B12 Deficiency

In response to questions raised by local GPs and practise nurses about the management of Vitamin B12 deficiency, this guideline has been developed in collaboration with local Haematologists from MK, Luton and Bedfordshire with input from local paediatricians. The Committee approved the guideline but is awaiting approval from MKPAG before it can be published as a BLMK wide document.

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SECONDARY CARE PRESCRIBING / COMMISSIONING ISSUES

Subcutaneous (s/c) Infliximab (Biosimilar)

The JPC previously agreed to support the introduction of s/c infliximab as a temporary addition to the Joint Medicines Formulary to assist the Bedfordshire Hospitals NHS Foundation Trust in reducing pressure on hospital attendance during the Covid 19 pandemic. The current situation was reviewed at the June 2021 JPC meeting and it was agreed there did not not need to be a further extension to the temporary inclusion of s/c infliximab on the Joint Medicine Formulary. No new patients should be initiated on subcutaneous infliximab, but any patients started on the treatment may continue on it. This position will be reviewed if a business case is submitted by one of the local Trusts in the future.

BLMK Intravitreal Injection Ophthalmology Pathway

The Ophthalmology Intravitreal injections pathway has been updated to include Brolucizumab as a result of the publication of NICE TA 672. In addition, some updates to the cautions, contraindications section of the document have been undertaken. The update has been approved by both the JPC and MKPAG and is therefore published as a BLMK wide Pathway.

NICE TECHNOLOGY APPRAISAL GUIDANCE and GUIDELINES ISSUED / UPDATED

The following NICE Technology Appraisal Guidance (CCG Commissioned) have been published during the period 11th March to 16th June 2021 inclusive :---

 Bempedoic acid with ezetimibe for treating primary hypercholesterolaemia or mixed dyslipidaemia, Technology appraisal guidance [TA694] Published: 28 April 2021 <u>https://www.nice.org.uk/guidance/ta694</u> *Initiation by specialists and continued by GPs (Amber Formulary status).*

NB: Ezetimibe/bempedoic acid combination preparation has also been added to the local Net Formulary with the same 'amber' status ie **Initiation by specialists and continued by GPs.**

 Andexanet alfa for reversing anticoagulation from apixaban or rivaroxaban. Technology appraisal guidance [TA697] Published: 12 May 2021 <u>https://bnf.nice.org.uk/drug/andexanet-alfa.html</u> Specialist use only; No GP Prescribing (Red Formulary status).

NICE Guidelines :-

NICE have published several NICE Guidelines since March 2021 and these are all available on the main <u>NICE</u> <u>website</u>

NICE COVID-19 Rapid Reviews/Information

The Committee noted that NICE have continued to issue/update a series of covid 19 rapid reviews/information:this information can be accessed from the NICE website <u>click here</u>

DRUG SAFETY UPDATES (DSU) AND PATIENT SAFETY ALERTS

The MHRA Drug Safety Updates for March, April, May and June 2021 were noted by the Committee for information and action.

Drug Safety Update March 2021

UPDATED

UPDATE

- Bendamustine (Levact): increased risk of non-melanoma skin cancer and progressive multifocal encephalopathy (PML)
- COVID-19 vaccines and medicines: updates for March 2021

Drug Safety Update April 2021

- Polyethylene glycol (PEG) laxatives and starch-based thickeners: potential interactive effect when mixed, leading to an increased risk of aspiration A local action plan has been developed including the identification of affected patients, prescription review and the use of Scriptswitch and Optimise messages.
- COVID-19 vaccines: updates for April 2021

Drug Safety Update May 2021

- Levothyroxine: new prescribing advice for patients who experience symptoms on switching between different levothyroxine products
 - BLMK CCG to check patient population numbers via ePACT and confirm alternative cost-effective levothyroxine brands.
- **COVID-19 vaccines: updates for May 2021** MHRA statement published following the Joint Committee on Vaccination and Immunisation's new advice on COVID-19 Vaccine AstraZeneca for people aged under 40

Drug Safety Update June 2021

- CDK4/6 inhibitors (abemaciclib ♥, palbociclib ♥, ribociclib ♥): reports of interstitial lung disease and pneumonitis, including severe cases
- Atezolizumab (Tecentriq ▼) and other immune-stimulatory anti-cancer drugs: risk of severe cutaneous adverse reactions (SCARs)
- COVID-19 vaccines: updates for June 2021
 Information about MHRA review of reports of menstrual disorders and unexpected vaginal bleeding with
 the three COVID-19 vaccines currently being used in the UK has been included in the MHRA weekly
 summary current evidence does not suggest increased risk.

Additional Papers / issues considered by the Committee

RMOC Shared Care Guidance

The Committee noted this guidance. This would be brought to the first meeting of BLMK APC for consideration alongside the current MKPAG and JPC Shared Care Guideline Templates in September 2021.

RMOC Buprenorphine Long-acting injection

The Committee noted the guidance. *Prescribing by Specialist Drugs and Alcohol Services only. Not for GP Prescribing.* A Formulary submission may come to the September BLMK APC (via the Formulary Subgroup) for addition to both Joint Formularies. This is to facilitate prescribing within hospitals for patients who may be admitted.

It was agreed that P2R and Resolutions would be contacted to ensure that they advise GPs if they are prescribing this product so that it can be added to the GP record.

JPC Annual Report 20/21

The annual report was supported.

BLMK Area Prescribing Committee – Dates of Future Meetings:-

Wednesday 29th September 2021 Wednesday 1st December 2021 Wednesday 2nd March 2022 Wednesday 4th May 2022 Wednesday 29th June 2022

Thank you and good bye (not really!)

Jacqueline and Sandra would like to take this opportunity to thank you for all of the comments/support relating to the JPC Newsletter over the years. You will pleased to know (we hope!), that we will continuing to communicate with you going forward as we are the editors of what will be the new BLMK APC Newsletter.

OTHER NEWS

Use of Scriptswitch/Optimise Rx

To further enhance the communication of BLMK APC advice to GPs, the BLMK CCG medicine management team are actively reviewing the messages on NetFormulary, Scriptswitch and Optimise Rx to highlight when BLMK APC guidance is available and including a hyperlink to the BLMK Medicines Management website.

Contact Us:- iacqueline.clayton@nhs.net and sandra.mcgroarty@nhs.net